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|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

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

| | |
|---|--|
| <p>1a Name of plan <u>AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - HOSPITALITY</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>504</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</u></p> <p><u>PO BOX 1872</u> <u>1414 CHERRY ST SE</u> <u>OLYMPIA, WA 98507-1872</u> <u>OLYMPIA, WA 98501</u></p> | <p>1c Effective date of plan <u>01/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>61-6496436</u></p> <p>2c Plan Sponsor's telephone number <u>360-943-1600</u></p> <p>2d Business code (see instructions)</p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/08/2025 | STEVE SEROSHEK |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/08/2025 | 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 |

| | | |
|---|--|-----|
| 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 | 761 |
| 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) | 761 |
| | 6a(2) | 773 |
| | 6b | 1 |
| | 6c | |
| | 6d | 774 |
| | 6e | |
| | 6f | 774 |
| | 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>6</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 163969737

**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 - HOSPITALITY | | B Three-digit plan number (PN) ▶ 504 |
| 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
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 | 780 | 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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ 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 | 22745 |
| 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> |
|---|--|--|

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 - HOSPITALITY</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>504</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 | 8 | 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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

| | | | | |
|----------|--|-----------------|-----------------|------|
| a | Premiums: (1) Amount received | 9a(1) | | 2730 |
| | (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) | 2730 |
| b | Benefit charges (1) Claims paid | 9b(1) | | 2624 |
| | (2) Increase (decrease) in claim reserves | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) | 2624 |
| | (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) | | 273 |
| | (C) Other specific acquisition costs | 9c(1)(C) | | |
| | (D) Other expenses | 9c(1)(D) | | |
| | (E) Taxes | 9c(1)(E) | | 48 |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| | (G) Other retention charges | 9c(1)(G) | | |
| | (H) Total retention | | 9c(1)(H) | 321 |
| | (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. ▶

| | | |
|---|--|--|
| <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> |
|---|--|--|

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 - HOSPITALITY</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>504</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
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 | 200000144 | 773 | 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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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 | 6825005 |
| 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 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 - HOSPITALITY | | B Three-digit plan number (PN) ▶ 504 |
| 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
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 | 266 | 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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|--------|
| a | Premiums: (1) Amount received | 9a(1) | 212632 |
| | (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) | 212632 |
| b | Benefit charges (1) Claims paid | 9b(1) | 159228 |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | 9b(3) | 159228 |
| | (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> |
|---|--|--|

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 - HOSPITALITY</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>504</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 | 53 | 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 | | | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| e Deductions: | | | | |
| | 7e(1) | | | |
| | 7e(2) | | | |
| | 7e(3) | | | |
| | 7e(4) | | | |
| (5) Total deductions | | | 7e(5) | |
| 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 | 4351 |
| 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 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 - HOSPITALITY | B Three-digit plan number (PN) ▶ 504 |
| 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

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 | 775 | 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. 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) | 26019 | |
| | (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) | | 26019 |
| b | Benefit charges (1) Claims paid | 9b(1) | 20159 | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | 9b(3) | | 20159 |
| | (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) | 4940 | |
| | (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) | | 4940 |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | 9c(2) | | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | 9d(1) | | |
| | (2) Claim reserves | 9d(2) | | |
| | (3) Other reserves | 9d(3) | | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | 9e | | |

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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 - HOSPITALITY | B Three-digit plan number (PN) ▶ | 504 |
| 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

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 | | 2150 | 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 | | 2741 | 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"/> | 199983 | 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"/> | 561033 | 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 | | 105886 | 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. |
|---|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - HOSPITALITY</u> | B Three-digit plan number (PN) <u>504</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)

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)

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|---|--|
| 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 - HOSPITALITY | B Three-digit plan number (PN) ▶ 504 |
| 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.

| Assets | (a) Beginning of Year | (b) End of Year |
|--|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 184995 242730 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 102432 102682 |
| (2) U.S. Government securities | 1c(2) | 88551 77514 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | 86584 108675 |
| (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) | 21107 21825 |
| (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 | 483669 | 553426 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 100045 | 162129 |
| h Operating payables..... | 1h | 2198 | 672 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 1020 | 2411 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 103263 | 165212 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 380406 | 388214 |

