

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION; 1b Three-digit plan number (PN): 503; 1c Effective date of plan: 01/01/2014; 2a Plan sponsor's name, mailing address, city or town: THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST, PO BOX 1872 OLYMPIA, WA 98507-1872, 1414 CHERRY ST SE OLYMPIA, WA 98501; 2b Employer Identification Number (EIN): 61-6496436; 2c Plan Sponsor's telephone number: 360-943-1600; 2d Business code

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, Date, Name. Rows for plan administrator, 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	6400
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)	6400
	6a(2)	6006
	6b	7
	6c	
	6d	6013
	6e	
	6f	6013
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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 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>7</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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 163956803

<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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 61-6496436</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0234392	5974	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
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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
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(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.
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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. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
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	155360
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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 61-6496436</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	122482630016-19	6018	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
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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	

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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)		
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)	227525	
	(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)		227525
b	Benefit charges (1) Claims paid	9b(1)	176285	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		176285
	(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)	43198	
	(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)		43198
	(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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 61-6496436</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
WILLAMETTE DENTAL OF WASHINGTON INC

(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
91-1702099	47050	WA385	64	01/01/2024	12/31/2024

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
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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. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	56887
(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)	56887
b Benefit charges (1) Claims paid		9b(1)	54681
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	54681
(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)	5689	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	996	
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		6685
(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. Specify nature of costs.	10b

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST	D Employer Identification Number (EIN) 61-6496436

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

PREMERA BLUE CROSS

(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
91-0499247	47570	200000143	5969	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)		
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)	
	(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	48867417
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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 61-6496436</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	09450-09457	2320	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)		
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)	2008382	
(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)	2008382	
b Benefit charges (1) Claims paid	9b(1)	1503961	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)	1503961	
(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	
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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 61-6496436</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
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	168475-6,168505	798	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
	(5) Total deductions			
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) **▶ AD&D**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	
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	64907
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION		B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST		D Employer Identification Number (EIN) 61-6496436

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
LIFEWISE HEALTH PLAN 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
91-1950223	52633	200000167	37	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)		
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)	
	(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	243007
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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST	D Employer Identification Number (EIN) 61-6496436	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

BARNES & THORNBURG LLP

11 SOUTH MERIDIAN ST
INDIANAPOLIS, IN 46204

35-0900596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		15601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CLIFTONLARSONALLEN LLP

220S 6TH ST
STE 300
MINNEAPOLIS, MN 55402

41-0746749

(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		19962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FORTERRA INC

PO BOX 7508
OLYMPIA, WA 98507

20-3642694

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1450545	Yes <input type="checkbox"/> No <input checked="" 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)

PROPOINT LLC

525 COLUMBIA ST NW
STE 204
OLYMPIA, WA 98501

27-3322664

(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			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4075301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VIMLY BENEFIT SOLUTIONS INC

12121 HARBOUR REACH DR
STE 105
MUKILTEO, WA 98275

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?
13 49		766884	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</u>	B Three-digit plan number (PN)	<u>503</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</u>	D Employer Identification Number (EIN) <u>61-6496436</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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.	<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 AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST	D Employer Identification Number (EIN) 61-6496436

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	153403
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	841620 824699
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	369677 387917
(2) U.S. Government securities	1c(2)	379609 332293
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	371174 465873
(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)	90484 93563
(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	2052564	2257748
Liabilities			
g Benefit claims payable.....	1g	707240	834344
h Operating payables.....	1h	16623	15637
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	8647	11692
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	732510	861673
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1320054	1396075

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)	52563557	
(B) Participants.....	2a(1)(B)	61333	
(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)		52624890
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	41498	
(B) U.S. Government securities.....	2b(1)(B)	10826	
(C) Corporate debt instruments.....	2b(1)(C)	17050	
(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)		69374
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	2295	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2295
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	574011	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	568899	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5112
(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)		24365
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		52726036

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)	51770965	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		51770965
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)	766884	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19962	
(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)	15601	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	76603	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		879050
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52650015

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		76021
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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?			
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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**AWB HEALTHCHOICE EMPLOYEE BENEFITS
TRUST – CONSTRUCTION**

**FINANCIAL STATEMENTS AND
ERISA—REQUIRED SUPPLEMENTAL SCHEDULE**

**AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**



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AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
AWB HealthChoice Employee Benefits Trust – Construction
Olympia, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of AWB HealthChoice Employee Benefits Trust – Construction, 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 plan benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and changes in plan benefit obligations for the year ended December 31, 2024, 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 plan benefit obligations of AWB HealthChoice Employee Benefits Trust – Construction as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in plan benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AWB HealthChoice Employee Benefits Trust – Construction 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 AWB HealthChoice Employee Benefits Trust – Construction's ability to continue as a going concern one year after the date of the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AWB HealthChoice Employee Benefits Trust – Construction'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 AWB HealthChoice Employee Benefits Trust – Construction'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 at end of year) as of December 31, 2024 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 GAAS.

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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Spokane, Washington
September 23, 2025

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Investments, at Fair Value	\$ 1,279,646	\$ 1,210,944
Contributions Receivable	153,403	32,994
Pending Transfers	824,699	808,626
Total Assets	2,257,748	2,052,564
LIABILITIES		
Administrative Fees Payable	11,692	8,647
Accounts Payable	15,637	16,623
Total Liabilities	27,329	25,270
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,230,419	\$ 2,027,294

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS

Employer Contributions	\$ 52,563,557
COBRA Contributions	61,333
Interest and Dividend Income	71,669
Net Appreciation in Fair Value of Investments	29,477
Total Additions	52,726,036

DEDUCTIONS

Premiums to Carrier	51,643,861
Administrative Fees	766,884
Professional Fees	95,596
Office Expense	16,570
Total Deductions	52,522,911

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS

203,125

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	2,027,294
End of Year	\$ 2,230,419

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Premiums Payable	<u>\$ 834,344</u>	<u>\$ 707,240</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 834,344</u></u>	<u><u>\$ 707,240</u></u>

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2024**

**AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS
AND DEPENDENTS**

Balance - Beginning of Year	\$ 707,240
Premiums and Fees Incurred to Insurance Carriers	51,770,965
Insurance Companies' Premiums and Fees Paid	<u>(51,643,861)</u>
TOTAL BENEFIT OBLIGATIONS - END OF YEAR	<u><u>\$ 834,344</u></u>

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

General

Since inception, AWB HealthChoice Employee Benefits Trust (the Consolidated Plan) has consisted of nine industry-specific plans with related subtrusts. The structure of the Consolidated Plan was amended effective December 1, 2020 from one which maintained subtrusts for each of nine participating industry groups to one having a separate trust for each industry group in anticipation of reporting the Consolidated Plan as nine separate plans on nine separate Form 5500's effective January 1, 2021. The AWB HealthChoice Employee Benefits Trust – Construction (the Plan) is a continuation of a portion of the Consolidated Plan and its related trust arrangement.

The Consolidated Plan went into operation on January 1, 2014. Effective October 1, 2013, the Consolidated Plan established a trust (the Trust) and the Board of Trustees of the Consolidated Plan appointed U.S. Bank as custodian. The Trust was created and established to receive and to hold contributions of participating employers and serve as the conduit for payment of insurance premiums to the insurance companies that insure plan benefits and of other plan expenses.

Effective December 1, 2020, the Trust arrangement was amended to reflect that there are nine separate plans, each of which will separately file for Form 5500 reporting purposes. The separate plans provide benefits for the following industry group classifications: manufacturing, professional services, retail & wholesale, hospitality, construction, Construction, communications, technology, and transportation (collectively, the Successor Plans). The Consolidated Plan was renamed the AWB HealthChoice Employee Benefits Trust – Construction and was assigned to be the plan providing benefits to the Construction industry group.

The Trust continues to receive and hold contributions for each of the nine plans in a single bank account with separate accounting for each of the Successor Plans. Trust assets are used for the exclusive benefit of the plans' participants and beneficiaries and to pay expenses of the plans.

The Plan is a fully insured health plan providing medical, life, dental, vision, short and long-term disability benefits to and for eligible employees and dependents of employers who are members of the Association of Washington Business (AWB), and which operate within the Plan's industry group.

The Plan is a group insurance arrangement classified as a "Multiple Employer Welfare Arrangement" as defined by the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations. The Plan is operated by AWB in coordination with the participating employers and through contracts with third parties. Each employer that participates in the Plan is the Plan administrator with respect to the coverage for its employees for purposes of ERISA. The Plan's trustees act as sponsor of the Plan for ERISA reporting purposes.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Administration

The Plan is administered by a Board of Trustees that is assisted by a contract administration organization and various professional service providers. Administrative expenses are borne by the Plan.

The Plan receives services under an agreement with Vimly Benefit Solutions, Inc. (Vimly), to act as a third-party administrator. Vimly performs the billing, collection, eligibility determination, benefit processing, recordkeeping, and reporting for the Plan.

Fees to Vimly totaled \$766,884 for the year ended December 31, 2024, and are included in administrative fees in statement of changes in net assets available for benefits. Administrative fees payable to Vimly as of December 31, 2024 and 2023 totaled \$15,637 and \$16,623.

Employer Eligibility

To be eligible for participation in the Plan, an employer must meet the following criteria:

- Must be a member in good standing of AWB.
- Must be a firm, corporation, partnership, or proprietorship directly engaged in a business employing at least two eligible employees that work at least 20 hours per week. For dental coverage, two is the minimum number of eligible employees.
- Must be classified in the construction industry. The employer determines the industry in which they operate by providing their North American Industry Classification System (NAICS) code on their application and renewal. It is then reviewed by the Plan for accuracy of classification.
- A minimum of 50% of enrolling employees must live and work in Washington State.

Employee Eligibility

Each participating employer is responsible for defining the classification of employees eligible for benefits, within the parameters established by the Plan.

At a minimum, in order to be eligible for coverage, an employee of the participating employer must meet all of the following qualifications:

- Employee must be paid on a regular, periodic basis through the participating employer's payroll system with wages reported by the participating employer for Social Security purposes (i.e., on Form W-2) or must be an owner working a minimum of 20 hours per week in the business.
- Employee must appear on the participating employer's quarterly report of wages filed with the State Employment Security Department (this does not apply to owners of the employer).

