

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

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 [X] 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: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan EVERGREEN SECURITY TRUST
1b Three-digit plan number (PN) 501
1c Effective date of plan 03/01/1953
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) EVERGREEN SECURITY TRUST BOARD OF TRUSTEES 12121 HARBOUR REACH DRIVE, STE 105 MUKILTEO, WA 98275-5314
2b Employer Identification Number (EIN) 91-0630779
2c Plan Sponsor's telephone number 425-771-7359
2d Business code (see instructions) 113310

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2732
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)	2713
	6a(2)	2829
	6b	
	6c	
	6d	2829
	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:
4B 4D 4E 4Q

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EVERGREEN SECURITY TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN SECURITY TRUST BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 91-0630779</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	30044146	1959	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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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	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** 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)	128624	
	(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)		128624
b	Benefit charges (1) Claims paid	9b(1)	108290	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		108290
	(4) Claims charged	9b(4)		108290
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)	19294	
	(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)		19294
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EVERGREEN SECURITY TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN SECURITY TRUST BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 91-0630779</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LIFEMAP 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
93-6030398	97985	WA300625	3006	01/01/2024	12/31/2024

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

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

(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	

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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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	80573
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EVERGREEN SECURITY TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN SECURITY TRUST BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 91-0630779</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF WASHINGTON

(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
91-0621480	47341	00091 TO 00096	2453	01/01/2024	12/31/2024

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** 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)	1213700	
	(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)		1213700
b	Benefit charges (1) Claims paid	9b(1)	952062	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		952062
	(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)	118943	
	(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)		118943
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 EVERGREEN SECURITY TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN SECURITY TRUST BOARD OF TRUSTEES	D Employer Identification Number (EIN) 91-0630779	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

VIMLY BENEFIT SOLUTIONS, INC.

91-1603312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 14 15 50	NONE	29847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BROWN & BROWN OF WA DBA DIMARTINO

91-0378940

(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	29122	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE LAW OFFICES OF ROBERT A. BOHRER

46-3183400

(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?
20 50 20	TRUSTEE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DIGITAL INSURANCE, LLC

5713 WOLLOCHET DRIVE NORTHWEST
GIG HARBOR, WA 98335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	22561	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANASTASI, MOORE & MARTIN, PLLC

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARKER, SMITH & FEEK, INC.

2233 112TH AVENUE NORTHEAST
BELLEVUE, WA 98004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	16061	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PROPEL INSURANCE AGENCY, LLC

1201 PACIFIC AVENUE, SUITE 1000
TACOMA, WA 98402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	8081	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 EVERGREEN SECURITY TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN SECURITY TRUST BOARD OF TRUSTEES	D Employer Identification Number (EIN) 91-0630779

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	197912	195790
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4881	4891
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7890	7157
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26305	23578
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	241639	281769
(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	478627	513185
Liabilities			
g Benefit claims payable.....	1g	15922	11134
h Operating payables.....	1h	2822	3511
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18744	14645
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	459883	498540

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)	1600644	
(B) Participants.....	2a(1)(B)	9103	
(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)		1609747
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	352	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	23626	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16504
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1650229

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1420671	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1420671
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)	48000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17550	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2080	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	24000	
(11) Other expenses	2i(11)	99271	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		190901
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1611572

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38657
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: **ANASTASI, MOORE & MARTIN PLLC**

(2) EIN: **20-8149084**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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 _____.

Evergreen Security Trust

Financial Statements and Independent Auditors' Report

December 31, 2024 and 2023



Evergreen Security Trust

December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

Evergreen Security Trust
Mukilteo, Washington

Opinion

We have audited the accompanying financial statements of the Evergreen Security 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 then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Evergreen Security Trust (the Plan), as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedule 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 for investment is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Anastasi, More & Mania, PLLC

Spokane, Washington

July 10, 2025

Evergreen Security Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS:		
Cash and cash equivalents	\$ 195,790	\$ 200,976
Investments, at fair value	305,347	264,880
Employer contributions receivable	4,891	4,881
Prepaid expenses	7,157	7,890
Total assets	<u>513,185</u>	<u>478,627</u>
LIABILITIES:		
Accounts payable	1,841	434
Commissions payable	1,670	2,388
Total liabilities	<u>3,511</u>	<u>2,822</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 509,674</u>	<u>\$ 475,805</u>

See accompanying notes to financial statements.