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) | 7205825 | |
| (B) Participants..... | 2a(1)(B) | 24108 | |
| (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) | | 7229933 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 5688 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 2529 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 3983 | |
| (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) | | 12200 |
| (2) Dividends: (A) Preferred stock..... | 2b(2)(A) | 536 | |
| (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) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | 134076 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 132882 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 5691 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 7249554 |

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) | 7120464 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 7120464 |
| 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) | 105886 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 2741 | |
| (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) | 2150 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 10505 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 121282 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 7241746 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 7808 |
| 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 – HOSPITALITY**

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

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



CPAs | CONSULTANTS | WEALTH ADVISORS

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**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
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AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

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INDEPENDENT AUDITORS' REPORT

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

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of AWB HealthChoice Employee Benefits Trust – Hospitality, 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 – Hospitality 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 – Hospitality 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 – Hospitality'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 – Hospitality'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 – Hospitality'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 – HOSPITALITY
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|--|-------------------|-------------------|
| ASSETS | | |
| Investments, at Fair Value | \$ 310,696 | \$ 298,674 |
| Contributions Receivable | 20,285 | 5,236 |
| Pending Transfers | 222,445 | 179,759 |
| Total Assets | 553,426 | 483,669 |
| LIABILITIES | | |
| Administrative Fees Payable | 2,411 | 1,020 |
| Accounts Payable | 672 | 2,198 |
| Total Liabilities | 3,083 | 3,218 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 550,343 | \$ 480,451 |

See accompanying Notes to Financial Statements.

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

ADDITIONS

| | |
|---|------------------|
| Employer Contributions | \$ 7,205,825 |
| COBRA Contributions | 24,108 |
| Interest and Dividend Income | 12,736 |
| Net Appreciation in Fair Value of Investments | 6,885 |
| Total Additions | <u>7,249,554</u> |

DEDUCTIONS

| | |
|---------------------|------------------|
| Premiums to Carrier | 7,058,380 |
| Administrative Fees | 105,886 |
| Professional Fees | 13,133 |
| Office Expense | 2,263 |
| Total Deductions | <u>7,179,662</u> |

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS

69,892

NET ASSETS AVAILABLE FOR BENEFITS

| | |
|-------------------|--------------------------|
| Beginning of Year | <u>480,451</u> |
| End of Year | <u><u>\$ 550,343</u></u> |

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
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>\$ 162,129</u> | <u>\$ 100,045</u> |
| TOTAL BENEFIT OBLIGATIONS | <u><u>\$ 162,129</u></u> | <u><u>\$ 100,045</u></u> |

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
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 | \$ 100,045 |
| Premiums and Fees Incurred to Insurance Carriers | 7,120,464 |
| Insurance Companies' Premiums and Fees Paid | <u>(7,058,380)</u> |
| TOTAL BENEFIT OBLIGATIONS - END OF YEAR | <u><u>\$ 162,129</u></u> |

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
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 – Hospitality (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, Hospitality, communications, technology, and transportation (collectively, the Successor Plans). The Consolidated Plan was renamed the AWB HealthChoice Employee Benefits Trust – Hospitality and was assigned to be the plan providing benefits to the Hospitality 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 – HOSPITALITY
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 \$105,886 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 \$672 and \$2,198.

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 hospitality 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).
- 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.

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

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Employee Eligibility (Continued)

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 30 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.

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.

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

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

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 the 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.

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 3 for discussion of fair value measurements.

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments (Continued)

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 96% 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.

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.

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if 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.

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.

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

NOTE 3 FAIR VALUE INVESTMENTS (CONTINUED)

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 | \$ 102,682 | \$ - | \$ - | \$ 102,682 |
| U.S. Government Issues | 77,514 | - | - | 77,514 |
| Corporate Issues | - | 98,073 | - | 98,073 |
| Foreign Issues | - | 10,602 | - | 10,602 |
| Mutual Funds | 21,825 | - | - | 21,825 |
| Total | <u>\$ 202,021</u> | <u>\$ 108,675</u> | <u>\$ -</u> | <u>\$ 310,696</u> |
| | | | | |
| | 2023 | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Money Market Mutual Fund | \$ 102,432 | \$ - | \$ - | \$ 102,432 |
| U.S. Government Issues | 88,551 | - | - | 88,551 |
| Corporate Issues | - | 80,569 | - | 80,569 |
| Foreign Issues | - | 6,015 | - | 6,015 |
| Mutual Funds | 21,107 | - | - | 21,107 |
| Total | <u>\$ 212,090</u> | <u>\$ 86,584</u> | <u>\$ -</u> | <u>\$ 298,674</u> |

