

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES
1b Three-digit plan number (PN): 506
1c Effective date of plan: 01/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan): THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST
2b Employer Identification Number (EIN): 61-6496436
2c Plan Sponsor's telephone number: 360-943-1600
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2513
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)	2513
	6a(2)	2017
	6b	14
	6c	
	6d	2031
	6e	
	6f	2031
	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 163982197

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

<p>A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 61-6496436</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0234392	2027	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
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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

c Additions: (1) Contributions deposited during the year **7c(1)**
 (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	69541
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 - PROFESSIONAL SERVICES		B Three-digit plan number (PN) ▶ 506
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	883	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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(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)		1191994
	(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)	1191994
b	Benefit charges (1) Claims paid	9b(1)		892616
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	892616
	(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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</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	614	01/01/2024	12/31/2024

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

c Additions: (1) Contributions deposited during the year **7c(1)**
 (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	70662
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES		B Three-digit plan number (PN) ▶ 506
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	2018	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: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		108112
	(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)		108112
b	Benefit charges (1) Claims paid	9b(1)		83764
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		83764
	(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)		20526
	(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)		20526
	(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 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 - PROFESSIONAL SERVICES	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST	D Employer Identification Number (EIN) 61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier

PREMERA BLUE CROSS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0499247	47570	200000146	2017	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	24914278
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</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	14	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)	12270
(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)	12270
b Benefit charges (1) Claims paid		9b(1)	11794
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	11794
(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)	1227	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	215	
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		1442
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES	B Three-digit plan number (PN) ▶	506
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

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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		7823	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		10142	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"/>	740181	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"/>	2094235	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		392784	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES</u>	B Three-digit plan number (PN)	<u>506</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)

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES	
b Name of plan sponsor	SEE SCH D, ATTACHMENT	c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - PROFESSIONAL SERVICES	B Three-digit plan number (PN) 506
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)	370068
		411977
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1103116
(2) U.S. Government securities	1c(2)	746748
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	1046939
(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)	210261
(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	3344333	3519041
Liabilities			
g Benefit claims payable.....	1g	239298	280196
h Operating payables.....	1h	8584	2361
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2325	4078
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	250207	286635
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3094126	3232406

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)	26726752	
(B) Participants.....	2a(1)(B)	85108	
(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)		26811860
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21215	
(B) U.S. Government securities.....	2b(1)(B)	24329	
(C) Corporate debt instruments.....	2b(1)(C)	38316	
(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)		83860
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	5156	
(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)		5156
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1289954	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1278466	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		11488
(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)		0

	(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)	54755
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	26967119

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)	26380815
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	26380815
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)	392784
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	10142
(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)	7823
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	37275
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	448024
j Total expenses. Add all expense amounts in column (b) and enter total	2j	26828839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	138280
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 – PROFESSIONAL SERVICES**

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

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



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**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
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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 – Professional Services
Olympia, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of AWB HealthChoice Employee Benefits Trust – Professional Services, 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 – Professional Services 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 – Professional Services 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 – Professional Service'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 – Professional Service'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 – Professional Service's ability to continue as a going concern for a reasonable period of time.

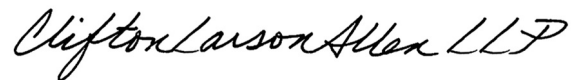
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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

Spokane, Washington
September 23, 2025

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

	2024	2023
ASSETS		
Investments, at Fair Value	\$ 3,107,064	\$ 2,974,265
Contributions Receivable	28,329	9,558
Pending Transfers	383,648	360,510
Total Assets	3,519,041	3,344,333
LIABILITIES		
Administrative Fees Payable	4,078	2,325
Accounts Payable	2,361	8,584
Total Liabilities	6,439	10,909
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,512,602	\$ 3,333,424

See accompanying Notes to Financial Statements.