Evergreen Security Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 16,504	\$ (1,725)
Interest and dividends	23,978	22,891
Total investment income	<u>40,482</u>	<u>21,166</u>
Contributions:		
Employer contributions	1,600,644	1,446,347
Participant contributions	9,103	9,603
Total contributions	<u>1,609,747</u>	<u>1,455,950</u>
Total additions	<u>1,650,229</u>	<u>1,477,116</u>
DEDUCTIONS:		
Group insurance premiums	<u>1,425,459</u>	<u>1,280,847</u>
Administrative expenses:		
Administration fees	24,000	24,000
Bond and fiduciary insurance	8,515	8,663
Broker commissions	85,344	77,210
General agent fees	24,000	24,000
Office, printing, and postage	5,412	2,962
Professional fees	43,630	41,858
Total administrative expenses	<u>190,901</u>	<u>178,693</u>
Total deductions	<u>1,616,360</u>	<u>1,459,540</u>
NET INCREASE	33,869	17,576
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>475,805</u>	<u>458,229</u>
End of year	<u>\$ 509,674</u>	<u>\$ 475,805</u>

See accompanying notes to financial statements.

Evergreen Security Trust

Statements of Benefit Obligations

December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Premiums payable	<u>\$ 11,134</u>	<u>\$ 15,922</u>

See accompanying notes to financial statements.

Evergreen Security Trust
Statements of Changes in Benefit Obligations
 Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Balance, beginning of year	\$ 15,922	\$ 12,520
Increase (decrease) during the year attributable to changes in premiums payable	<u>(4,788)</u>	<u>3,402</u>
Balance, end of year	<u><u>\$ 11,134</u></u>	<u><u>\$ 15,922</u></u>

See accompanying notes to financial statements.

Evergreen Security Trust

Notes to Financial Statements



Evergreen Security Trust

Notes to Financial Statements

Note 1 – Description of the Plan

The Evergreen Security Trust (the Plan), was established March 1, 1953, as a result of entering into a Trust Agreement by the Tri-County Loggers Associations, Inc. The following description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

- a. **General** – The Plan provides benefits for eligible employees and their dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
- b. **Eligibility** – To be eligible for benefits, participants must be employed by a participating employer and must meet eligibility requirements set by their employer.

Participating employers set the eligibility requirements for their employees within parameters established by the Plan. The parameters are as follows:

- Participating employers may set different probationary periods by class of employee but may not have more than two separate probationary periods. The probationary period may not exceed 90 days.
- Participating employers may specify the minimum hours of work per week for employee eligibility as long as the minimum hours are not less than 20 hours per week or more than 40 hours per week. Participating employers may set different hour requirements by class of employee but not by individual employee.

Retired employees and employees who are not compensated through a participating employers' payroll system are not eligible to participate in the Plan.

Eligibility for coverage under the Plan will terminate at the earliest of any one of the following: (1) the end of the calendar month in which the employee ceases to be actively employed by a participating employer, (2) on the last day of the calendar month in which an employer ceases to participate in the Plan, or (3) on the date the Plan itself terminates.

Continuation of health care benefits to employees who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), normally applies to all employers employing 20 or more employees during a calendar year. It is each participating employer's responsibility to determine whether or not they need to comply with COBRA.

- c. **Contributions** – The plan agreement provides that participating employers make monthly contributions to the Plan of a specified amount on behalf of each employee to provide benefits. Contributions from employers are accrued based upon reported months worked during the year by covered employees. Contributions from participants are based on coverage selected.
- d. **Benefits** – The Plan provides life insurance, accidental death and dismemberment, vision coverage, and dental coverage.

Evergreen Security Trust

Notes to Financial Statements

Note 1 – Description of the Plan (Continued)

- e. **Administration** – The Plan is administered by a Trustee that is assisted by a contract administration organization and various professional service providers. Administrative expenses are borne by the Plan.

Note 2 – Summary of Significant Accounting Policies

- a. **Basis of accounting** – The financial statements of the Plan are prepared under the accrual basis of accounting.
- b. **Contributions receivable** – Employer contributions due but not paid at year end are recorded as contributions receivable. Delinquent contributions are recorded when collected. Amounts recorded are considered fully collectible and, accordingly, no allowance for doubtful accounts is presented.
- c. **Plan benefits** – Benefits are recorded when paid.
- d. **Valuation of investments and income recognition** – The Plan’s investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

- e. **Benefit obligations** – Premiums payable are estimated based on participant eligibility earned as a result of work performed by participants through December 31 and paid by the Plan subsequent to year end. The Plan has no obligation to provide benefits to retirees; therefore, postretirement benefit obligations are not recorded on the financial statements.
- f. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- g. **Subsequent events** – The Plan has evaluated subsequent events through July 10, 2025, the date the financial statements were available to be issued.