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
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 \$199,983, 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 \$561,033, 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 – HOSPITALITY
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 asset available for plan benefits as reported in the financial statements to Form 5500 as of December 31:

| | <u>2024</u> | <u>2023</u> |
|---|-------------------|-------------------|
| Net Assets Available for Benefits per the Financial Statements | \$ 550,343 | \$ 480,451 |
| Less: Premiums Currently Payable | <u>162,129</u> | <u>100,045</u> |
| Net Assets Available for Benefits per Form 5500 | <u>\$ 388,214</u> | <u>\$ 380,406</u> |

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

| | |
|---|-----------------|
| Net Increase in Net Assets Available for Benefits per the Financial Statements | \$ 69,892 |
| Add: Plan Benefit Obligation - Beginning of Year | 100,045 |
| Less: Plan Benefit Obligation - End of Year | <u>162,129</u> |
| Net Income per Form 5500 | <u>\$ 7,808</u> |

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
E.I.N 61-6496436 PLAN NO. 504
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 | \$ 96,177 | \$ 98,115 |
| | First Am Govt MM | Variable | 4,567 | 4,567 |
| | Total Money Market Mutual Funds | | 100,744 | 102,682 |
| <u>U.S Government Issues:</u> | | | | |
| | FFCB Deb | 4.250%, 9/30/25 | 4,589 | 4,600 |
| | FFCB Deb | 2.510%, 4/1/25 | 5,074 | 5,089 |
| | FFCB Deb | 4.890%, 7/21/26 | 636 | 639 |
| | U.S. Treasury | 2.750%, 5/15/25 | 4,599 | 4,576 |
| | U.S. Treasury | 2.875%, 6/15/25 | 4,580 | 4,573 |
| | U.S. Treasury | 3.125%, 8/15/25 | 5,201 | 5,204 |
| | U.S. Treasury | 3.500%, 9/15/25 | 4,509 | 4,577 |
| | U.S. Treasury | 4.000%, 2/15/26 | 4,532 | 4,589 |
| | U.S. Treasury | 4.375% 12/15/26 | 4,636 | 4,611 |
| | U.S. Treasury | 4.000% 1/15/27 | 4,592 | 4,578 |
| | U.S. Treasury | 4.125% 2/15/27 | 5,321 | 5,353 |
| | U.S. Treasury | 4.250% 3/15/27 | 4,581 | 4,600 |
| | U.S. Treasury | 3.500% 10/15/27 | 4,570 | 4,553 |
| | U.S. Treasury | 4.000% 11/15/27 | 4,596 | 4,581 |
| | U.S. Treasury | 4.000% 12/15/27 | 6,216 | 6,214 |
| | U.S. Treasury | 2.500%, 1/30/25 | 4,549 | 4,594 |
| | U.S. Treasury | 2.625%, 3/31/25 | 4,559 | 4,583 |
| | Total U.S. Government Issues | | 77,340 | 77,514 |
| <u>Corporate Issues:</u> | | | | |
| | Ally Bk Sandy | 3.800% 9/28/26 | 2,043 | 2,037 |
| | American Express | 5.000% 9/21/26 | 636 | 649 |
| | American Honda Mtn | 4.450% 10/22/27 | 4,578 | 4,567 |
| | Austin Cap Bk | 4.600% 5/29/26 | 4,601 | 4,635 |
| | Bmw Bk North CD | 4.400% 7/14/25 | 4,596 | 4,605 |
| | Blue Ridge Bk | 4.300% 12/28/26 | 511 | 514 |
| | Capital One | 3.400% 7/07/25 | 4,599 | 4,581 |
| | Capital One | 4.600% 5/26/26 | 1,532 | 1,544 |
| | Cross Riv Bk | 4.700% 6/15/26 | 2,296 | 2,321 |
| | Customers Bk | 5.050% 3/24/26 | 767 | 775 |
| | First Fndtn | 4.700% 6/29/26 | 4,592 | 4,642 |
| | First Natl Bk | 4.850% 9/21/26 | 4,555 | 4,663 |
| | Forbright Bk CD | 4.850% 6/14/27 | 4,601 | 4,690 |
| | Manufacturers | 4.500% 12/15/25 | 4,601 | 4,616 |
| | Morgan Stanley | 4.900% 4/07/25 | 4,601 | 4,608 |
| | Morgan Stanley | 3.875% 1/27/26 | 4,419 | 4,565 |
| | Morgan Stanley CD | 4.600% 3/15/27 | 3,190 | 3,234 |
| | Popular Bk | 4.850% 9/04/26 | 5,112 | 5,180 |