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Employee Eligibility (Continued)

- Employee must meet the participating employer's criteria for full-time, regular status working a minimum of 20 hours per week; and
- Employee must satisfy the waiting period that the participating employer has specified on the Plan's Master Application for Insurance Coverage. The waiting period cannot exceed 90 days from the date of hire.

Eligible dependents include the employee's spouse or domestic partner and dependent children.

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 the Consolidated Omnibus Budget Reconciliation Act (COBRA), normally applies to all employers employing 20 or more employees during a calendar year. Due to plan provisions, all participants in the Plan are COBRA eligible. The Plan provides these benefits on a self-pay basis if a participant loses coverage because they no longer satisfy the requirements for eligibility. The contribution amount is set by the Plan.

Retired employees and their dependents are not eligible (unless eligible for COBRA).

Contributions and Participation

To become and remain a participating employer in the Plan, the employer must contribute at least 75% of the coverage charge per eligible employee. This is the minimum employer contribution, but the employer may contribute up to 100% of the coverage charge. There is no minimum employer contribution requirement for dependent coverage. Dependent contribution percentage may not be higher than the contribution toward employee coverage. If the employee contributes to the cost of coverage, the employer must collect the funds and include the amount with the employer's remittance on one check to the billing administrator.

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

The Plan provides 28 options for medical coverage. The Plan also provides eight dental plan options, three life coverage options, three vision plan options and short-term and long-term disability coverage. Contributions for the various insurance coverages are determined based upon the coverage chosen by the participating employer.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions and Participation (Continued)

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

Plan Termination

The Plan may be amended, restated, or terminated by AWB or the Board of Trustees at any time and for any reason. The Board of Trustees also reserves the right to increase the amount of employer contributions. In addition, participating employers may amend the eligibility rules for their employees, as long as any changes are consistent with the insurance contracts and any rules established by the Plan. Employers may also terminate their enrollment of the Plan at any time and for any reason.

In the event of termination of the Plan, the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Interest-Bearing Cash (included in Investments)

Interest-bearing cash, included in Investments on the statements of net assets available for benefits consists of a checking account which is held in the Trust and is insured by the Federal Deposit Insurance Corporation up to the limits prescribed by law. Trust cash balances may exceed such limits during the year. Management believes there is minimal credit risk related to its cash balances.

The balance of the Plan's interest in the Trust's checking account is based on the balance at the beginning of the year plus actual contributions and allocated interest income and loss, less actual premiums to carriers and related commissions, and allocations of other fees and costs which are shared amongst the Successor Plans.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments

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

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

Contributions Receivable and Unearned Contributions

Amounts held in the cash account maintained by Vimly which relate to 2024 or 2023 coverage for the Plan are recorded as pending transfers or contributions receivable as of December 31, 2024 and 2023. Pending transfers represent funds received by Vimly, after the December transfer, through December 31, for each year-end. Amounts held in the cash account maintained by Vimly which relate to coverage subsequent to year-end have been excluded from these financial statements. Amounts remitted by Vimly which represent overpayments and other adjustments are recorded as unearned contributions as of December 31, 2024 and 2023. Contributions receivable recorded as of December 31, 2024 and 2023 were considered fully collectible. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024 and 2023, the allowance for credit losses was insignificant.

Premiums

Insurance premiums are paid to the insurance companies that insure the Plan benefits and are recorded when paid. Approximately 95% of premiums paid during the year ended December 31, 2024 were paid to Premera Blue Cross.

Administrative Expenses

Administrative expenses are paid by the Plan through the Trust and include direct costs of Plan administration, plus an allocation of shared costs incurred by the Successor Plans. Shared costs are allocated using the Plan's proportionate share of contributions.

Benefit Obligations

Benefit obligations include any obligations for premiums due, but not paid, under insurance arrangements in accordance with accounting principles generally accepted in the United States of America. The Plan is fully insured. Therefore, there is no obligation for benefit claims that have been incurred but not reported by the insurance carriers.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tax Status

The revenues received from participating employers do not represent taxable income. Investment earnings of the Plan in excess of deductible expenses are subject to income tax. The Trust reports taxable income as required by taxing authorities.

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

Subsequent Events

The Plan has evaluated subsequent events through September 23, 2025, the date which the financial statements were available to be issued.

NOTE 3 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

Money Market Mutual Fund and Mutual Funds: Investments in mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Issue: Investments in the U.S. government securities are valued based on the closing prices reported in the active market in which the individual securities are traded.

Corporate and Foreign Issues: Investments in bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

The following table sets 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
Money Market Mutual Fund	\$ 387,917	\$ -	\$ -	\$ 387,917
U.S. Government Issues	332,293	-	-	332,293
Corporate Issues	-	420,426	-	420,426
Foreign Issues	-	45,447	-	45,447
Mutual Funds	93,563	-	-	93,563
Total	<u>\$ 813,773</u>	<u>\$ 465,873</u>	<u>\$ -</u>	<u>\$ 1,279,646</u>
	2023			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	\$ 369,677	\$ -	\$ -	\$ 369,677
U.S. Government Issues	379,609	-	-	379,609
Corporate Issues	-	345,390	-	345,390
Foreign Issues	-	25,784	-	25,784
Mutual Funds	90,484	-	-	90,484
Total	<u>\$ 839,770</u>	<u>\$ 371,174</u>	<u>\$ -</u>	<u>\$ 1,210,944</u>

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 RELATED PARTY TRANSACTIONS

Administrative Fees

In 2014, the Consolidated Plan entered into an agreement with Forterra, Inc. (Forterra), a wholly owned subsidiary of AWB. The Plan receives various administrative services under this agreement. The agreement was assumed by and renewed with the Successor Plans in 2021 and amended and restated in 2024.

The fees paid to Forterra by Vimly during the year ended December 31, 2024 totaled \$1,450,545, which have been accounted for as indirect expenses and therefore not recognized as Plan expenses in these financial statements.

Agency Services and Commissions

In 2014, the Consolidated Plan entered into an agreement with ProPoint LLC (ProPoint), a wholly owned subsidiary of Forterra and licensed insurance agency in Washington State, to provide various services. The agreement was amended and restated in 2024.

The total fees paid to ProPoint by Vimly during the year ended December 31, 2024 were \$4,075,301, which are accounted for as indirect expenses and therefore not recognized as Plan expenses in these financial statements.

NOTE 5 RISKS AND UNCERTAINTIES

The Washington State Office of Insurance Commissioner (OIC) has the authority to review and approve or disapprove large-group rate filings, including association health plans (AHP), on an annual basis. However, the carrier for the Consolidated Plan is a health services contractor, therefore filings are considered “file and use” which means they do not need to be approved in advance of going to market. Changes in healthcare reform legislation and the OIC rules and interpretations concerning AHPs could have an effect on future revenue.

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

The liability for premiums payable at December 31, 2024 and 2023, was estimated using actual payments to insurance carriers subsequent to year-end. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in this estimate and assumptions in the near term would be material to the financial statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits as reported in the financial statement to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 2,230,419	\$ 2,027,294
Less: Premiums Currently Payable	<u>834,344</u>	<u>707,240</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 1,396,075</u>	<u>\$ 1,320,054</u>

The following is a reconciliation of changes in net assets for plan benefits as reported in the financial statements to Form 5500 available for the year ended December 31, 2024:

Net Increase in Net Assets Available for Benefits per the Financial Statements	\$ 203,125
Add: Plan Benefit Obligation - Beginning of Year	707,240
Less: Plan Benefit Obligation - End of Year	<u>834,344</u>
Net Income per Form 5500	<u>\$ 76,021</u>

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
<u>Money Market Mutual Funds:</u>				
*	U.S. Bank Money Market	Variable	\$ 361,235	\$ 368,341
	First Am Govt MM	Variable	19,576	19,576
	Total Money Market Mutual Funds		380,811	387,917
<u>U.S Government Issues:</u>				
	FFCB Deb	4.250%, 9/30/25	19,673	19,719
	FFCB Deb	2.510%, 4/1/25	21,751	21,815
	FFCB Deb	4.890%, 7/21/26	2,727	2,740
	U.S. Treasury	2.750%, 5/15/25	19,714	19,616
	U.S. Treasury	2.875%, 6/15/25	19,635	19,605
	U.S. Treasury	3.125%, 8/15/25	22,295	22,308
	U.S. Treasury	3.500%, 9/15/25	19,329	19,619
	U.S. Treasury	4.000%, 2/15/26	19,429	19,672
	U.S. Treasury	4.375% 12/15/26	19,873	19,769
	U.S. Treasury	4.000% 1/15/27	19,684	19,627
	U.S. Treasury	4.125% 2/15/27	22,809	22,949
	U.S. Treasury	4.250% 3/15/27	19,639	19,719
	U.S. Treasury	3.500% 10/15/27	19,590	19,517
	U.S. Treasury	4.000% 11/15/27	19,702	19,637
	U.S. Treasury	4.000% 12/15/27	26,649	26,640
	U.S. Treasury	2.500%, 1/30/25	19,501	19,695
	U.S. Treasury	2.625%, 3/31/25	19,546	19,646
	Total U.S. Government Issues		331,546	332,293
<u>Corporate Issues:</u>				
	Ally Bk Sandy	3.800% 9/28/26	8,757	8,733
	American Express	5.000% 9/21/26	2,724	2,784
	American Honda Mtn	4.450% 10/22/27	19,627	19,578
	Austin Cap Bk	4.600% 5/29/26	19,724	19,868
	Bmw Bk North CD	4.400% 7/14/25	19,704	19,741
	Blue Ridge Bk	4.300% 12/28/26	2,192	2,203
	Capital One	3.400% 7/07/25	19,714	19,640
	Capital One	4.600% 5/26/26	6,568	6,621
	Cross Riv Bk	4.700% 6/15/26	9,842	9,949
	Customers Bk	5.050% 3/24/26	3,287	3,324
	First Fndtn	4.700% 6/29/26	19,685	19,899
	First Natl Bk	4.850% 9/21/26	19,527	19,989
	Forbright Bk CD	4.850% 6/14/27	19,724	20,104
	Manufacturers	4.500% 12/15/25	19,724	19,789
	Morgan Stanley	4.900% 4/07/25	19,724	19,755
	Morgan Stanley	3.875% 1/27/26	18,946	19,571
	Morgan Stanley CD	4.600% 3/15/27	13,676	13,865
	Popular Bk	4.850% 9/04/26	21,916	22,204
	Realty Income Corp	4.125% 10/15/25	19,134	19,539
	Sallie Mae Bk	1.900% 2/24/25	19,721	19,652
	Schwab Charles Corp	0.900% 3/11/26	17,459	18,869
	State Bank India CD	4.850% 6/24/27	4,931	5,027