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

ADDITIONS

Employer Contributions	\$ 26,726,752
COBRA Contributions	85,108
Interest and Dividend Income	89,017
Net Appreciation in Fair Value of Investments	66,242
Total Additions	26,967,119

DEDUCTIONS

Premiums to Carrier	26,339,917
Administrative Fees	392,784
Professional Fees	46,829
Office Expense	8,411
Total Deductions	26,787,941

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS

179,178

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	3,333,424
End of Year	\$ 3,512,602

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
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>\$ 280,196</u>	<u>\$ 239,298</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 280,196</u></u>	<u><u>\$ 239,298</u></u>

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
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	\$ 239,298
Premiums and Fees Incurred to Insurance Carriers	26,380,815
Insurance Companies' Premiums and Fees Paid	<u>(26,339,917)</u>
TOTAL BENEFIT OBLIGATIONS - END OF YEAR	<u>\$ 280,196</u>

See accompanying Notes to Financial Statements.

**AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
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 – Professional Services (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, Professional Services, communications, technology, and transportation (collectively, the Successor Plans). The Consolidated Plan was renamed the AWB HealthChoice Employee Benefits Trust – Professional Services, and was assigned to be the plan providing benefits to the Professional Services 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 – PROFESSIONAL SERVICES
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 \$392,784 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 \$2,361 and \$8,584.

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

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 – PROFESSIONAL SERVICES
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 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 – PROFESSIONAL SERVICES
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 94% 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 – PROFESSIONAL SERVICES
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 – PROFESSIONAL SERVICES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 FAIR VALUE OF 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	\$1,103,116	\$ -	\$ -	\$ 1,103,116
U.S. Government Issues	746,748	-	-	746,748
Corporate Issues	-	944,805	-	944,805
Foreign Issues	-	102,134	-	102,134
Mutual Funds	210,261	-	-	210,261
Total	<u>\$ 2,060,125</u>	<u>\$ 1,046,939</u>	<u>\$ -</u>	<u>\$ 3,107,064</u>
	2023			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	\$ 1,083,718	\$ -	\$ -	\$ 1,083,718
U.S. Government Issues	853,081	-	-	853,081
Corporate Issues	-	776,182	-	776,182
Foreign Issues	-	57,943	-	57,943
Mutual Funds	203,341	-	-	203,341
Total	<u>\$ 2,140,140</u>	<u>\$ 834,125</u>	<u>\$ -</u>	<u>\$ 2,974,265</u>

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
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 \$740,181, 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 \$2,094,235, 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 – PROFESSIONAL SERVICES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net Assets Available for Benefits per the Financial Statements	\$ 3,512,602	\$ 3,333,424
Less: Premiums Currently Payable	280,196	239,298
Net Assets Available for Benefits per Form 5500	\$ 3,232,406	\$ 3,094,126

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

Net Increase in Net Assets Available for Benefits per the Financial Statements	\$ 179,178
Add: Plan Benefit Obligation - Beginning of Year	239,298
Less: Plan Benefit Obligation - End of Year	280,196
Net Income per Form 5500	\$ 138,280