Evergreen Security Trust

Notes to Financial Statements

Note 3 – Fair Value Measurements

The Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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 to the valuation methodology include:

- 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; and
- 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 value measurement.

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Level 1 — Short-term investments are valued at the closing price reported in the active market in which the individual securities are traded. The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 — The Plan has no investments that are classified as Level 2 for either year ended December 31, 2024 or 2023.

Level 3 — The Plan has no investments that are classified as Level 3 for either year ended December 31, 2024 or 2023.

Evergreen Security Trust

Notes to Financial Statements

Note 3 – Fair Value Measurements (Continued)

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

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

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 23,578	\$ -	\$ -	\$ 23,578
Mutual funds	281,769	-	-	281,769
	<u>\$ 305,347</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 305,347</u>
	As of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 23,241	\$ -	\$ -	\$ 23,241
Mutual funds	241,639	-	-	241,639
	<u>\$ 264,880</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 264,880</u>

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no significant transfers in or out of Levels 1, 2, or 3.

Note 4 – Income Tax Status

The Plan obtained its latest exemption letter dated January 4, 1978, in which the Internal Revenue Service (IRS) stated the Plan qualified under Section 501(c)(9) of the Internal Revenue Code (IRC) and, therefore, is not subject to tax under present income tax laws. The Plan has been amended since receiving the exemption letter. The Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date; therefore, no provision for income tax has been included in the Plan's financial statements.

Evergreen Security Trust

Notes to Financial Statements

Note 4 – Income Tax Status (Continued)

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 administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 – Priorities Upon Termination

It is the intent of the Trustee to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustee. In the event of termination, the Trustee shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining plan assets will be distributed in such manner as will, in the opinion of the Trustee, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted for purposes other than the exclusive benefit of the participants.

Note 6 – Funding Policy

The Plan is funded by employer contributions, participant contributions, and from participants electing COBRA coverage. The monthly contribution rate, including the rate for COBRA coverage, is determined by the coverage type selected by the employer in their Trust Master Application.

The employer contribution rate is required to be at least 50% of the monthly contribution rate but can be up to 100% of the monthly contribution rate. Employee contributions include contributions which are being deducted from participant wages when the employer contribution rate is less than 100% of the monthly contribution rate and COBRA contributions. Employee contributions withheld from participant wages are included with employer contributions and are not segregated on the statements of changes in net assets available for benefits.

Note 7 – Reconciliation of Financial Statements to Form 5500

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

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 509,674	\$ 475,805
Less benefit obligations currently due	(11,134)	(15,922)
Net assets available for benefits per Form 5500	\$ 498,540	\$ 459,883

Evergreen Security Trust

Notes to Financial Statements

Note 7 – Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the cost of benefits paid per the financial statements to Form 5500 for the year ended December 31, 2024:

Group insurance premiums paid per the financial statements	\$ 1,425,459
Add benefit obligations as of December 31, 2024	11,134
Less benefit obligations as of December 31, 2023	<u>(15,922)</u>
Group insurance premiums paid per Form 5500	<u>\$ 1,420,671</u>

Note 8 – Related Parties

Vimly Benefit Solutions, Inc., acts as the Plan's third-party administrator. Total administration fees paid to Vimly Benefit Solutions, Inc., were \$24,000 for the years ended December 31, 2024 and 2023.

DiMartino Associates acts as the Plan's general insurance agent and one of the Plan's insurance brokers. Total general agent fees paid to DiMartino Associates were \$24,000 for the years ended December 31, 2024 and 2023.

Robert Bohrer served as the Trustee of the Plan during the years ended December 31, 2024 and 2023. Total fees paid to the Trustee were \$24,000 for the years ended December 31, 2024 and 2023.

Note 9 – Party-in-interest Transactions

Certain transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 10 – Concentration of Credit Risk

The Plan maintains accounts at one financial institution which, as of December 31, 2024, are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times, the Plan's cash balances may exceed the FDIC insurance limit.