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<u>Corporate Issues (Continued):</u>				
Toyota Financial	4.350%	7/26/27	\$ 19,665	\$ 19,881
Ubs Bk USA	5.150%	11/02/26	19,694	20,115
Valley Natl	3.950%	8/20/27	19,694	19,688
Valley Natl	3.900%	8/27/27	4,377	4,370
Wells Fargo Bank	4.900%	12/07/26	5,479	5,568
Wells Fargo Bank	4.850%	5/21/27	19,694	20,100
Total Corporate Issues			414,909	420,426
<u>Foreign Issues:</u>				
Bank Nova Scotia	3.450%	4/11/25	6,343	6,548
Sumitomo Mitsui Finl	3.364%	7/12/27	19,367	19,110
Toronto Domi	4.980%	4/05/27	19,504	19,789
Total Foreign Issues			45,214	45,447
<u>Mutual Funds:</u>				
Fidelity 500 Index Fund	Variable		68,935	93,563
Total Mutual Funds			68,935	93,563
			\$ 1,241,415	\$ 1,279,646

* Indicates party-in-interest



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

AWB Healthchoice Employee Benefits Trust - Construction

61-6496436_Plan 503

Schedule D, Attachment 1

Name	Tax ID	% of Total Contributions
2 SONS PLUMBING LLC	822672904	0.558%
24Res Tech LLC	822258930	0.290%
360 Excavating LLC	465357884	0.022%
3CK LLC	811546771	0.078%
5789, LLC	453571319	0.118%
A and D Quality Construction Co LLC	911947780	0.098%
A Roofing, Inc.	201290536	0.142%
A&D Mechanical	911930417	0.055%
A&M Cable, LLC	272924560	0.048%
A&N Plumbing & More LLC	473369801	0.020%
A.C.I Coatings	911743205	0.332%
A-1 Mobile Lock & Key, Inc	470902185	0.094%
A-1 Pepperworth Plumbing, Inc.	911076003	0.046%
AA Remodeling LLC	473622768	0.352%
Aardvark Bark Blowing & Landscape Svcs	260257922	0.174%
ABCO Rooter The Drain Doctors Inc	201016162	0.103%
Absolute Choice Electric, LLC	474250670	0.085%
Absolute Comfort Technology Electric LLC	823491325	0.072%
Absolute Comfort Technology LLC	454002289	0.139%
Absolute Drywall	371897317	0.077%
Absolute Heating & Cooling, Inc	471967285	0.092%
Absolute Power, Inc	262517490	0.472%
Absolutely Fine Concrete, Inc	270654098	0.070%
AC Electric Services, Inc.	911881144	0.128%
Access Windows & Glass LLC	770640413	0.016%
Ace Electric Inc.	912000666	0.110%
Aces Four Enterprises LLC	853989129	0.089%
ACK Electric LLC	812436697	0.051%
Acme Roofing Inc.	203429688	0.097%
Acumen Carpet Cleaning	811137741	-0.003%
Adam Leland Homes Inc	911955168	0.136%
Adams Construction Service, Inc.	911716424	0.122%
Advanced Electrical Concepts	203800123	0.201%
Advanced Excavation Inc.	421640781	0.064%
Advanced Water Management Inc.	912011596	0.164%
Advantage Contractors Inc	911745845	0.071%
Agate Pass Investment & Management LLC	273330362	0.096%
Aguiar Pavers, LLC	900445272	0.050%
Air Systems NW	911516478	-0.001%
Airco Heating and AC LLC	933031429	0.017%
Airtherm Corporation	911336298	0.098%
AJW Builders LLC	471744407	0.120%
AK Electric Inc	911578893	0.021%
Alexander Group Northwest	911090748	0.095%
All Phase Heating and Air Conditioning Inc	464316328	0.177%
All Ply Roofing LLC	851405116	0.058%
All Pro Plumbing Northwest LLC	921667213	0.054%
All Seasons Contracting Inc	911953764	0.056%
All Weather Heating, Air Conditioning & Refrigerati	593838886	0.062%
AllCounty Operations, Inc.	200149606	0.073%
Allied Plumbing & Pumps LLC	320279819	0.408%
Allumia, LLC	465408327	0.119%

Alluring Landscapes LLC	364863954	0.014%
All-Wayz Painting Inc	900150187	0.002%
Almet Metal LLC	452394063	0.011%
Alpine Glass, Inc	411814787	0.049%
Alt Inc.	452000177	0.098%
AM Excavating LLC	550821226	0.079%
AM Landshaper Inc	911717114	0.176%
American Air Heating & Cooling, LLC	474916755	0.119%
American Concrete Company of Gig Harbor	912181500	0.096%
American Construction Co., Inc.	910562492	0.269%
American Resort Marketing Inc.	911105568	0.049%
American West Landscaping & Construction LLC	331008445	0.045%
Americrete Fencing LLC	844213297	0.000%
AMS Financial Group LLC	208579109	0.040%
Anderson Drilling LLC	911936195	0.096%
Anne Marie Aesthetics	872843560	0.002%
AP Plumbing LLC	720600692	0.058%
Apex Landscaping & Construction LLC	461200495	0.031%
Apols Landscape Maintenance LLC	911671965	0.073%
Aqua Spas and Pools	471458475	0.102%
Archie Michael P	273240908	0.123%
Arden Construction Inc	352529204	0.039%
Armour Wealth Advisors, LLC	465305174	0.027%
Ascent Building Company, LLC	260418815	0.088%
Aspire Capital Advisors LLC	831630900	0.057%
Associated Finishes Inc	911986137	0.188%
Associated Products Shipping Solutions	464920215	0.102%
Avery11 Construction, LLC	874089302	0.093%
AVIT LLC	272896866	0.089%
B & C Tower, LLC	274551584	0.197%
B & G NW, Inc.	911950208	0.056%
B & G Property Maintenance, LLC	273052738	0.220%
B & L Plumbing LLC	992152635	0.045%
B & L Utility, Inc.	911675485	0.072%
B E A U Construction LLC	842837412	0.109%
B J & R Inc.	911742542	0.023%
B n B Mechanical LLC	812389323	0.091%
B Square Electric Co.	205491811	0.019%
B&B Aircraft Equipment, Inc.	911567136	0.199%
B&B Utilities and Excavating, LLC	342064836	0.088%
B&H Fire and Security LLC	812440133	0.085%
B.C. Pavers, Inc	912190652	0.179%
Back on the Horse LLC	271855878	0.055%
Bainbridge Community Foundation	912155208	0.047%
Bainbridge Heating & Air	453844579	0.074%
Baker & Sons Concrete Construction LLC	464971478	0.020%
Baker Electric, Inc	911702764	0.065%
Basin Refrigeration and Heating, Inc.	911234198	0.173%
Baxstrom, Casey Lynn	273352707	0.028%
Baxter's Excavation & Tree Removal LLC	813260885	0.014%
Bayside Supply Co. LLC	261180228	0.164%
Bear Plumbing & Heating, Inc	651175648	-0.001%
Becker Excavation, Inc.	832996533	0.027%
Beckstead Electric	911570954	0.024%
Bee's Plumbing, Heating, and Sewer Corp	815141380	0.323%
Belcher, Inc	472374505	0.031%
B-Elite Inc.	842165004	0.100%
Benchmark Recycling Inc.	912109014	0.112%

Benson Service Electric Inc.	201776972	0.029%
Benton Franklin Power Vac, Inc.	562481765	0.051%
Bergdahl Real Property, Inc	201943457	0.040%
Berry & Co General Contractor LLC	364690799	0.130%
BES Electrical Service, LLC	473433247	0.115%
Beth Billington Real Estate	533842373	0.057%
Big Mountain Enterprises, LLC	161673737	0.293%
Billington Daniel	871865380	0.010%
Bios LLC	134228454	0.069%
Black Forest Hardwood Floors LLC	200651363	0.041%
Blackstone Construction LLC	460889278	0.025%
Blake Commercial Real Estate LLC	842968217	0.033%
Blank Paper LLC	264275639	0.040%
Blue Fern Management LLC	832957806	0.374%
Blue Sky Electrical Contracting & Design	320501471	0.210%
Blue Sound Construction, Inc	205027619	0.115%
BML Development Corporation	911361219	0.040%
BNB Works, LLC	452325589	0.029%
Boilermasters Inc	911533341	0.055%
Bonafide Lock & Safe, Inc.	911577348	0.154%
Booth Daniel W & Kristen M	542139077	0.044%
Boretec 1 Inc.	273600544	0.135%
Born Electric LLC	814385741	0.071%
Bosch II Construction Co.	912021522	0.083%
Bouwer Construction Company	263566086	0.107%
Bovey & Associates Inc	223653879	0.085%
Bowen Contractors Inc.	453581589	0.222%
Bowman Connect, LLC	821892468	0.156%
Bransen Drill LLC	203328505	0.071%
Braseth Construction Company	911202774	0.238%
Bravo Enterprises Inc	800014948	0.080%
Brickmaster LLC	830683612	0.079%
Bridge Street Trading Company.LLC	822895149	0.036%
Bridger Development Company	911705820	0.077%
Brother's Plumbing, Inc.	911408566	0.023%
Bruch & Bruch Construction, Inc.	911195163	0.047%
Bruggman Mechanical, Inc	911934374	0.186%
Bruhn Logging & Tree Service, LLC	472637213	0.048%
BT Painting Inc.	814467353	0.033%
Buell's Quality Construction, Inc	911883741	0.005%
Build Smart Northwest	276948600	0.027%
Burdick's Security Hardware Service, Inc.	911365156	0.070%
Burgess Contracting LLC	844681271	0.083%
Burris Electric LLC	352318917	0.087%
Bustard Custom Construction Inc.	261790504	0.050%
Butler Property Group LLC	455426960	0.028%
C & C Yard Care Inc.	911941045	0.131%
CAD Homes	472302088	0.148%
Cains Pressure Washing & Property Mgt	912014334	0.272%
CAMBIUM INC.	911891085	0.227%
Capstone Structures LLC	811224118	0.097%
Carley Construction Inc	912016993	0.245%
Carrera Development LLC	920281603	0.105%
Cascade Construction Company	550810066	0.061%
Cascade Custom Homes & Design Inc.	912033597	0.163%
Cascade Integration, Inc	200898867	0.281%
Cascade Plumbing LLC	874189629	0.082%
Cascade Roofing Company, Inc	911687785	0.142%