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
E.I.N 61-6496436 PLAN NO. 506
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	\$ 1,043,154	\$ 1,059,123
	First Am Govt MM	Variable	43,993	43,993
	Total Money Market Mutual Funds		1,087,147	1,103,116
<u>U.S. Government Issues:</u>				
	FFCB Deb	4.250%, 9/30/25	44,210	44,314
	FFCB Deb	2.510%, 4/1/25	48,880	49,025
	FFCB Deb	4.890%, 7/21/26	6,128	6,158
	U.S. Treasury	2.750%, 5/15/25	44,303	44,081
	U.S. Treasury	2.875%, 6/15/25	44,124	44,057
	U.S. Treasury	3.125%, 8/15/25	50,103	50,131
	U.S. Treasury	3.500%, 9/15/25	43,437	44,089
	U.S. Treasury	4.000%, 2/15/26	43,662	44,209
	U.S. Treasury	4.375% 12/15/26	44,659	44,426
	U.S. Treasury	4.000% 1/15/27	44,235	44,107
	U.S. Treasury	4.125% 2/15/27	51,258	51,572
	U.S. Treasury	4.250% 3/15/27	44,133	44,314
	U.S. Treasury	3.500% 10/15/27	44,024	43,859
	U.S. Treasury	4.000% 11/15/27	44,275	44,130
	U.S. Treasury	4.000% 12/15/27	59,888	59,867
	U.S. Treasury	2.500%, 1/30/25	43,823	44,259
	U.S. Treasury	2.625%, 3/31/25	43,925	44,150
	Total U.S. Government Issues		745,067	746,748
<u>Corporate Issues:</u>				
	Ally Bk Sandy	3.800% 9/28/26	19,680	19,626
	American Express	5.000% 9/21/26	6,122	6,255
	American Honda Mtn	4.450% 10/22/27	44,106	43,998
	Austin Cap Bk	4.600% 5/29/26	44,325	44,649
	Bmw Bk North CD	4.400% 7/14/25	44,281	44,364
	Blue Ridge Bk	4.300% 12/28/26	4,925	4,951
	Capital One	3.400% 7/07/25	44,303	44,135
	Capital One	4.600% 5/26/26	14,760	14,879
	Cross Riv Bk	4.700% 6/15/26	22,118	22,358
	Customers Bk	5.050% 3/24/26	7,388	7,470
	First Fndtn	4.700% 6/29/26	44,236	44,718
	First Natl Bk	4.850% 9/21/26	43,882	44,920
	Forbright Bk CD	4.850% 6/14/27	44,325	45,179
	Manufacturers	4.500% 12/15/25	44,325	44,471
	Morgan Stanley	4.900% 4/07/25	44,325	44,394
	Morgan Stanley	3.875% 1/27/26	42,576	43,982
	Morgan Stanley CD	4.600% 3/15/27	30,734	31,159
	Popular Bk	4.850% 9/04/26	49,250	49,899

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
E.I.N 61-6496436 PLAN NO. 506
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	\$ 42,998	\$ 43,908
Sallie Mae Bk	1.900%	2/24/25	44,318	44,164
Schwab Charles Corp	0.900%	3/11/26	39,236	42,404
State Bank India CD	4.850%	6/24/27	11,081	11,297
Toyota Financial	4.350%	7/26/27	44,192	44,677
Ubs Bk USA	5.150%	11/02/26	44,259	45,203
Valley Natl	3.950%	8/20/27	44,259	44,244
Valley Natl	3.900%	8/27/27	9,835	9,820
Wells Fargo Bank	4.900%	12/07/26	12,313	12,512
Wells Fargo Bank	4.850%	5/21/27	44,259	45,169
Total Corporate Issues			932,411	944,805
<u>Foreign Issues:</u>				
Bank Nova Scotia	3.450%	4/11/25	14,255	14,716
Sumitomo Mitsui Finl	3.364%	7/12/27	43,522	42,946
Toronto Domi	4.980%	4/05/27	43,830	44,472
Total Foreign Issues			101,607	102,134
<u>Mutual Funds:</u>				
Fidelity 500 Index Fund	Variable		154,916	210,261
Total Mutual Funds			154,916	210,261
			\$ 3,021,148	\$ 3,107,064