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
E.I.N 61-6496436 PLAN NO. 504
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> | | | | |
| Realty Income Corp | 4.125% | 10/15/26 | \$ 4,463 | \$ 4,558 |
| Sallie Mae Bk | 1.900% | 2/24/25 | 4,600 | 4,584 |
| Schwab Charles Corp | 0.900% | 3/11/26 | 4,073 | 4,402 |
| State Bank India CD | 4.850% | 6/24/27 | 1,150 | 1,173 |
| Toyota Financial | 4.350% | 7/26/27 | 4,587 | 4,638 |
| Ubs Bk USA | 5.150% | 11/02/26 | 4,594 | 4,692 |
| Valley Natl | 3.950% | 8/20/27 | 4,594 | 4,593 |
| Valley Natl | 3.900% | 8/27/27 | 1,021 | 1,019 |
| Wells Fargo Bank | 4.900% | 12/07/26 | 1,278 | 1,299 |
| Wells Fargo Bank | 4.850% | 5/21/27 | 4,594 | 4,689 |
| Total Corporate Issues | | | 81,157 | 98,073 |
| <u>Foreign Issues:</u> | | | | |
| Bank Nova Scotia | 3.450% | 4/11/25 | 1,480 | 1,528 |
| Sumitomo Mitsui Finl | 3.364% | 7/12/27 | 4,518 | 4,458 |
| Toronto Domi | 4.980% | 4/05/27 | 4,550 | 4,616 |
| Total Foreign Issues | | | 10,548 | 10,602 |
| <u>Mutual Funds:</u> | | | | |
| Fidelity 500 Index Fund | Variable | | 16,080 | 21,825 |
| Total Mutual Funds | | | 16,080 | 21,825 |
| | | | \$ 285,869 | \$ 310,696 |

* 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 - Hospitality

61-6496436_Plan 504

Schedule D, Attachment I

| Name | Tax ID | % of Total Contributions |
|--------------------------------------|-----------|--------------------------|
| 206 Burgers LLC | 453082014 | 0.280% |
| 20th Century Lane, Inc. | 911426657 | 1.572% |
| 2crazysassygirls, LLC | 834619844 | 0.729% |
| Adams House LLC | 680531853 | 0.358% |
| Agate Restaurant, LLC | 920554491 | 0.649% |
| Alacart LLC | 274635709 | 0.492% |
| Alta Marea, LLC | 452426158 | 0.881% |
| Andaman Corporation | 262622348 | 0.281% |
| Bada Lounge Inc. | 912137311 | 1.434% |
| Barbano LLC | 911716155 | 0.284% |
| Barnes DB Enterprises | 273553110 | 0.626% |
| Bellevue Subway LLC | 261367072 | 0.808% |
| Benton Franklin Fair Association | 911015823 | 0.261% |
| Bharati Sudeep | 539114898 | 0.275% |
| Big Fun LLC | 463566257 | 0.712% |
| Boundary Bay Brewing Company | 911625501 | 1.202% |
| Boyd Management, LLC. | 200528201 | 1.468% |
| Brar Hospitality Group | 770511506 | 0.060% |
| BTE Management Co | 471281574 | 4.257% |
| Calico Cupboard | 911735266 | 0.821% |
| Carrello LLC | 842147555 | 0.472% |
| Cedar Glen Mobile Home Park, LLC | 912043725 | 0.410% |
| Centall LLC | 455397073 | 0.615% |
| Children's Discovery Foundation | 911806943 | 0.836% |
| Chuckanut Brewery, LLC | 753250799 | 0.033% |
| Community Restaurant Group | 814802648 | 0.433% |
| Desert Aire Owners Association | 910877686 | 1.576% |
| Desert Wind Holdings LLC | 861291839 | 0.720% |
| Dirty Dave's Gay 90's Inc. | 911301529 | 0.763% |
| Double Trouble LLC | 300889187 | 0.680% |
| Dryad Glen Inc | 834716718 | 0.815% |
| Dynamix Fitness LLC | 814553461 | 0.173% |
| EHT, Inc | 980376631 | 0.663% |
| El Paraiso Corp | 912175133 | 1.123% |
| El Paraiso Mexican Grill #2, Inc | 267067010 | 0.352% |
| El Paraiso Mexican Grill #3 Inc | 261154512 | 0.744% |
| El Plan, Inc | 870810340 | 0.083% |
| El Sarape Inc | 911489704 | 0.470% |
| El Toro Inc | 910910639 | 0.535% |
| Enjack Inc | 911948214 | 2.338% |
| Enzian Inc | 911854247 | 5.996% |
| Fidalgo Park and Recreation District | 910932516 | 0.815% |
| Fort5Fam LLC | 883952101 | 0.282% |
| Framboise Enterprises, Inc | 911264223 | 0.280% |
| Francisco's Kitchen | 812816970 | 0.249% |
| Gallaher Teresa A & Chad H | 535846831 | 0.257% |
| Golden Springs Redmond LLC | 844689634 | 0.387% |
| Goldie's Restaurant Inc. | 910879425 | 0.747% |
| Gustav's, Inc | 911417713 | 0.068% |
| Haberkraft Inc | 915222365 | 0.059% |
| Hambone LLC | 465033229 | 1.103% |