Cascade Sawing & Drilling, Inc.	911171778	0.322%
Cascade Tub Repair LLC	743129206	0.062%
Catalyst Commercial Partners	911912803	0.042%
Caviezel Wealth Management LLC	823569072	0.075%
CB Electric LLC	471925915	0.047%
CCD Enterprises, Inc.	91013447	0.080%
Cedar Industries, Inc.	263506140	0.043%
Chameleon Colors Inc.	912114703	0.040%
Champion Tree Care LLC	463651650	0.096%
Chelan Realty Group, LLC	463014886	0.129%
Chelan Valley Heating and Cooling	880565905	0.064%
CHOICE VENTURES PNW, LLC	993201853	0.113%
Chris Akins Masonry LLC	263763577	0.077%
Chuckanut Builders LLC	273122590	0.204%
Citadel Electric LLC	471400750	0.166%
City Wide Fence Co	911349439	0.304%
CJA Investments LLC	851902199	0.031%
CJT Corp	161652346	0.043%
Clarks Concrete Pumping LLC	822762289	0.086%
Clean Air Heating & Cooling	462791937	0.057%
Climatek LLC	460617533	0.052%
Closet Creations Inc.	271597281	0.139%
C-N-I Locates, Ltd	912141317	0.149%
Coast to Coast Turf LLC	465396868	0.294%
Coastal Construction LLC	475500921	0.136%
Coastline Roofing & Construction, Inc.	473966930	0.003%
Color & Arches Corporation LLC	300658421	0.040%
Colton Construction, Inc.	911880961	0.066%
Columbia Basin Striping LLC	743755225	0.053%
Columbia Electrical LLC	871170820	0.012%
Columbia Land Services Inc.	912098367	0.211%
Columbia River Plumbing & Mechanical, LLC	264690326	0.101%
Columbia Sweeping Service, Inc.	911691063	0.104%
Comcrete, Inc.	271748151	0.172%
Comfort Experts Plumbing Inc.	364687550	0.067%
Commercial Hardware Services	911976385	0.075%
Commercial Retail Services, LLC	800772094	0.197%
Complete Electric Service LLC	274820613	0.050%
Complete Heating & Sheetmetal Inc	931162137	0.047%
Complete Landscape, Inc.	208727484	0.003%
Comprehensive Wealth Management	912135495	0.142%
Com-Steel, LLC	911676143	0.116%
Concrete Services, Inc.	911531106	0.279%
Consolidated Outdoor Services Inc.	992399430	0.056%
Continental Door Company, LLC	753150539	0.289%
Contractor's Roof Service, Inc.	911749301	0.147%
Copper Creek Landscaping	200044023	0.075%
Copper Penny Holdings LLC	933660946	0.081%
CORCO LLC	472995309	0.039%
Core Contractors LLC	990570500	0.052%
Corliss Management Group, LLC	270545334	0.791%
Cornerstone Construction NW, Inc.	263858792	0.066%
Corridor Electric, Inc.	912172568	0.081%
County Line Cutting, LLC	352275089	0.016%
Cowboy Custom LLC	861593688	0.010%
Craftsman Building Fine Homes LLC	474096809	0.140%
Craig Reimer Custom Homes, LLC	271968152	0.059%
Crane Electric Corporation	471276273	0.039%

Crawford Garage Doors	911586054	0.139%
Creative Bros Landscape Corp	911743475	0.122%
Creative Countertops Inc	200952002	0.136%
Creative Stoneworks, Inc	861073223	0.141%
Crown Property Management LLC	943388280	0.079%
CRS Service LLC	465550443	0.039%
Crystal Panes LLC	820781256	0.187%
Crytyl Enterprises Incorporated	911629845	0.039%
CSK Communications, Inc	911690183	0.023%
Cultivar LLC	270642348	0.072%
Cutter Electric LLC	770674461	0.103%
Cutting Edge Earthworks Inc	453912295	0.020%
Cutting Edge Landscape Maintenance, Inc.	912105297	0.092%
D & E Electric Inc.	911786679	0.112%
D L Sigler Construction, LLC	271741074	0.065%
Dan Tapani Excavating, LLC.	912156129	0.277%
Davis Plumbing Inc.	205062239	0.128%
DB Fine Carpentry LLC	882562134	0.002%
DB General Contractors, Inc	743189536	0.304%
DBC Construction, Inc.	472670594	0.044%
DDN Interior Supply	461974494	0.320%
Dean Financial Management Inc.	204995173	0.022%
DeBoer Construction LLC	271609989	0.039%
Dee-Dubs Plumbing, Inc	912103786	0.051%
DeJong Heating & Refrigeration Inc.	481261608	0.152%
Delta Heating & Cooling, Inc.	911632037	0.126%
Denali International LLC	831907823	0.017%
DePaolos Painting Inc	912039052	0.042%
Dependable Contracting Services, LLC	270372655	0.207%
DesignLine Dental Systems LLC	260129358	0.052%
Devoted Builders LLC	202341181	0.033%
Devout Excavation LLC	873586936	0.170%
DH Construction & Assoc. LLC	472375472	0.079%
Dharma Construction Inc	811351423	0.074%
DHT Construction & Roofing LLC	463777913	0.044%
Diamond Communications Inc	912086650	0.120%
Diamond Landscapes, LLC	842531267	0.018%
Dickman-Hines Lumber Company	911299359	0.026%
Dillbrothers, Inc.	473629255	0.054%
Dillon Electric Inc.	861675250	0.013%
Dima Construction LLC	823741266	0.080%
Distinctive Audio & Video LLC	463933755	0.029%
DJ & DJ Contracting, LLC	264631389	0.155%
DJC General Contractors, Inc	208681537	0.028%
DL Phillips Construction LLC	843776513	0.101%
Dolan Construction, INC	843486721	0.056%
Dominke Sascha & Sharmin C	534617329	0.020%
Done Right Plumbing & Sewer Repair LLC	452674553	0.054%
Double J Excavating, Inc.	821601636	-0.004%
Double J S Construction LLC	812461254	0.065%
Dream Turf LLC	412029105	0.065%
Drenguis Construction LLC	851651658	0.056%
DRX2, LLC.	851447194	0.113%
Dry Creek Electric LLC	842625459	0.046%
Duck Farms LLC	811469690	0.035%
Dug Excavation LLC	830470933	0.066%
Duga Roofing & Construction	814506359	0.010%
Duke's Plumbing Services LLC	820701157	0.019%

Dzingle's Landscaping LLC	911689983	0.137%
E Thompson Custom Homes, LLC	861693960	0.016%
E3 Solutions, Inc.	270062000	0.140%
Eager Beaver Tree Service	911629630	0.061%
Eagle Fence & Iron LLC	452445160	0.035%
Eagle Roofing and Painting LLC	274746174	0.065%
Easton Services Corporation	994817154	0.235%
Eastside Asphalt Inc.	911955329	0.105%
Ecotech Energy Systems, LLC	510592178	0.229%
ECS Northwest LLC	912173815	0.124%
Ectypos Architecture LLC	331416539	0.004%
Electrical Outfitters NW, Inc.	862275413	0.061%
Elevate Climbing Walls, LLC	853966524	0.063%
Elite Roofing & Remodel LLC	800699461	0.205%
Elliott Bay Landscape Design Inc.	900210623	0.035%
Elliott Paint Co Inc	911546696	0.378%
Ellison Earthworks LLC	861365415	0.045%
Ellsnorth Electric, LLC	900882477	0.026%
Embrace Home Transitions LLC	273148961	0.123%
Emerald City Coatings and Construction Co	472805107	0.034%
Emerald State LLC	651273545	0.038%
Enerconn Electrical Solutions	389725596	0.087%
Enviro Tech Diving Inc.	920139522	0.205%
Environmental Insulation & Contracting, LLC	811050302	0.071%
Envision Homes, Inc	912032473	0.032%
Epic Construction Management Inc.	263927063	0.102%
Epic Plumbing, LLC	851501558	0.087%
ER Flooring, LLC	832925877	0.007%
Ergenix, Inc	453126274	-0.001%
ESMB, Inc.	274241395	0.045%
Essential Fence Center, LLC	854212857	0.010%
Ethan Home Repair & Remodeling, LLC	830483763	0.078%
Ethropy Corporation	862012780	0.042%
Evergreen Drywall & Construction, LLC	205901735	0.012%
Evergreen Furniture, Fixtures and Equipment	823471720	0.069%
Evergreen State Interiors LLC	474383751	0.117%
Exact Electric, LLC	900421285	0.489%
Experience Plumbing LLC	810943190	0.039%
Express 24 Hr Plumbing and Drain LLC	822456489	0.087%
Faber Knobbs LLC	833404766	0.049%
Fairhaven Floors LLC	473903395	0.040%
Family Tides Farm LLC	461078660	0.196%
Fatboy Construction Inc	527256685	0.067%
Fawcett Plumbing, Inc	911910784	0.144%
Feller Bros Painting, Inc	912123425	0.056%
Ferreri Homes and Land LLC	931669789	0.052%
Fire Protection Specialists, LLC	911936647	0.299%
Fire Protection Systems LLC	680503935	0.051%
Fireshield, Inc.	911883970	0.011%
Fletcher LLC	475229413	0.118%
Flooring Direct LLC	901712202	0.034%
Foremost Construction	834712569	0.040%
Foster Real Estate Inc.	593771376	0.055%
Four Seasons Roof & Remodel Services, Inc	912005468	0.207%
Fowler Financial Group, Inc	263887595	0.041%
Francisco Capital, Inc.	934185353	0.161%
Freehold Group LLC	911696319	0.056%
Freese Excavation LLC	814908594	0.077%