Note 11 – 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 investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Evergreen Security Trust

Supplementary Information



Evergreen Security Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0630779 PN: 501

December 31, 2024

Assets Held for Investment				
(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	
Short-term investments	23,578 Units	\$ 23,578	\$ 23,578	
Mutual funds:				
Invesco CEF Income Composite ETF	14,706 Shares	<u>331,580</u>	<u>281,769</u>	
		<u>\$ 355,158</u>	<u>\$ 305,347</u>	

See accompanying independent auditors' report.

Evergreen Security Trust

Form 5500, Schedule H - Part IV, Line 4i
December 31, 2024

EIN: 91-0630779 PN: 501

Assets Held for Investment				
(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
Short-term investments	23,578 units	\$ 23,578	\$ 23,578	
Mutual funds:				
Invesco CEF Income Composite ETF	14,706 shares	<u>331,580</u>	<u>281,769</u>	
		<u>\$ 355,158</u>	<u>\$ 305,347</u>	

See accompanying independent auditors' report.

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. 1510-0010
1510-0089

2024

This Form is Open to
Public Inspection

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.)
- B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C If the plan is a collectively-bargained plan, check here
- D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan EVERGREEN SECURITY TRUST	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	03/01/1953
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) EVERGREEN SECURITY TRUST BOARD OF TRUSTEES 12121 HARBOUR REACH DRIVE, STE 105 MUKILTEO WA 98275-5314	2b Employer Identification Number (EIN)	91-0630779
	2c Plan Sponsor's telephone number	425-771-7359
	2d Business code (see instructions)	113310

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			ROBERT A. BOHRER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	2,732
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,713
a(2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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:
4B 4D 4E 4Q

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 3 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Plan Name: Evergreen Security Trust
Plan Sponsor: Evergreen Security Trust
EIN: 91-0630779

Form 5500, Part 1, Line A - Multiple-Employer Plan Participating Employer Information

Tax ID	Employer Name	% Total
81-3877316	2333 Designs & Mfg	0.10%
45-0868239	2Adaptive LLC	1.20%
91-1580938	3v Precision Machining, Inc	0.61%
26-1217070	5th and Madison Owners Association	0.09%
81-3572741	AAL Security Services LLC	0.55%
27-3609825	Aaron M Swenson DDS PLLC	0.14%
41-2116833	Ace Concrete Cutting, LLC	0.07%
20-2012872	Achieve Consulting Team, Inc	0.15%
91-1572626	Acoustics NW Inc	0.19%
91-1716424	Adams Construction Services, Inc.	0.04%
88-2923396	ADHD Motors	1.11%
91-2071768	Advanced Technology Construction Corporation	0.97%
26-0211493	Advanced Tooling Co Inc	0.27%
91-12065347	Ahearn Electric, Inc.	0.00%
91-1535959	Allergy and Asthma Specialty Services	0.29%
91-2035099	Alluring Asia, Inc	0.14%
91-1751160	Approach Management Services Inc	0.81%
26-3207777	Architectural Acoustics LLC	0.12%
59-3776072	Archon Capital Management LLC	0.43%
91-0748255	Armstrong Lumber Co, Inc.	0.06%
27-3347623	Arrow Law Group, PLLC.	0.13%
86-3655487	Atlas Design Group Inc	0.19%
27-4530958	Atomic Infotech LLC	0.19%
11-8427365	Aurion Biotech Inc	1.92%
84-5164778	Automated Fruit Scouting, INC	0.16%
20-0122077	Banya No. 5, LLC	0.34%
91-11654747	Barmor Temporaries, Inc.	0.20%
20-8458307	Bayside Redi-Mix LLC	0.12%
91-1165390	Betschart Mechanical	0.20%
82-2091068	Biely & Shoaf	0.45%
45-0595770	Bizango, LLC	0.18%
20-4141504	Bloom Projects, LLC	0.14%
20-1223609	Blue Sky Church	0.44%
91-1042177	Bracy & Thomas Inc.	0.05%
84-4512649	Bridging Care LLC	0.54%
45-5046786	Businesses Ending Slavery & Trafficking	0.18%
91-1069070	Butler Surveying, Inc	0.16%
91-1053247	C & R Electric Inc	0.31%
91-1145151	C & S Welding, Inc.	0.43%
26-1466434	Cap City Law PS	0.27%
91-1021184	Capital City Stove & Fan Inc	0.16%
91-2103071	Cartter Evans Productions Inc.	0.15%
26-1850960	Cascade Deli Provisions	0.27%
20-4737523	Cascade Mini Excavating	0.11%
47-2733144	Cascadia Art Museum	0.09%
91-1691626	Cash Northwest Inc	0.20%
85-2572334	CB LC LLC	0.04%
27-1814582	Cellar Tracker! LLC	0.60%
91-0885105	Central Park Tennis Club	0.44%
91-0712764	Chamber of Commerce of Sedro Woolley	0.08%
20-5695354	Chihak & Associates, PLLC	0.10%
20-2070994	Christopher Nielsen DMD PS	0.08%
84-4939864	CHS Seattle Company	0.21%
91-1453359	Clevenger Group Inc	0.41%
26-2933312	CMAC, LLC	0.23%
85-1356731	Coast Spine & Sports Medicine PLLC	0.12%
45-4779162	Coding with Kids, LLC	0.06%
27-1667560	Community Center for Education Results	0.34%