| | | |
|--|-----------|--------|
| Hamilton Price Inc. | 911518328 | 0.717% |
| Hanabusa LLC | 832644025 | 0.650% |
| Harbor Square Athletic Club | 911283972 | 1.962% |
| Havill Golf Inc | 205438439 | 0.440% |
| Hoefer Enterprises, Inc | 731645032 | 0.227% |
| House of Brunch | 884291392 | 0.362% |
| Hutmacher Univeris QA, LLC | 320232727 | 1.838% |
| Inspired Generation, LLC | 832706792 | 0.174% |
| K & C, Inc | 911618355 | 0.777% |
| K and J Heritage Pizza | 823288778 | 0.401% |
| K Corporation | 454020027 | 0.628% |
| Katon Inc. | 822997825 | 0.262% |
| KSA Catering LLC | 812779081 | 0.289% |
| La Hacienda #1, Inc | 911498252 | 0.477% |
| Lake Bowl Inc | 910870251 | 1.673% |
| Legacy Hospitality Services LLC | 872735894 | 0.395% |
| Liberty West, LLC | 710884991 | 0.485% |
| LOB Hospitality Group LLC | 473462286 | 0.000% |
| Longview Retail Development Corporation | 911703076 | 0.401% |
| M & A Mexi Food LLC | 842667339 | 0.518% |
| Mac Family Inc | 911858377 | 0.736% |
| Maidenhair LLC | 852337265 | 0.500% |
| Mazatlan Restaurant #7, Inc | 911680973 | 1.635% |
| Meadowmeer Golf & Country Club | 237129269 | 1.230% |
| Mean Monkey Inc | 911955060 | 0.684% |
| Methow Valley Sports Trails Association | 911027957 | 1.301% |
| MH, Inc | 911577337 | 0.643% |
| Mind of Muse Holdings LLC | 711207433 | 0.370% |
| Moclips Hospitality LLC | 911250567 | 0.191% |
| Moses Lake Golf LLC | 202751116 | 0.654% |
| Mothership Enterprises, Inc | 911936288 | 0.247% |
| Mount Si Golf Course, Inc | 911421568 | 1.401% |
| MPF of Spokane, LLC | 813526074 | 0.255% |
| MSM Corporation | 911721493 | 0.785% |
| Mt Spokane 2000 | 911553730 | 2.046% |
| MTR Ixtapa LLC | 911431295 | 0.685% |
| Muto Food Service LLC | 475231459 | 0.530% |
| Nell's Restaurant, LLC | 912000585 | 0.158% |
| Nelson DB, LLC | 453189682 | 0.233% |
| North Lake Marina, LLC | 205204408 | 1.486% |
| Old Timers Bar & Grill LLC | 881336926 | 0.163% |
| Olympia Country & Golf Club | 854287430 | 1.163% |
| P Steakhouse LLC | 270953914 | 0.430% |
| Pacific Premier FC | 208258941 | 0.908% |
| PaI-Do World, Inc | 263693740 | 0.513% |
| Paraiso Mexican Restaurant Inc. | 208069269 | 0.555% |
| Patty Pan Co. | 461557145 | 0.084% |
| Pine Acres Pitch & Putt Golf Course Inc. | 910726805 | 0.501% |
| Pizza Love LLC | 843850522 | 0.572% |
| Premier Properties of Washington LLC | 421569317 | 0.211% |
| Puerto Vallarta Family Mexican Rest. | 911727479 | 1.496% |
| Quake Trampoline Parks LLC | 833670804 | 0.774% |
| R & L Pizza, LLC | 260842993 | 0.757% |
| RBD Jr LLC | 462867951 | 0.313% |
| Red Head Pizza Inc | 912113512 | 0.486% |
| Renew Fitness | 204628502 | 0.268% |
| Roccarosso LLC | 461586990 | 0.397% |