* 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 - Professional Services

61-6496436_Plan 506

Schedule D, Attachment 1

Name	Tax ID	% of Total Contributions
Dapper & Associates, Inc	994536624	0.099%
2-D As-Built Floor Plans Inc,	462372972	0.329%
3 Point Productions, LLC	454330060	0.198%
48 North LLC	465157861	0.078%
4EA Building Science	383944708	0.354%
5 Jakes Property Management LLC	823365962	0.090%
7728 Overlake LLC	812877728	0.060%
A G O Land Surveying, LLC	474407973	0.165%
Ability Employment Services Inc.	813205228	0.246%
Accelalpha, Inc	264701177	10.045%
Ad Hatchery Inc	812675989	0.026%
Advanced Industrial Corp.	731732870	0.158%
Aeon Law PLLC	205509257	0.345%
Ag World Support Systems LLC	911837902	1.909%
Agiliant, Inc	273729133	0.810%
Ahrend Law Firm, PLLC	272277663	0.040%
Albion Ventures Inc	821441029	0.056%
Alisa S Na, CPA	912017880	0.204%
All Creatures Veterinary Service PS	912010577	0.000%
Alliances Northwest	916397308	0.028%
Allixo Technologies, LLC	264447839	0.389%
Allrisk Engineering, Inc	911943577	0.186%
AltPep Corporation	825395529	1.644%
Amsoft Consulting	844882197	0.130%
Anderson Peretti & Co CPA PS	910867103	0.328%
Animal Hospital of Wenatchee, P.S.	831958838	0.085%
Archer Halliday PS	911930959	0.139%
Archibald & Company Architects, PS	911331019	0.109%
Arne Josefsberg Technology Consulting LLC	853606631	0.053%
Arno Martinez Law PLLC	825201845	0.064%
ASG Northwest LLC	202377063	0.069%
Atlantic Veterinary Hospital, PS	271421212	0.333%
Atlas Geosciences NW LLC	822223764	0.426%
Avail Partners, LLC	461356214	0.259%
Avante Partners LLC	822805682	0.097%
Axiom Technologies LLC	830886316	0.128%
B&E Consulting Partners Inc.	880787768	0.123%
B.E.E. Consulting LLC	912018092	0.695%
Bandoli Consulting LLC	830525778	0.062%
Bartlett Helen Mareen	261115360	0.155%
Bastion Law, PLLC	831254025	0.015%
BBA Land Surveying LLC	320550161	0.099%
Bear Mountain Capital Inc.	270448352	0.217%
Ben Kleban Consulting LLC	844970906	0.068%
Bennett & Bennett Attorneys at Law	911407309	0.078%
Berglund, Schmidt & Associates, Inc.	911064453	0.110%

Berty Mandagie Photography LLC	824552145	0.043%
Best Law PLLC	460647088	0.043%
Big Step Consulting, Inc	274929305	0.142%
Blevins Financial	202060329	0.077%
Boice Law Firm, PLLC	273048449	0.061%
Boice Raplee Ross Accounting & Tax Service, Inc	680572756	0.075%
Bombino Consulting Group LLC	933637075	0.049%
Brand Focus Digital LLC	814159907	0.257%
Brandt Design Inc	201431473	0.203%
Bremerton Symphony Association	910836954	0.031%
Bright International Group LLC	462808023	0.149%
Brofsky and Fusare LLC	474672736	0.051%
Brooks Law Firm, Inc	472655080	0.095%
Browne Engineering, Inc	911423671	0.125%
Browne Management Company, Inc.	911346155	0.303%
Bsolutions Inc	800622931	0.065%
BTeng Enterprises	472487609	0.094%
Bucklin Evens PLLC	203356086	0.233%
BUILD LLC Architecture & Construction Mg	912090468	0.306%
Built Design LLC	510476725	0.521%
Burman Design LLC	815053989	0.120%
Bydfault LLC	454182439	0.098%
C and S Apparel Services Inc	972547980	0.070%
Cacchiotti Law, PLLC	874372600	0.042%
Calbom & Schwab Law	824116091	0.335%
Cart Before the Horse	863489158	0.142%
Cascade Engineering Group PS, Inc	204130296	0.320%
Cascade Government Affairs, LLC	270121963	0.189%
Catalyst Law Firm, PLLC	474017102	0.224%
Cayzen Corporation	371535716	0.461%
Cecil & Associates LLC	454106136	0.065%
Ceis Bayne & East LLC	271571709	0.190%
CFO Selections Search PNW, Inc	861235801	0.435%
Chang Law Group PC	200518526	0.074%
Chehalis Valley Associates, LLC	475447005	0.033%
Chelan Valley CPAs PLLC	934519310	0.007%
Cheyette & Associates Inc	472403812	0.019%
Chinook Capital Advisors LLC	822997991	0.178%
Christensen King P.C.	911301985	0.396%
Christopher Michael Davis, P.S.	912127722	0.281%
Cinesaurus LLC	273436546	0.046%
Circle Twice	271459564	0.303%
Clarity Online LLC	822931204	0.037%
CMedia Productions Corp.	264199240	0.335%
Coastal Patterns LLC	873878779	0.145%
Coastal Solutions, LLC	830459349	0.072%
Cognition Studio, Inc	364667378	0.688%
Columbia Interventional Radiology	461498147	0.153%
Compliance Services International Consultan	352493467	0.579%
Connection Model, LLC	264754026	0.072%
Connor & Sargent PLLC	204060336	0.042%
Cook CPAs & Consultants, PLLC	920947280	0.119%