91-1413669	Computer Systems Service Corp	0.03%
35-2189157	Concourse Hosting, LLC	0.57%
02-0611501	Construction Defect Consulting, Inc.	0.03%
26-1413386	Cory M Dean LLC	1.06%
91-0856761	Council House Inc	0.19%
91-1444797	Coyote Central	0.14%
91-2130942	CRD Design Build Inc.	0.74%
27-1599666	Crystal Commerce, Inc.	0.14%
91-2107916	Cutler Anderson Architects PLLC	0.47%
61-1535400	D'Annunzio Consulting Group LLC	0.20%
91-1980547	DaPaul Chip, LLC	0.35%
20-4994022	Daren's Point 'S' Tire & Automotive Svcs Corp	0.11%
93-4243193	Darkwolf LLC	0.13%
47-1584417	David M Warwick DC PLLC	0.14%
26-3465772	Davis-Bacon Pension Plans Inc	0.10%
87-1512310	DC Farms Forestry LLC	0.08%
45-3035382	Degrees Of Change	0.46%
91-1661483	Delite Bakery	0.06%
27-2923417	Deru Catering LLC	0.18%
91-1683934	Dolphin Bay Quarry Inc	0.08%
81-1193483	Doughty Insurance Group LLC	0.06%
84-1149081	DuVoice Corporation	0.22%
91-1629630	Eager Beaver Tree Service	0.02%
83-0354320	Eagle Asphalt Sealcoating, LLC	1.37%
91-1716475	Eastside Football Club	0.32%
85-3270985	E-Director, LLC	0.07%
91-1677761	Eims Tedrow & Ladenburg PC	0.25%
83-1933905	Eli's Pavers, Inc	0.13%
82-2239954	Ellis DDS PLLC	0.33%
86-2587176	Ember Management Services, LLC	0.77%
46-1029728	Encore Architects PLLC	0.44%
27-3076260	Eunice Kim DDS PLLC	0.14%
91-1181448	Everett Powersports Inc	0.46%
91-1647497	Evergreen Community Church	0.39%
91-1813471	Extreme Metal & Paint Inc	0.12%
91-1827152	Feral Cat Spay Neuter Project	0.20%
82-1677430	Fife RV, Inc.	0.75%
27-0435466	Financial Advocates Investment Management	0.12%
47-4121481	Financial Advocates LLC	0.12%
99-2778572	Firelands Workers United/Trabajadores Unidos	0.01%
20-2801245	Firestixs, LLC	0.24%
91-0892763	First Baptist Church of Chehalis	0.11%
22-3946638	Fischer Properties LLC	0.25%
88-2184380	Flynt Evyn Davies	0.11%
91-1144261	Foresight Surveying Inc	0.05%
47-3280066	Freeborn Wellness PLLC	0.10%
91-1029128	Frontier North America Inc	0.59%
83-1927935	Fuller Designs Inc	0.09%
46-2614109	Gasworks Media LLC	0.20%
91-1693205	Generation Glass Company, Inc.	0.26%
20-5354032	Girl Friday Productions LLC	0.47%
45-2467449	GMD Development, LLC	0.18%
26-3440741	Goodwinds Composites LLC	0.24%
91-1376389	Gosney Motor Parts	0.14%
46-3154142	Grace Point NW Community Church	0.23%
91-1133564	Gray Mold Company Inc	0.33%
13-4368331	Green Lake Remodel LLC	0.14%
47-3917201	Green Vision LLC	0.10%
20-4396437	Grow Food	0.18%
83-3905538	Guide Resource Services Inc	0.03%
26-3248512	Hagstrom, Inc	0.08%
32-0184712	Hattrup & Associates P.S.	0.11%
84-2033944	Haviland Union LLC	0.39%
91-2165388	Hazelwood Farm LLC	0.50%