Fresh Coat, Inc	911983298	0.013%
Friend Excavating LLC	460978800	0.021%
Frontier Fence, Inc.	910922081	0.191%
Full Spectrum Electric Inc.	874839779	0.059%
Gardenstone Masonry LLC	911994014	0.104%
Gary Timpe LLC	204864534	0.020%
Gary's Enterprises LLC	472284671	0.003%
GCW Electric LLC	473523697	0.013%
Gem Construction Inc.	912033833	0.032%
Gene B Shaffer	911388370	0.008%
George's Electric Inc.	825459798	0.151%
Gessel Dallas Lenn	465030023	0.075%
Gibson Fence and Deck LLC	861810926	0.020%
Gilpin Construction LLC	680612447	0.020%
Gintz Heating & Air LLC	832004754	0.062%
GK Knutson Inc	911773452	0.143%
GKO Inc	810914057	0.087%
Glacier Pacific LLC	464742000	0.035%
GMG Construction, Inc.	61641269	0.075%
Go Green Heating and Air Conditioning LLC	475671699	0.090%
Good Sense Electric LLC	261941247	0.049%
Gray Sky Builders, LLC	850957446	0.032%
Great NW Homes LLC	460512961	0.144%
Green Builders LLC	814984618	0.062%
Green House Plumbing LLC	454084925	0.048%
Green Way Homes LLC	832528224	0.053%
Greenbuild Development	453190276	0.102%
Greenpoint Landscaping LLC	205130941	0.097%
Greenscape Gardens	900086520	0.039%
Greenwalt Electric, LLC	260208635	0.011%
Greenwood International LLC	912090824	0.019%
Greg Anderson Painting	911651392	0.392%
Gregory Drilling Inc.	450364168	0.225%
Grey Wolfe Construction, Inc.	853357203	0.183%
Greyson Real Estate Inc	911648649	0.050%
Guide Advisors, Inc.	911739231	0.023%
Gustin Hay Company LLC	461673328	0.022%
GVC Plumbing & Mechanical Inc.	912151804	0.072%
H&C Mechanical	990489526	0.040%
Haas Development & Construction	814220692	0.056%
Hagseth Excavating, Inc	814866810	0.053%
Hallmark Framing	833773142	0.258%
Hampton Construction Inc.	460847779	0.022%
Handys Heating Inc	911551559	0.161%
Hansen Plumbing, LLC	811486412	0.034%
Harkey Construction and Development, Inc	912003241	0.009%
Harm's Paving Co Inc	910865934	0.187%
Harnasch & Stoeck LLC	412238890	0.032%
Harper Winn, Inc.	473598362	0.087%
Harvest Valley Pest Control Inc	811111509	0.105%
Headwaters Investments LLC	352679548	0.047%
Heartwood Builders, Inc.	912167270	0.204%
Heggins Construction LLC	831170542	0.070%
Heppner Construction LLC	263815114	0.029%
Hidden Rivers Sprinklers of WA, Inc.	911219686	0.118%
High Desert Drywall	364844821	0.076%
High Mountain Plumbing & Heating, Inc.	810878009	0.015%
Highcraft Group LLC	825244902	0.105%

HIGHLINE CONSTRUCTION	900762519	0.238%
Hilger Construction, Inc.	911550748	0.197%
Hilt Venture Cap Inc.	844846431	0.161%
Hodge Engineering, Inc.	200541845	0.100%
Home Resource Co. Inc.	912163147	0.025%
Homes and Development Northwest, Inc.	921776112	0.035%
Homes by Landmark, Inc	911776210	0.028%
Hone Landscape & Excavating LLC	900790920	0.054%
Horse Heaven Crane Service	833488142	0.033%
House Bros Construction Inc	911577595	0.054%
House of Stiles LLC	831598469	0.050%
Houseworx Construction LLC	994452801	0.049%
Hoyer Homes LLC	462315804	0.034%
Hubbard and Sons Construction LLC	208153977	0.075%
Hudy Plumbing & Heating, Inc	911907772	0.033%
Hurban Enterprises, Inc.	911616318	0.045%
Husky Pre-Hung Doors Corporation	911020217	0.195%
Hutteball & Oremus Architecture, Inc.	911678080	0.157%
HW Services LLC	862373519	0.015%
Illumination Services, LLC	275292953	0.023%
In Harmony Services Inc	911669034	-0.001%
In-House Electrical Services Inc.	203684952	0.042%
Innovative Door Solutions, Inc.	453930344	0.016%
Inspired Remodel LLC	872476994	0.046%
Instinct Builders LLC	464397589	0.161%
Interwest Telecom Services Corp	911510494	0.223%
Invesco Solutions Group Inc	202668574	0.163%
Irish Brothers LLC	471360667	0.141%
J & C Bergman Contracting LLC	263687296	0.096%
J Ferguson Concrete LLC	862261831	0.029%
J. Ritter Dirt & Asphalt, LLC	813030040	0.036%
J.M. Pacific Construction, Inc.	834266889	0.036%
Jack Russell Home Services Inc	851909051	0.140%
Jacques Construction Inc	912000986	0.023%
Jakal Investments LLC	651242951	0.016%
James Johnson LLC	465732531	0.138%
Jamie Parrish Plumbing, Inc	460777744	0.083%
Jason Lane Industries Inc	830565908	0.015%
JBeloff Homes LLC	832637107	0.060%
JCC Real Estate LLC	852664548	0.069%
Jed Kliman & Associates	562432328	-0.017%
Jefferson Associated Counsel	113738023	0.242%
Jeffrey's Appliances Service Inc	911542162	0.126%
Jenkins Pipeline Services LLC	454576535	0.082%
Jet Heating and Cooling LLC	843863821	0.089%
Jet Millwork Installations LLC	208708188	0.077%
JJ Plumbing LLC	412050953	0.413%
JNM Electric Inc	463484213	0.089%
Jo Absolute Plumbing Inc	462854981	0.152%
Joanie Brennan, Inc	472150401	0.061%
Joe Gates Construction Inc.	911453036	0.103%
Joe Myers Construction, Inc	810675182	0.139%
Joe's Excavation Inc	912096605	0.022%
John Piazza Jr Construction and Remodeling INC	453941137	0.084%
Johnson and Sons Construction LLC	262114432	0.039%
Johnson Lighting and Electric LLC	923693198	0.027%
Johnson Max K & Mary H	516864826	0.044%
Johnson's Glass and Upholstery, LLC	814806606	0.035%

Josan Real Estate LLC	873998741	0.057%
Joyco Drilling Inc	262269413	0.068%
JP Landscaping Services, Inc	912030771	0.091%
JRV Construction Inc	824405236	0.205%
JT Custom Homes, LLC	331082275	0.032%
JT Painting Company LLC	260476975	0.052%
K Con LLC	833079178	0.300%
Kan- Dho Electrical Inc	911428826	-0.001%
KAPCO LLC	562399278	0.018%
Kari Haas Real Estate Team, Inc.	823809742	0.176%
KBE Electric Co., Inc	911612066	0.138%
KD & S Environmental Inc	522449439	0.106%
Kenmore Team LLC	680632124	0.209%
Kent Electric, LLC	454266957	0.246%
Kernel Labs Inc.	475158098	0.072%
KG Fencing LLC	810887704	0.033%
Kiel Mechanical LLC	873672927	0.010%
Kings-Men Construction, Inc.	911125877	0.100%
Kings-Men Painting, LLC	871993388	0.033%
Kingto International, LLC	800151615	0.085%
Kipper LLC	822917841	0.047%
Kirkland Glass & Mirror Inc.	911163326	0.038%
Kite Partners Manager LLC	883932587	0.038%
Kole Enterprises LLC	465539465	0.078%
L&S Engineering Associates, Inc.	911231747	0.084%
LA Olson Construction Inc	911347697	0.207%
LaDue Fencing, Inc.	814490333	0.116%
Lake Union Partners Seattle LLC	270372545	0.197%
Lakeland Builders Inc	911551741	0.009%
Lakewood Plumbing & Mechanical Inc	911960249	0.056%
Landmark Homes of WA Inc.	262872032	0.127%
Lane and Company Services Inc.	300244979	0.042%
Laramore Enterprises Corp	510637391	0.165%
Larry Haight Residential Roofing Co.	911282170	0.214%
Larson, Brent Raymond	851109681	0.056%
Lawton Builders Inc	412239654	0.048%
LE Iddings & Sons, Inc	651175943	0.037%
Legend Plumbing and Mechanical, LLC	874387037	0.036%
Legends Roofing Co. Inc.	912175005	0.104%
Lehmann and Fleck	911624234	0.079%
Lekisch, Jennifer Lynne	832651129	0.033%
Leonardos LLC	810832408	0.087%
Lever Action Excavation LLC	920635676	0.102%
Lexly LLC	833754573	0.070%
Lifestyle Landscape Inc.	912180042	0.043%
Lighthouse Plumbing, LLC	612186115	0.022%
Lightning Electric Incorporated	203048805	0.075%
LightSmith Electric LLC	474750332	0.062%
Limited Energy Services, Inc	205285994	0.081%
Live Laugh Love LLC	208089690	0.054%
Loewen Electric Inc	203898469	0.029%
Longs Landscape LLC	431992502	0.065%
Lorn Coatings LLC	854012019	0.023%
LST Electric	920509704	0.022%
Lubbesmeyer Construction Inc	911438044	0.067%
Lux Design Builds LLC	824486535	0.106%
Lux Painting Inc.	205518654	0.081%
Lybbert Fielding Real Estate LLC	721566831	0.059%