Corona Landscaping LLC	833928058	0.099%
Corvus Capital LLC	534862631	0.070%
Cosimo Corporation	911738085	0.469%
Cove Technology Consulting, LLC	471421953	0.158%
Cox Kathryn M	850918197	0.115%
CreditCard Discount Services, Inc.	911880616	0.828%
Crete Consulting, Inc. PC	271376859	0.352%
Crowley & Kay, Inc., P.S.	911139978	0.191%
Cruse & Associates, PLLC	912134924	0.201%
Dalton Olmsted & Fuglevand	911468557	0.630%
Daniel Keating Architects & Interiors	862885280	0.157%
Daniels-Brown Communications Inc	911879512	0.071%
Dano Law Firm PS	912134846	0.027%
Data Leaders Group, Inc.	922167927	0.049%
Davies Tax Advisors LLC	463690296	0.256%
Davis Studio Architecture & Design, LLC	454068063	0.074%
Debique Enterprises, LLC	473660257	0.098%
Decorus Properties LLC	812018174	0.137%
Delacroix Partners LLC	463113207	0.076%
Dennis Chong Consulting	271579971	0.077%
Diagonal D LLC	731700631	0.088%
Dilks & Knopik LLC	743049851	0.249%
Drayton Archaeological Research, LLC	542177657	0.120%
Duane Hartman & Associates Inc.	911616064	0.307%
Dulce Design Company	820567281	0.115%
Dwight Kristi A	17421128	0.159%
Eagle Direct Mail LLC	264448832	0.126%
Eagle Harbor Technologies Inc	204849242	0.901%
Earl and Edwards PLLC	844107270	0.230%
Eberhard Advisors LLC	871942987	0.141%
ECCO Design, Inc.	911394452	0.166%
Edwards Bernadette	760557633	0.101%
Egg Donor Select Inc.	204479016	0.098%
Elite Design Build Inc	821568175	0.088%
elSage Designs LLC	474082608	0.081%
Emerge Marketing and Media	842972218	0.087%
Empire Initiative LLC	824274650	0.065%
Energy Incentives, Inc.	912147472	0.023%
Enfotran Corporation	510430593	0.130%
Eshuis Accounting & Tax Services Inc	264089256	0.135%
Espy Case Solutions, LLC	453186175	0.088%
Ethan Alan Group, LLC	204377931	0.141%
Evocalize Inc	461300169	1.091%
Exa Data & Mapping Services Inc	202019837	0.124%
Face Forward Software LLC	262833092	0.016%
FI Architecture Inc.	474988668	0.157%
Fife Machine Tech, Inc	911954259	0.262%
Figgins Family Wine Estates LLC	271726487	0.487%
Finance & Resource Management Consultant	320024080	0.336%
Finney Neill & Company PS	911566381	0.363%
Flex Plan Retirement Services Inc	800102330	0.100%
Flexure Accounting LLC	813194213	0.221%