| | | |
|--------------------------------|-----------|---------|
| Rock Top Burgers and Brew, LLC | 460921143 | 0.045% |
| Rudco, Inc | 911979287 | -0.008% |
| Safari USA, Inc | 830497331 | 0.405% |
| Saigon Deli Inc | 200682847 | 0.356% |
| Sardinia Redmond LLC | 464873870 | 0.257% |
| Save the Club LLC | 823123359 | 0.369% |
| Seattle Marina, Inc. | 910676789 | 1.583% |
| Shultz's Sausage Inc. | 911428662 | 0.662% |
| Silver Susan Jean | 911564957 | 0.474% |
| Simmons 3rd Degree, LLC. | 880535562 | 0.545% |
| Sol Liquor, Inc | 830925104 | 0.076% |
| Sprague Avenue Partners | 203894488 | 0.761% |
| Steakhouse 9 LLC | 461704963 | 1.101% |
| Swigg Coffee Company LLC | 883297848 | 0.365% |
| T Post Tavern WW LLC | 604998792 | 3.190% |
| Table Six LLC | 811452884 | 0.928% |
| Tapps Island Association | 910992534 | 0.892% |
| Taste of Japan LLC | 770679822 | 0.981% |
| Temple, LLC | 731688436 | 0.371% |
| The New Mar Don Resort Inc | 910878856 | 0.489% |
| The Warehouse Rock Gym LLC | 200890913 | 0.328% |
| Three Bees Foods, Inc | 911321886 | 0.327% |
| TMACSWW, LLC | 300519669 | 0.587% |
| Tommy Two's, LLC | 753194777 | 0.982% |
| Top Team Performance LLC | 815126926 | 0.340% |
| Triple 7s Inc. | 461438269 | 0.951% |
| Turquoise LLC | 811089288 | 0.114% |
| Urban Landmark Corporation | 911407915 | 0.759% |
| Varsity Pizza, LLC | 452516562 | 0.302% |
| Wallys House of Booze | 911575761 | 0.466% |
| WaterFire LLC | 273178253 | 0.269% |
| Workhouse Media Inc. | 208092368 | 0.774% |
| Working Backwards, LLC | 834475523 | 0.056% |
| Zittels Marina | 870283889 | 0.335% |