46-1348631	Heldridge Construction, LLC	0.14%
27-0574631	Henneberg & Hsui, PLLC	0.36%
87-1260813	Hot Tubs Northwest LLC	0.43%
91-1586664	Human Performance in Industry	0.08%
91-1319164	Humble Insurance Group Inc	0.30%
26-2122444	Hummingbird Precision Machine Company	0.54%
92-1741280	Hunt Marketing Group LLC	0.70%
91-0264690	Hurley Engineering Co of Tacoma, Inc.	0.92%
91-1218796	Husky Terminal and Stevedoring LLC	2.03%
91-1511292	Huttmann Electric Inc	0.21%
74-3142485	Impact Merchandise Inc	0.52%
81-4680515	Innovations Human Trafficking Collaborative	0.05%
45-2283608	Integra Property Group, LLC	0.30%
60-2193154	Island Electric & Supply Inc	0.10%
46-3165391	iUNU	0.72%
85-2745383	Jacquelyn Kurdas LLC	0.03%
20-8425072	Jason Chang DDS PLLC	0.19%
46-2854981	Jo Absolute Plumbing Inc	0.06%
91-1561944	John's Plumbing and Pumps Inc	0.08%
91-1351550	Johnson Graffe Keay Moniz & Wick	1.07%
91-1170155	Jones & Jones Architects and Landscape Architechts LTD	0.39%
20-3494489	Joseph Gillum	0.10%
91-1890325	Joseph Moss, DDS & Tyler Tebay, DMD, P.S.	0.56%
85-1413862	Joshua A Gaskill DDS PLLC	0.08%
26-1284531	Journey Discovery Center	0.16%
86-3564059	JRH, LLC	0.33%
84-4142278	Julie Voss, MD PS	0.19%
37-1755205	Keepe Up Inc	0.23%
88-3932587	Kite Partners Manager LLC	0.01%
20-1191138	Knapp Prosthetics Corporation	0.04%
26-1926090	Kyle Sexton, OD, LLC	0.15%
91-1110982	Lakeside Bible Camp Association	0.25%
91-1437432	Laughlin Supply Company	0.98%
03-0476438	Law Offices of Benjamin & Healy PLLC	1.51%
86-1075694	Legend Development LLC	0.13%
99-0990090	Levitate Bio LLC	0.14%
91-1208772	Lewis Economic Development Council	0.23%
84-4677741	Lionheart Fence Builders Inc	0.05%
81-1703416	Lisa D Arthur DMD PS	0.26%
91-0864276	Lucurell Company	0.17%
02-0763503	M&C Drywall Inc	0.05%
91-1600664	Mac & Jacks Brewery Inc	0.19%
91-1731250	Maplewood Construction Inc	0.08%
61-1850919	Marquis Data LLC	0.09%
91-1996889	McMurtrie Consulting LLC	0.08%
26-1964358	Meadowbrook Manufacturing LLC	0.23%
91-2022239	Mel Stone Farms, Inc	0.00%
91-2190857	Milestone Worldwide, LLC	0.03%
27-1492869	Miller Shingle Company, LLC	0.26%
47-2319933	Minds Mechanical LLC	0.43%
46-0774243	Mobile Experience, Inc	0.95%
20-3957634	Montego, LLC.	0.04%
91-1257814	Monty Warren Painting Inc	0.18%
93-3482957	Moss and Tebay, PLLC	0.13%
81-4542313	Mountain Inc.	0.55%
45-5463412	MyLio, LLC	1.44%
90-1256480	Ne oasis Interiors LLC	0.15%
91-0434820	New Tacoma Cemeteries	0.59%
27-3943340	Nine Elms, Inc.	0.10%
20-8982241	Normandy Partners, LLC	0.21%
47-1600951	Northfork Asphalt Paving Inc.	0.01%
83-0449496	Northwest Agriculture Business Center	0.15%
46-5621517	Northwest Biscuit Company LLC	0.12%
01-0895714	NorthWest Return 2 Work PLLC	1.26%