FLS Financial Group	271467570	0.109%
Focused Filial, Inc.	842380676	0.082%
Foster Law Group PLLC	753070176	0.103%
Four Cedars Accounting Group LLC	273547687	0.212%
Free Vector Law Group, LLC	454778413	0.174%
Fulcrum Environmental Consulting Inc	911507566	0.286%
Fusion Graphix, LLC	200674210	0.079%
G4 Telecom LLC	462492258	0.198%
Gamache Landscaping, Inc.	134251386	0.089%
Geo Group Northwest Inc	911497443	0.126%
Geo Resources LLC	460475056	0.495%
Glasser Center For Collaboration	464059310	0.092%
Global Geophysics LLC	352468245	0.112%
Goetz Bailey & Yale PS	911874918	0.309%
Gooding, O'Hara & Mackey, PS	912089644	0.087%
Goraya Enterprises	205295386	0.200%
GRAM Northwest LLC	811175945	0.215%
Grant County Surveying, Inc.	851096205	0.091%
Green & Norwood PLLC	811117585	0.205%
Griffiths Dreher & Evans PS CPAS	911686801	0.568%
Guske & Company Inc	463802196	0.294%
H2 Government Relations Inc	203031198	0.007%
Hagee Marketing LLC	384283609	0.017%
Halverson Northwest Law Group, PC	911011196	0.801%
Hamilton Veterinary Services, PLLC	731641418	0.267%
Happy Hound Group LLC	471487799	0.087%
Hauser Jones & Sas PLLC	810987947	0.756%
Hawk Equipment Services, Inc	473816219	0.668%
Hayes McColloch & Vickerman CPA Group	851448132	0.227%
HD Estates LLC	271201949	0.067%
Heath & Associates, Inc.	911450922	0.010%
Heed of the Game LLC	923500667	0.014%
Heggerness & Bronk CPA Group PS Inc.	911543362	0.159%
Helium Development LLC	472345349	0.102%
Hemisphere Solutions LLC	455031788	0.294%
Herd Freed Hartz	912138441	0.432%
HKP Architects, PLLC	911082330	0.189%
Holmquist and Gardiner PLLC	233796668	0.220%
Hordan, William P	542080248	0.127%
Huddleston, McKenzie & Associates PLLC	912004637	0.165%
HV Engineering Inc.	911711852	0.275%
I&I Advisors	494640515	0.116%
InEnTec Inc.	452730230	0.835%
Infrastructure Group Services, LLC	205994361	0.196%
Innov8 Ag Solutions Inc	843536690	0.133%
International Maritime Group PLLC	461421149	0.107%
Inventech Marine Solutions, LLC	383925910	1.913%
Invest Bethel LLC	871701653	0.060%
Invisible Ink Corp	262016498	0.041%
J&M Design & Drafting, Inc	743094811	0.063%
JAM Branding, LLC	884329745	0.079%
JCR Collective PLLC	883941170	0.007%

Jeannie P Mucklestone PS Inc.	651248227	0.197%
Jem Design	873365865	0.124%
Johnson Squared Inc.	753073031	0.025%
Jon Graves Architects & Planners PLLC	205277548	0.370%
Joseph Williams Lane & Associates LLC	274505079	0.056%
Josh Yeyni CPA PS	911856796	0.075%
K Engineers, Inc.	510620979	0.211%
Kampbell Legal Planning, PLLC	465454414	0.014%
Katherine L Kenison PS	811053359	0.037%
KDA Architecture Inc.	920185412	0.569%
Kelly Chandler Photography LLC	274004981	0.117%
Kingma CPA Firm PC	911323116	0.147%
Knowledge Anywhere	912048307	0.557%
Kopius Inc	822884681	3.388%
Kulshan Veterinary Hospital PLLC	912015497	1.296%
Kutscher Benner Barsness & Stevens, Inc	911569491	0.209%
La Casse Maritime LLC	711003333	0.056%
Land Technologies, Inc	911695743	0.138%
Larson & Associates Surveyors, Engineers & P	911410996	0.772%
Law Office of Darla Goodwin, PLLC	841821409	0.118%
Law Office of Tony Ditommaso	680512940	0.062%
Law Office of Yohannes K. Sium, P.L.L.C.	475645743	0.068%
Lewis & Laws PLLC	270383673	0.150%
Liberty Ridge Advisors LLC	822941323	0.070%
Liberum, LLC	271228447	1.099%
Lighthouse Ventures, LLC	453306974	0.000%
Lisa Barfield PLLC	825378009	0.799%
LKR Law PS	850649787	0.130%
Lloyd Marketing, Inc	943300687	0.095%
Lookwest LLC	843062892	0.131%
M & M Technologies Inc	542110444	0.227%
Madak	473298532	0.093%
Makena Partners, LLC	454726339	0.118%
Makeshift Studios LLC	454430427	0.180%
Marine Hydraulic Consultancy LLC	471402876	0.060%
Marquis Data LLC	611850919	0.449%
Marquis Leadership LLC	271619390	0.112%
Martin, Bircher, Thompson, PC	910915354	0.476%
McGuire, DeWulf Kragt and Johnson	911691742	0.497%
McKeirnan Porter PLLC	814337507	0.075%
MediaPlant	911955897	0.143%
Mediguru, Inc.	862801380	0.128%
Menolong LLC	814758604	0.139%
Merrill, Tyler L	861204694	0.057%
Metaltest Inc.	911630039	0.276%
Metis LLC	821903490	0.206%
Migizi Group Inc	461217983	0.190%
Miller Interior Design LLC	208257731	0.192%
Missington LLC	990844726	0.055%
ML Walker & Company PLLC	872650023	0.050%
Moberg Law Group, P.S.	463971040	0.230%
MobileJam, LLC	202389263	0.107%