Lynsen Electronic Corp	911496741	0.079%
M Sevigny Construction Inc.	260653305	0.116%
MA Builds LLC	812604264	0.028%
MacCoy Home Solutions LLC	471011640	0.149%
Mackin & Little, Inc	911473191	0.127%
Madcon LLC	830980124	0.039%
Madison Park Capital Advisors	471446148	0.086%
Madrona Advisory Group, LLC	881285256	0.496%
Magnolia Dreams LLC	770615976	0.061%
Magnum Construction	470912759	0.223%
Malesis Kevin J	680566851	0.036%
Maplewood One LLC	481283932	0.011%
Mario's Finishes LLC	832081957	0.035%
Marrese Marketing Inc.	911855626	0.008%
Marr's Heating + Air Conditioning, Inc.	911578171	0.312%
Martini Brokerage Services, INC	821845532	0.011%
Martinson Painting LLC	861136663	0.144%
Marvin Sheet Metal LLC	320165807	0.291%
Marx Overhead Door	912076376	0.004%
MAS Global Inc	205523187	0.042%
Master Builder Construction NW LLC	272256414	0.021%
Mathews Electric Corporation	454609192	0.219%
Matia Contractors Inc.	911360909	0.113%
Mawer Brothers LLC	421543917	0.105%
Max Corp	272670288	0.007%
Mayda and Sons, LLC	900326365	0.188%
Mayhall's Painting LLC	991255647	0.015%
MC Northwest, LLC	261372001	0.113%
McAdams Remodeling & Design, LLC	463672966	0.083%
McBoyz Contracting LLC	651320702	0.023%
McCabe By Design LLC	921448963	0.039%
McCallum Mobile Welding LLC	352770778	0.001%
McCarthy Electric and Technologies	862324415	0.181%
McCartney Industries LLC	464060734	0.109%
McCown Crafted Inc	201912019	0.162%
McIntosh Pole Buildings, Inc.	203225998	0.077%
MDK Construction Inc	911702752	0.144%
ME & T Corporation	911539784	0.203%
Mechanical Resource Services Inc.	911605891	0.139%
Medical Gas System Services LLC	472074147	0.182%
Medina Gardening & Landscape, Inc.	482623474	0.102%
Mercer Management Inc.	911128133	0.100%
Meriwether Advisors, LLC	462388301	0.055%
Merrills Carpet Cleaning INC	204565801	0.052%
Metro Air, Inc.	912167588	0.009%
MH Construction, Inc.	800670788	0.136%
Michael Mulligan Construction	901078186	0.064%
Mickelo Construction LLC	911276134	0.012%
Microbial Remediation Solutions, Inc.	870749466	0.129%
Mid Columbia Construction, Inc.	911632328	0.158%
Middleton Painting Inc.	911603598	0.069%
Miles Construction NW, LLC	203133951	0.014%
Mill Creek Ventures, LLC	531823897	0.076%
Minner & Co. LLC	911993695	0.031%
Mission Electric Inc	911747296	0.123%
Modern Construction Services LLC	465196221	0.332%
Modern Structures LLC	850714523	0.068%
MOE Asphalt Patching & Sealcoating, Inc.	912107993	0.102%

Momentum Civil LLC	851335349	0.107%
Moon Electric Company	912103130	0.036%
Moore Mud Masonry, Inc	510502846	0.025%
Moran Brothers Shipbuilding LLC	223920255	0.225%
Morgan Metal & Steel Works, Inc.	320430263	0.009%
Morris Floors and Interiors Inc	465475117	0.037%
MRF Construction Inc.	911710445	0.062%
MRP, Inc	911618392	0.045%
Multi M Contracting, LLC	364633590	0.367%
Murphy Building Company, Inc	911444738	0.028%
MVL Inc.	263058628	0.134%
MVM Quality Drilling, LLC	911826663	0.037%
MW Stoneworks Inc	463512381	0.113%
N.W. Sand and Gravel Products Inc	911707469	0.055%
Naillon Company Inc	911707724	0.088%
Narrows Heating & Air Conditioning Inc	911037311	0.516%
Naselle Rock & Asphalt Company	911540862	0.186%
Natures Way Tree Service LLC	262128907	0.011%
Navone James Michael	912021506	0.065%
Neeley Construction Company	910759164	0.295%
Nelson Geotechnical Associates, Inc	911086278	0.135%
Nelson Heating, Inc	471498707	0.074%
NEM Contractors, LLC	260099900	0.040%
New Horizons Painting LLC	454946851	0.046%
Newcastle Construction LLC	815483168	0.007%
Newton Andrew M	911351617	0.000%
Nickel Bros House Moving USA Inc	980364763	0.068%
Nick's Construction, Inc	911007356	0.021%
Nikula Construction, Inc	834606082	0.033%
NJ Bergman Enterprise Inc.	814372656	0.027%
Nolans Roofing, Inc.	203365301	0.132%
Norpac Financial LLC	261761592	0.049%
North County Lawn Care, LLC	200948119	0.128%
North Creek Contractors Inc	810851863	0.066%
North Point Land	810988943	0.035%
North Sound Communications LLC	460562768	0.110%
North Valley Mechanical, Inc	912158906	0.141%
North West Painting Specialty Inc.	911771192	0.037%
Northern Environmental LLC	262146016	0.444%
Northern Hardwood Company Inc	911356437	0.067%
Northern Territory, LLC	262863612	0.047%
Northern Waters Inc.	911678264	0.061%
Northstar Broadcast Contractors Inc.	571210472	0.049%
Northwest Controls Contractors	464600752	0.056%
Northwest Electrical Solutions LLC	800704742	0.015%
Northwest Excavators Inc.	911721258	0.075%
Northwest Plumbing and Repair LLC	811587076	0.026%
Northwest Professional Services, Inc	911680610	0.109%
Norwil Electric Inc	161689504	0.029%
NU Elegance Marble, LLC	881013086	0.062%
Nutek, Inc	202407332	0.066%
NW Bathworks, LLC	475059953	0.028%
NW Boiler Inc	851386173	0.126%
NW Central Construction Inc	912163231	0.252%
NW Custom Plumbing LLC	464757062	0.159%
NW Evergreen Heating & Cooling Inc	203488200	0.069%
NW Modern Fab LLC	811669807	0.111%
NW Natural Homes LLC	871463219	0.033%

NW Real Estate Biz Inc	464105866	0.061%
NW Ridgeline LLC	851386438	0.031%
NW Utility Services LLC	912123608	0.188%
NWAP, Inc	912062075	0.075%
NWElectricianstoday LLC	812904537	0.014%
Oak Hills Construction, LLC	473696141	0.267%
Oasis Construction Group Inc	204199853	0.039%
Obot Electric LLC	262621100	0.028%
OHM Electrical Contracting LLC	815050898	0.063%
Oliver Machinery Company	912076797	0.048%
Olkam, LLC	843336064	0.058%
Olsson Construction Inc	911724275	0.018%
Olympic Door & Trim, LLC	912150253	0.058%
Olympic Elevator Company	202851315	0.286%
Olympic Equipment Rentals, Inc	455014533	0.081%
Olympic Glass & Building Materials Inc	810753339	0.036%
On Point Construction, LLC	371827781	0.021%
One Way Construction NW Inc	912106554	0.071%
Onedurr, Inc.	911465557	0.259%
O'Neill Plumbing Co	910924342	0.398%
Opportunity Industries	911148696	0.347%
Orca Mechanical 24/7	853510833	0.148%
Orcas Electric Inc.	10642079	0.014%
Orcas Excavators Inc.	911110470	0.076%
Orcas Sewage Design	911119778	0.073%
Otis David Edward	831589419	0.036%
Otter Plumbing & Construction LLC	870916302	0.100%
Our Kitchen & Bath Remodel LLC	611947586	0.029%
Overbrook Construction, Inc.	911629788	0.068%
Overhead Door Company of Bellingham	911021952	0.132%
Pace Plumbing, Inc.	203845531	0.082%
Pacific Conservatory of Music INC	471779434	0.035%
Pacific Edge Builders LLC	471317922	0.059%
Pacific Tree Management LLC	451309655	0.106%
Palazzo Ponds & Waterfalls LLC	421698926	0.024%
Palensky Dozing Inc.	911665694	0.069%
Pape & Son's Construction, Inc.	911043352	0.590%
Paradigm Electric Inc.	274295780	0.035%
Paradigm Industries LLC	833567496	0.060%
Parker Plumbing LLC	384147721	0.024%
Pat Hall Construction Inc	832925355	0.173%
Pat's Plumbing Inc.	911565601	0.117%
Patton Construction Services Inc	461139605	0.220%
Paul's Air F/X Ltd.	473186598	0.165%
PAVCO, Inc	911251801	0.143%
Pavement Markings, Inc.	342016772	0.084%
Peak Electric Inc.	263752070	0.056%
Pegram Construction Inc	911660271	0.190%
Peninsula Roofing LLC	911665677	0.077%
Pennell Consulting, Inc	912096606	0.054%
Percival, LLC	900518095	0.008%
Perdue Builders & Supply Inc	911961515	0.131%
Peter Davis Builders Inc.	911576859	0.157%
Peterson Rock, Inc	800031746	0.066%
PFC Hardwood LLC	863140733	0.091%
Phillips Bradley J	204255972	0.010%
Phillips Excavating Inc	527256424	0.208%
Pick Electric Inc	911276808	0.109%