71-0918489	Northwest Transmission	0.12%
87-4197772	Novelty Hill Capital LLC	0.15%
91-1735352	Novus of Washington, Inc	0.10%
81-3411296	Nutrition with Heart PLLC	0.05%
93-3561364	Odyssey Plumbing, LLC	0.38%
27-1610191	Oldham & Francis PS Inc	0.35%
92-2691999	Olson Legacy Law Firm	0.11%
47-1900036	Oly Taproom, LLC	0.05%
46-2504260	Olympic Investment Group	0.35%
81-2023338	One Source Burien	0.02%
85-0628470	Open C, LLC	0.02%
91-1796570	Overlake Reproductive Health, Inc. P.S.	0.24%
91-2182271	Ozone International LLC	0.20%
80-0489807	Pacific Heights Homes, LLC	0.20%
21-0637673	Pacific Log Processing	0.05%
85-0704954	Pacific Motorcycle Club WA	0.27%
27-3405887	Pacific Pathology Partners, PLLC	0.57%
92-2411999	PACSEN North America LLC	0.08%
73-1649790	Pelland Enterprises	0.29%
46-4212167	Peninsula Poverty Response	0.01%
91-1469536	Peter Shalit M.D	0.31%
27-2804346	Phoenix Art Restoration	0.22%
87-3107816	Pinehurst Veterinary Hospital PLLC	0.28%
91-1957765	Pitman Huff Raedel Magaro Lifetime Legal PLLC	0.14%
47-2780619	Pluto VR	0.26%
47-5463937	Plyushko Inc	0.09%
91-1487692	Poth Investigations, Inc.	0.27%
91-1707425	Powerscreen of Washington, Inc.	0.94%
91-1608188	Precast By Design, Inc	0.11%
91-0998396	Premier Broadcasting	0.12%
20-4287577	Premier Capital Associates, LLC	0.02%
81-0844669	Project Bionic Inc	0.27%
26-4373548	Prosidium Warranty and Capital, LLC	1.16%
43-1968326	Providence Heights	0.15%
90-0602688	Pure Bliss Desserts, LLC	0.27%
27-2945234	PWD-Seattle LLC	1.42%
84-5040194	Queen Plumbing, LLC	0.04%
81-2855242	R and J Dirtworks INC	0.04%
83-1117620	Rak Family Medicine	0.36%
20-2321275	Raval and Raval PLLC	0.54%
46-2444190	Raynes Walker Inc	0.05%
91-1908181	RB Engineering Inc	0.12%
20-8279524	RD Interiors	0.29%
27-3983098	Reamer Family Dentistry	0.24%
80-2156463	Recovery Cafe	0.67%
68-0524650	Red Dog Interactive Inc	0.34%
41-2063606	Redhawk Group LLC	0.05%
46-4338801	Renton Daily Grow Mart Inc	0.12%
83-0730975	Renton Spine and Sports Medicine	0.09%
83-0725364	Resolute LLC	0.05%
91-1467567	Ribbon, Inc	0.22%
46-2925032	Richard Repass, MD, PLLC	0.10%
80-0014135	Ridemind LLC	1.06%
60-5169376	Rise Up Marketing Inc	0.05%
26-2210405	Robert R Nooney, DO, PLLC	0.12%
91-1906926	Room One	0.31%
91-0972249	Rothenbuhler Engineering	0.86%
82-5181603	Roy T Chen DMD MS PLLC	0.07%
91-1786605	Rudy's Plumbing Inc	0.06%
91-1314009	RWST, Inc.	0.14%
91-2034620	S R West Corporation	0.15%
91-1383823	Sea & Shore Construction Inc	0.33%
94-2847210	Sea Port Products Corporation	0.66%
81-4216258	Seattle Gummy Co	0.04%