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
E.I.N 61-6496436 PLAN NO. 504
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 | \$ 96,177 | \$ 98,115 |
| | First Am Govt MM | Variable | 4,567 | 4,567 |
| | Total Money Market Mutual Funds | | 100,744 | 102,682 |
| <u>U.S Government Issues:</u> | | | | |
| | FFCB Deb | 4.250%, 9/30/25 | 4,589 | 4,600 |
| | FFCB Deb | 2.510%, 4/1/25 | 5,074 | 5,089 |
| | FFCB Deb | 4.890%, 7/21/26 | 636 | 639 |
| | U.S. Treasury | 2.750%, 5/15/25 | 4,599 | 4,576 |
| | U.S. Treasury | 2.875%, 6/15/25 | 4,580 | 4,573 |
| | U.S. Treasury | 3.125%, 8/15/25 | 5,201 | 5,204 |
| | U.S. Treasury | 3.500%, 9/15/25 | 4,509 | 4,577 |
| | U.S. Treasury | 4.000%, 2/15/26 | 4,532 | 4,589 |
| | U.S. Treasury | 4.375% 12/15/26 | 4,636 | 4,611 |
| | U.S. Treasury | 4.000% 1/15/27 | 4,592 | 4,578 |
| | U.S. Treasury | 4.125% 2/15/27 | 5,321 | 5,353 |
| | U.S. Treasury | 4.250% 3/15/27 | 4,581 | 4,600 |
| | U.S. Treasury | 3.500% 10/15/27 | 4,570 | 4,553 |
| | U.S. Treasury | 4.000% 11/15/27 | 4,596 | 4,581 |
| | U.S. Treasury | 4.000% 12/15/27 | 6,216 | 6,214 |
| | U.S. Treasury | 2.500%, 1/30/25 | 4,549 | 4,594 |
| | U.S. Treasury | 2.625%, 3/31/25 | 4,559 | 4,583 |
| | Total U.S. Government Issues | | 77,340 | 77,514 |
| <u>Corporate Issues:</u> | | | | |
| | Ally Bk Sandy | 3.800% 9/28/26 | 2,043 | 2,037 |
| | American Express | 5.000% 9/21/26 | 636 | 649 |
| | American Honda Mtn | 4.450% 10/22/27 | 4,578 | 4,567 |
| | Austin Cap Bk | 4.600% 5/29/26 | 4,601 | 4,635 |
| | Bmw Bk North CD | 4.400% 7/14/25 | 4,596 | 4,605 |
| | Blue Ridge Bk | 4.300% 12/28/26 | 511 | 514 |
| | Capital One | 3.400% 7/07/25 | 4,599 | 4,581 |
| | Capital One | 4.600% 5/26/26 | 1,532 | 1,544 |
| | Cross Riv Bk | 4.700% 6/15/26 | 2,296 | 2,321 |
| | Customers Bk | 5.050% 3/24/26 | 767 | 775 |
| | First Fndtn | 4.700% 6/29/26 | 4,592 | 4,642 |
| | First Natl Bk | 4.850% 9/21/26 | 4,555 | 4,663 |
| | Forbright Bk CD | 4.850% 6/14/27 | 4,601 | 4,690 |
| | Manufacturers | 4.500% 12/15/25 | 4,601 | 4,616 |
| | Morgan Stanley | 4.900% 4/07/25 | 4,601 | 4,608 |
| | Morgan Stanley | 3.875% 1/27/26 | 4,419 | 4,565 |
| | Morgan Stanley CD | 4.600% 3/15/27 | 3,190 | 3,234 |
| | Popular Bk | 4.850% 9/04/26 | 5,112 | 5,180 |

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – HOSPITALITY
E.I.N 61-6496436 PLAN NO. 504
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> | | | | |
| Realty Income Corp | 4.125% | 10/15/26 | \$ 4,463 | \$ 4,558 |
| Sallie Mae Bk | 1.900% | 2/24/25 | 4,600 | 4,584 |
| Schwab Charles Corp | 0.900% | 3/11/26 | 4,073 | 4,402 |
| State Bank India CD | 4.850% | 6/24/27 | 1,150 | 1,173 |
| Toyota Financial | 4.350% | 7/26/27 | 4,587 | 4,638 |
| Ubs Bk USA | 5.150% | 11/02/26 | 4,594 | 4,692 |
| Valley Natl | 3.950% | 8/20/27 | 4,594 | 4,593 |
| Valley Natl | 3.900% | 8/27/27 | 1,021 | 1,019 |
| Wells Fargo Bank | 4.900% | 12/07/26 | 1,278 | 1,299 |
| Wells Fargo Bank | 4.850% | 5/21/27 | 4,594 | 4,689 |
| Total Corporate Issues | | | 81,157 | 98,073 |
| <u>Foreign Issues:</u> | | | | |
| Bank Nova Scotia | 3.450% | 4/11/25 | 1,480 | 1,528 |
| Sumitomo Mitsui Finl | 3.364% | 7/12/27 | 4,518 | 4,458 |
| Toronto Domi | 4.980% | 4/05/27 | 4,550 | 4,616 |
| Total Foreign Issues | | | 10,548 | 10,602 |
| <u>Mutual Funds:</u> | | | | |
| Fidelity 500 Index Fund | Variable | | 16,080 | 21,825 |
| Total Mutual Funds | | | 16,080 | 21,825 |
| | | | \$ 285,869 | \$ 310,696 |

* Indicates party-in-interest

| | | |
|---|--|-----|
| 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 | 761 |
| 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) | 761 |
| | 6a(2) | 773 |
| | 6b | 1 |
| | 6c | |
| | 6d | 774 |
| | 6e | |
| | 6f | 774 |
| | 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>6</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 163969737