Piper-Caluori Steel Erectors,LLC	301005251	0.160%
Pitman IMP LLC	911972948	0.093%
Platinum Hot Tubs and Yard Worx LLC	863071962	0.030%
Plum Construction LLC	263008802	0.045%
Plum Projects LLC	271995870	0.273%
PNW Installs LLC	824291507	0.069%
Polarity River LLC	825395577	0.055%
Pony Up Parking Lots, Inc.	823295592	0.098%
Poplin Construction Inc.	911696536	0.075%
Power Trip Energy Corporation	743111947	0.081%
Powers Concrete Foundation Inc	810827874	0.036%
PP&C, Inc	264126177	0.048%
PPS Heating & Air Conditioning Inc	911357054	0.205%
Precision Concrete Solutions, LLC	454368731	0.073%
Precision Contracting LLC	271592635	0.037%
Precision Wall Systems LLC	753109172	0.016%
Preferred Industrial Electric, LLC	830969732	0.030%
Premier Fence, Inc.	912094864	0.084%
Premier West Construction, LLC	824060993	0.036%
Presco Telecommunications Inc	911575805	0.268%
Prime Parking Systems, LLC	453953810	0.202%
Private Advisory Group LLC	464161984	0.583%
Pro Electric & Controls	862252685	0.015%
Prodigy Homes, Inc	260553215	0.064%
Prodigy Plumbing Inc	452323103	0.035%
Profecion Painting, Inc.	912058997	0.256%
Pro-Long Roof Care + Gutters Inc.	270450880	0.070%
Protocol Plumbing And Sewer LLC	711015932	0.189%
Puget Construction Services Inc.	464287232	0.151%
Puget Heating Company, Inc.	910922738	0.395%
Puget Sound Equipment Sales	760815030	0.011%
Puget Sound Mechanical Inc.	911072104	0.440%
Puterbaugh General Construction Co Inc.	910927583	0.042%
Pyramid Pools Inc	912093996	0.247%
Quad S Corporation	911611674	0.077%
Quincy Heating	455065030	0.064%
Quinn Consulting LLC	462366023	0.059%
R&R Construction, Inc.	911609371	0.386%
R. Connors, Inc.	911918678	0.146%
Rain City Paving, Inc.	473009701	0.140%
Rainbow Federal, Inc.	911044612	0.024%
Rainier Asphalt Sealing LLC	912050804	0.478%
Rainier Construction LLC	811226870	0.022%
Rainier Custom Plumbing Inc.	911456846	0.387%
Rainstate Earthworks, LLC	832924088	0.172%
Ranch Creek Partners LLC	475632614	0.044%
Randel Construction LLC	272788736	0.125%
Raven USA LLC	516020365	0.049%
Rayfield Brothers Excavation Inc	911646526	0.137%
RBS Holdings, LLC	200356763	0.114%
REC Residential Electric, Inc	911946808	0.116%
Recco Consulting Inc.	912158291	0.060%
Recor Door LLC	462652613	0.080%
Red Dog Plumbing LLC	813777475	0.031%
Reecer Creek Excavating LLC	911721194	0.155%
Regal Roofing & Contracting	452629751	0.015%
Region 6 Security Integration LLC	472463305	0.299%
Remarkable Door Company, LLC	990768036	0.023%

Renew Landscape Management LLC	861349874	0.097%
Repin Construction LLC	800404874	0.022%
RES Group NW LLC	465295236	0.082%
Riggle Plumbing, Inc.	911622349	0.110%
RJ Exploration & Drilling Company	812758786	0.044%
RM Construction NW Inc	911936088	0.072%
RNC Lath & Plaster Inc.	421546847	0.077%
Rob Ottosen, Inc	680535943	0.041%
Robert Jefferies Logging & Tree Service	475091971	0.040%
Rob's Kitchen Services & More LLC	461233162	0.079%
Rock Quality Construction Inc.	911657803	0.216%
Rock Services, Inc	911759780	0.691%
Rolling Thunder Mobile Wash, LLC	920246458	0.020%
Rollins, Michael Dean	911695816	0.024%
Ron Asmus Homes, Inc.	911938606	0.117%
RoninZ Corporation	912074568	0.060%
Rooster Homes, LLC	471638982	0.039%
Rory's Custom LLC	474109484	0.101%
Rosenbach Plumbing Inc	911413465	0.011%
RP Development LLC	813051212	0.436%
RS Mechanical LLC	911898428	0.148%
RST LLC	202986023	0.054%
Russ Construction LLC	825082812	0.019%
Russell Crane Service, Inc.	911075547	0.517%
Ryan Pro Appliance Inc	453956791	0.057%
S&J Junk Hauling and Removal LLC	813096190	0.029%
S2 Siding Company, Inc	203148743	0.078%
Safe Set Construction LLC	463676720	0.016%
Sagetree Electric of Tri-Cities, Inc.	911582724	0.106%
Sail Electric, Inc.	911657674	0.091%
Salinas Sawing & Sealing, Inc	911725669	0.182%
Salish Plumbing Co. PLLC	920252830	0.016%
SANDA Inc	463720055	0.065%
Sanders Excavation, LLC	833520233	0.008%
Sapphire Star Capital LLC	473541464	0.070%
Saxon Construction LLC	843078373	0.038%
Schatz Services Unlimited, Inc.	421579809	0.117%
Scherer Trucking & Excavation INC	912181059	0.053%
Schmidt Investment Group LLC	204905611	0.073%
Schrader Construction & Consulting, Inc.	844172768	0.104%
Scott Electric, Inc	912178565	0.077%
Scotts Turf & Tree LLC	471764897	0.084%
Scribe Construction LLC	814911897	0.034%
SCW Technical Sales LLC	455094537	0.032%
SE Mechanical LLC	833560487	0.062%
Sean Parker Architects Inc	310207459	0.045%
Seaside Lndscp & Excvtn Davis Brushcutti	202335079	0.067%
Seattle Plumbing and Heating LLC	464128736	0.057%
SeaWest Construction Inc	911790603	0.133%
Secoma Fence	910921835	0.381%
Seegert Crushing, Inc	200010483	0.086%
Semanko Realty Group Inc	562654160	0.010%
Service Communications Inc.	911455044	0.138%
SG Northwest Inc.	473114558	0.032%
Shane Inc	911624091	0.083%
Shape Construction Inc	264706708	0.224%
Shaw, Inc	611734440	0.245%
Sherbenou LLC	200557612	0.051%

Shocking Difference LLC	680645287	0.125%
Shoemaker Excavation Inc.	911934447	0.055%
Sierra Plumbing Inc	800002194	0.030%
SignCraft, LLC	465716593	0.031%
Silverdale Plumbing & Heating, Inc	910970631	0.107%
Simma Restoration Group LLC	461379950	-0.001%
Simply Controls, Inc.	203339908	0.073%
Six Weeks Inc.	261197172	0.054%
Skico Electric, Inc	911655056	0.030%
Slavens Construction, Inc.	842474053	0.087%
SMV Gregory, LLC	813002477	0.039%
SNKR Inc	823654618	0.032%
Snohomish County Excavating Inc	911248332	0.202%
Sockeye Construction Corporation	260378998	0.176%
Sonlight Painting LLC	833971624	0.024%
Sound Contracting LLC	475439071	0.044%
Sound Earthworks, Inc.	453279378	0.084%
Sound Finance Corporation	812639042	0.060%
Sound Power LLC	811375157	0.047%
Soundmark Wealth Management LLC	753072275	0.055%
South Sound Electrical, LLC	800162061	0.030%
Southgate Electric, Inc.	910775623	0.181%
Sova Consulting LLC	842951596	0.036%
Sparks Construction LLC	275320978	0.089%
Specialized Insulation, Inc.	562644635	0.040%
Specialty Insulation NW	453421112	0.070%
Specialty Welding Inc	911563859	0.111%
Spectrum Plumbing & Heating	464503258	0.043%
Spokane Security Systems Inc	910924782	0.077%
Sprinx Fire Protection	911971736	0.133%
Spruce Properties, LLC	861583556	0.009%
SQI, Inc	910880444	0.385%
SS Gale Inc.	800002570	0.044%
Stansell Glass	431992278	0.128%
Steelhead Electric LLC	475021926	0.017%
Stephens & Sons Construction Inc.	800000242	0.151%
Steve Finnegan, LLC	464451371	0.048%
Steve Kelly Construction Co. LLC	272056318	0.031%
Stone 8 Wealth Management LLC	463089730	0.038%
StoneCraft LLC	202672947	0.068%
Story Acoustics Inc	911171591	0.034%
Stretz Gentry C	526817903	0.038%
Strickland Michael S & Cathy S	911709708	0.034%
Stuth Company, Inc.	910935745	0.061%
Sullivan Services	911730372	0.075%
Summit Electric LLC	201948711	0.279%
Summit View Construction Northwest, LLC	271572192	0.041%
Suntay & Associates	912002041	0.046%
Superior Concrete Inc	911659228	1.032%
Superior Custom Plumbing LLC	814900553	0.039%
Superior Steel & Ironworkers, Inc	462298271	0.268%
Superior Stucco Services, Inc.	911499643	0.030%
Sure Green, Inc.	863578220	0.040%
Swal'Lech Construction, LLC	562526299	0.014%
Swan's Clean Care & Restoration, LLC	202986686	0.073%
Swift Electric Inc	202252288	0.055%
T & T Electric Inc.	911253044	0.049%
T&S Modular, LLC	844149158	0.041%

Tacoma Plumbing & Heating Inc	910860744	0.698%
Taft Plumbing & Septic Inc	464171312	0.031%
Talos Engineering, Inc.	453681778	0.131%
Tastad Construction, Inc.	470920524	0.102%
Taylor's Plumbing Solutions, LLC	831557224	0.047%
TC Scott LLC	743249401	0.036%
TD Excavating LLC	800644297	0.011%
Tech City Plumbing and Drain LLC	843870167	0.048%
Technical Waterproofing	912123318	0.266%
Temp Control Heating and Refrigeration, LLC	831115315	0.150%
Tempest Technologies LLC	30518130	0.546%
Tenorios' Landscape Company LLC	861862111	0.036%
TGLA, LLC	471858632	0.054%
TGR Enterprises LLC	471018786	0.013%
Thayer Manca Residential LLC	463417504	0.202%
The BJC Group, Inc.	911684506	0.377%
The Chimney Specialist Inc	911716041	0.174%
The Heat and AC Guys	813835901	0.027%
The Reijnen Company	911355940	0.017%
Tiedeman Construction, LLC	862855022	0.034%
TILCO Vanguard Inc.	911422518	0.099%
Tillman's Inc.	911881461	0.034%
TJ's Bulldozing LLC	753115329	0.006%
TL Erickson Construction Inc	262756791	0.125%
Tom Osaka Garden Services Inc.	911279846	0.166%
Tommer Construction Company Inc	910861540	0.485%
Tony Guzman Excavating, LLC	475604205	0.050%
Tony's Plumbing LLC	208953940	0.007%
Top Tree Service, LLC	264357242	0.099%
TopGun Plumbing LLC	711013636	0.016%
Tradewinds Capital Management LLC	352429157	0.096%
Traffic Jams, LLC	721577620	0.030%
Trail Financial Planning LLC	821422715	0.008%
Transpac Marinas Inc	911291690	0.162%
Transportation Systems, Inc.	260907314	0.100%
Trecon, Inc.	911745173	0.137%
Trefethen & Co Inc.	261320265	0.173%
Trek Plumbing LLC	861289770	0.020%
Tri C and L Limited Partnership	911582490	0.104%
Tri Star Inc.	911497277	0.242%
Trimaxx Construction Inc	721565264	0.090%
Trinity Properties Inc	911539331	0.150%
Triton Homes	472893284	0.036%
True Light Electric, Inc	911687966	0.169%
True North LLC	272294402	0.012%
True Power Electric, LLC	462061046	0.045%
Trueman Plumbing Inc.	452160004	0.064%
Trusted Plumbing and Heating LLC	812585262	0.092%
TT and E LLC	271150600	0.179%
Tughan Electric Inc	352265235	0.074%
Tumya Plumbing Contractor LLC	454823536	0.114%
United Plumbing, Inc.	911346429	0.113%
University District Property Associates	916034740	0.063%
Valley Asphalt LLC	845105026	0.058%
Valley Furnace, Inc.	910866635	0.108%
Valley Septic Services LLC	472568429	0.213%
Valley Steel Works, LLC	825011081	0.037%
Van Dam Welding, Inc.	261571553	0.097%