91-2195656	Seattle Performance Medicine	0.24%
91-2138554	Shunpike Arts Collective	0.33%
81-4477564	Sierra Con LLC	0.02%
85-2404320	Sierra Lynn Belleville Agency	0.04%
26-4523480	Sierra Microproducts Inc	0.10%
81-4767121	Sievers Real Estate LLC	0.07%
91-1058289	Sign Associates, Inc	0.21%
81-2687988	Sirrus7	0.72%
20-1794368	Skagit Valley Mobile Manor LLC	0.04%
91-1433459	Skyline Properties Inc	0.50%
91-1275259	Smith Bunday Berman Britton PS	1.15%
91-1211020	Smith-Berger Marine, Inc.	1.26%
27-5106854	SMRU Consulting	0.06%
46-0997443	Soham Inc	3.02%
82-4039649	SolTerra Capital, Inc	0.30%
91-1107503	Sonico Inc	0.47%
46-3455404	Sound Building Components INC	0.41%
91-1578084	Sound Renovation, Inc	0.25%
91-0665531	Spaeth Transfer, Inc.	0.16%
83-4465475	Spanaway Collision	0.16%
86-1204918	Spec German LLC	0.14%
91-1226360	Spokane Foot Clinic	0.35%
90-0765792	Spruce LLC	0.10%
82-4940988	Still Waters Metal Fab, LLC	0.12%
47-2439870	Stillwater Dwellings, Inc.	0.63%
47-0899590	Stock & Associates, Inc	0.10%
46-0657352	Strickland & Sons Excavation	0.22%
46-5425044	Summit Chiropractic Center PLLC	0.06%
91-1127241	Superior Systems Inc	0.03%
91-0889459	Sure Marine Services, Inc	0.50%
80-0001910	Surface Renew, Inc	0.45%
91-1662927	Sweatman- Young Inc	0.08%
07-0007968	T Bar Construction	0.32%
26-3980654	Taala Fund	0.16%
91-1657378	Tacoma Mall Blvd. Coin & Stamp Inc.	0.17%
91-1700097	TCA Architecture Planning Inc	0.56%
04-3800271	TD Wood Recovery LLC	0.14%
55-0899278	Terp Sign Language Services	0.18%
80-0557697	The Center for Family & Lifespan Development	0.15%
91-0632329	The Elenbaas Company, Inc.	0.19%
83-2707374	The Long-Term Care Foundation	0.04%
45-5153408	The Organization for Prostitution Survivors	0.24%
51-0460994	The Perkins School	0.28%
45-0503023	The Therrien Company, Inc	0.08%
91-1602076	The Trillion Group, Inc	0.03%
91-2173251	Threshold Communications Inc	0.65%
91-1730595	Tousley Brain Stephens PLLC	0.48%
27-3723551	Transcon Company LLC	0.07%
61-1542278	Triple B Bookkeeping, LLC	0.14%
85-1420936	True North Collective LLC	0.27%
90-0021879	True North Gear, LLC	0.19%
20-1974610	Tumwater Chiropractic	0.11%
91-0889271	United Moving & Storage	0.73%
47-2490393	United Visual Communications Group LLC	0.51%
04-3614850	Upper Skagit Library District	0.19%
46-2612463	Urban Commercial Partners LLC	0.15%
27-4472896	Vendnovation LLC	1.32%
83-2068673	Verdant Auto Sales, LLC	0.22%
20-4682214	Vet Industrial Inc	0.52%
46-5650115	Vet-First Mechanical	0.04%
45-2503916	VETRANS Logistics Services Inc	0.21%
04-5326796	Vicarious, LLC	0.08%
82-0574942	Vista Properties, LLC	0.44%
72-1583369	Vitality Fitness, Inc.	0.11%

45-4870446	Vivomomentis PS	0.04%
91-1639784	W.R.P. Lake Union Limited Partnership	0.20%
91-0646014	WA State Association of Broadcasters	0.04%
27-2787264	WaferWire LLC	0.36%
91-1936000	Wagaman Enterprises	0.06%
46-4138295	Wellness Occupational Therapy	0.10%
91-1456616	Western State Steel and Fabrication	0.54%
46-4934265	Western Washington Law Group, PLLC.	0.14%
38-3923940	Westside Septic Design, LLC	0.06%
88-3511123	Westside Style Co LLC	0.09%
91-0890820	Williams & Helde Inc	0.33%
86-2485940	Witham Property LLC	0.06%
91-0479160	Woodworth Capital Inc	0.12%
60-2450971	Wow Technologies	0.42%
47-1838347	WSB, Inc.	0.20%
26-0843112	WVH, PLLC	0.07%
37-1592435	WVS LLC	0.04%
91-2104517	Young Child Academy of Seattle	0.20%
08-2154807	Z Chen DMD, PLLC	0.08%
91-1551857	Zavtek Inc	1.80%
82-5454752	Zehnder Law, LLP	0.16%
27-3536169	Zum Communications, Inc.	0.22%