Van Halder LLC	911695111	0.035%
Van Zandt Design Build LLC	760756984	0.060%
Variety Roofing and Construction Inc.	462139374	0.065%
VB Services Inc	911983915	0.092%
Venetian Stone Works LLC	261712450	0.197%
Venture NW Properties LLP	823783882	0.003%
Veristone Capital LLC	611694396	0.353%
Vertworks, LLC	463896128	0.053%
VFS Excavating LLC	861298790	0.094%
Viewridge Construction, LLC	522400003	0.049%
Viking Mechanical Inc.	814187346	0.052%
Vince Thomas and Co LLC	820713698	0.027%
Vincent Brothers LLP	331117958	0.082%
Vitalitree LLC	272403656	0.105%
Voiss Construction Inc	911578620	0.260%
Volt-Tech Electric LLC	275314344	0.105%
Wagner Enterprises Inc	301276628	0.087%
Wakefield Excavation, LLC	842369075	0.045%
Walefins Construction LLC	872387162	0.332%
Wall Masonry	911760868	0.074%
Wallner Plumbing Company Inc	911558163	0.044%
Walz Construction/Othello Doors LLC	271942749	0.036%
Washboy Pressure Washing, Inc.	263406998	0.080%
Washington Roofing Solutions LLC	461334828	0.177%
Washington Water Heaters Inc.	820551869	0.086%
Water Recovery Services LLC	850566531	0.057%
Webber Lawn & Yard Care Inc.	911979253	0.032%
Welcome Construction Inc	911650425	0.069%
Welcome Ramp Systems Inc	912105195	0.262%
Wesmar Investments An LLC	911701927	0.051%
West 77 Partners LLC	464965666	0.262%
West Coast Building Inc.	814127925	0.056%
West Coast Plumbing Inc	383904012	0.787%
West Sound Comfort Systems, LLC	452191749	0.166%
Western Marine Construction, Inc.	910724583	0.377%
Western Ranch Buildings	912174106	0.136%
WestMark Construction Inc.	910892117	0.326%
Whealdon, Tom S	911216526	0.088%
White Construction Services Inc	274553832	0.066%
Whitworth Excavating, Inc	912107696	0.224%
Wiersma Construction, Inc	201915403	0.037%
Wilder Custom Construction	824208978	0.004%
Wilderness Electric Inc	911241714	0.138%
Wildlands Inc	911523331	0.201%
Will Logging & Construction LLC	843982029	0.082%
Williams Contracting Inc	271182856	0.069%
Williamson Construction LLC	824080514	0.072%
Winchester Construction Inc.	753032805	0.174%
Windermere Real Estate PSR Inc.	454125537	0.042%
Winterbourne Construction	800548742	0.014%
Winterwood LLC	611666176	0.122%
Wittenberg Enterprises Inc	208065918	0.043%
Wolfskill Construction LLC	815068203	0.006%
Woodridge Custom Homes, LLC	753225996	0.113%
Woodys Septic Specialities Inc	223915792	0.034%
Wright Investment Properties LLC	842558923	0.073%
WS Contractors LLC	208175720	0.098%
WSB Sheet Metal Co LLC	911762940	0.096%

WW Wells Millwork	911955686	0.385%
Xander Real Holdings LLC	204020245	0.040%
Yarbrough Electric Inc.	470858131	0.037%
Yoder, Inc	911220788	0.166%
Zahn Family Homes Inc.	473707860	0.061%
ZBK Contracting Company LLC	412113091	0.008%
Zemek Constructions Co LLC	274543389	0.103%
Zepp Construction Inc	473048217	0.035%
Ziva Enterprises Inc.	461424731	0.077%

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
<u>Money Market Mutual Funds:</u>				
*	U.S. Bank Money Market	Variable	\$ 361,235	\$ 368,341
	First Am Govt MM	Variable	19,576	19,576
	Total Money Market Mutual Funds		380,811	387,917
<u>U.S Government Issues:</u>				
	FFCB Deb	4.250%, 9/30/25	19,673	19,719
	FFCB Deb	2.510%, 4/1/25	21,751	21,815
	FFCB Deb	4.890%, 7/21/26	2,727	2,740
	U.S. Treasury	2.750%, 5/15/25	19,714	19,616
	U.S. Treasury	2.875%, 6/15/25	19,635	19,605
	U.S. Treasury	3.125%, 8/15/25	22,295	22,308
	U.S. Treasury	3.500%, 9/15/25	19,329	19,619
	U.S. Treasury	4.000%, 2/15/26	19,429	19,672
	U.S. Treasury	4.375% 12/15/26	19,873	19,769
	U.S. Treasury	4.000% 1/15/27	19,684	19,627
	U.S. Treasury	4.125% 2/15/27	22,809	22,949
	U.S. Treasury	4.250% 3/15/27	19,639	19,719
	U.S. Treasury	3.500% 10/15/27	19,590	19,517
	U.S. Treasury	4.000% 11/15/27	19,702	19,637
	U.S. Treasury	4.000% 12/15/27	26,649	26,640
	U.S. Treasury	2.500%, 1/30/25	19,501	19,695
	U.S. Treasury	2.625%, 3/31/25	19,546	19,646
	Total U.S. Government Issues		331,546	332,293
<u>Corporate Issues:</u>				
	Ally Bk Sandy	3.800% 9/28/26	8,757	8,733
	American Express	5.000% 9/21/26	2,724	2,784
	American Honda Mtn	4.450% 10/22/27	19,627	19,578
	Austin Cap Bk	4.600% 5/29/26	19,724	19,868
	Bmw Bk North CD	4.400% 7/14/25	19,704	19,741
	Blue Ridge Bk	4.300% 12/28/26	2,192	2,203
	Capital One	3.400% 7/07/25	19,714	19,640
	Capital One	4.600% 5/26/26	6,568	6,621
	Cross Riv Bk	4.700% 6/15/26	9,842	9,949
	Customers Bk	5.050% 3/24/26	3,287	3,324
	First Fndtn	4.700% 6/29/26	19,685	19,899
	First Natl Bk	4.850% 9/21/26	19,527	19,989
	Forbright Bk CD	4.850% 6/14/27	19,724	20,104
	Manufacturers	4.500% 12/15/25	19,724	19,789
	Morgan Stanley	4.900% 4/07/25	19,724	19,755
	Morgan Stanley	3.875% 1/27/26	18,946	19,571
	Morgan Stanley CD	4.600% 3/15/27	13,676	13,865
	Popular Bk	4.850% 9/04/26	21,916	22,204
	Realty Income Corp	4.125% 10/15/25	19,134	19,539
	Sallie Mae Bk	1.900% 2/24/25	19,721	19,652
	Schwab Charles Corp	0.900% 3/11/26	17,459	18,869
	State Bank India CD	4.850% 6/24/27	4,931	5,027

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<u>Corporate Issues (Continued):</u>				
Toyota Financial	4.350%	7/26/27	\$ 19,665	\$ 19,881
Ubs Bk USA	5.150%	11/02/26	19,694	20,115
Valley Natl	3.950%	8/20/27	19,694	19,688
Valley Natl	3.900%	8/27/27	4,377	4,370
Wells Fargo Bank	4.900%	12/07/26	5,479	5,568
Wells Fargo Bank	4.850%	5/21/27	19,694	20,100
Total Corporate Issues			414,909	420,426
<u>Foreign Issues:</u>				
Bank Nova Scotia	3.450%	4/11/25	6,343	6,548
Sumitomo Mitsui Finl	3.364%	7/12/27	19,367	19,110
Toronto Domi	4.980%	4/05/27	19,504	19,789
Total Foreign Issues			45,214	45,447
<u>Mutual Funds:</u>				
Fidelity 500 Index Fund	Variable		68,935	93,563
Total Mutual Funds			68,935	93,563
			\$ 1,241,415	\$ 1,279,646

* Indicates party-in-interest

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION</u>	1b Three-digit plan number (PN) ▶ <u>503</u>
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) <u>THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</u> <u>PO BOX 1872 OLYMPIA, WA 98507-1872</u>	1c Effective date of plan <u>01/01/2014</u> 2b Employer Identification Number (EIN) <u>61-6496436</u> 2c Plan Sponsor's telephone number <u>360-943-1600</u> 2d Business code (see instructions)
<u>1414 CHERRY ST SE OLYMPIA, WA 98501</u>	

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	 <small>Steve Seroshek (Oct 8, 2025 13:54:44 PDT)</small>	08/10/2025	Steve Seroshek
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 <small>Steve Seroshek (Oct 8, 2025 13:54:44 PDT)</small>	08/10/2025	Steve Seroshek
	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	6400
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)	6400
	6a(2)	6006
	6b	7
	6c	
	6d	6013
	6e	
	6f	6013
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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 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

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 7
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 163956803