Molecule Works Incorporated	474674380	0.180%
Moonbay Regulatory LLC	813998580	0.100%
Morton McGoldrick PLLC	832959154	0.403%
Munson Engineers, Inc.	910926106	0.185%
Murphy Armstrong Firm LLP	464131643	0.230%
NCW Land Surveying LLC	200779302	0.088%
North Cascade Veterinary Hospital, INC, P.S.	911312406	0.116%
Northwest CPA Group PLLC	562382653	0.528%
NorthWest Granite & Flooring LLC	202274590	0.109%
Northwest Media Partners LLC	811117340	0.071%
Northwest Technical Resources, Inc	592703995	0.160%
NWFM, LLC	831994788	1.359%
Ojala Law Inc PS	472475591	0.138%
Olson Projects PLLC	831248731	0.126%
Olympic Tax & Business Consulting, LLC	464153109	0.159%
Olympic Wealth Management LLC	273849675	0.118%
On-Time Logistics, Inc.	202061846	0.116%
Orca Land Surveying Inc	201902230	0.176%
Orcas Land, LLC	842979671	0.165%
Outbound AI, Inc.	862022871	1.384%
Pacific Home Source LLC	453672367	0.193%
Pacific Land Consulting Inc	943379342	0.062%
Pacific Market Research	911898174	0.107%
Parsons & Associates, Inc	461729089	0.027%
Patrick Harron & Associates	510418236	0.222%
PBAnd, LLC	462493545	0.310%
PBW Architects Inc.	810976046	0.423%
Peachtree Services LLC	912027108	0.076%
Perch Partners LLC	813423731	0.816%
Permit Surveying Inc.	272326268	0.144%
Pikeman LLC	844503188	0.117%
Pinnacle Project Services Group LLC	901188220	0.014%
Piper Thornburgh Law PLLC	533801213	0.099%
Plain Concepts Corporation	421772091	0.196%
Playtime, Inc	880388517	0.058%
PorterKinney PC	454146392	0.447%
Proactive Computer Maintenance LLC	205082312	0.050%
Progressive Billing Specialists LLC	912022736	0.069%
Questech Unlimited	912170425	0.217%
Quicksilver Aerospace Consulting LLC	473903653	0.149%
Rain Shadow Consulting LLC	342029557	0.151%
RAM GeoServices, Inc.	881593692	0.102%
Ranschau Jeffrey A	854254984	0.041%
Ravnik & Associates Inc.	972077581	0.132%
Ray Energy PNW LLC	922206548	0.100%
Real Solutions Organization, Inc.	823406191	0.053%
RealTime Performance	931270377	0.061%
Recovery Brands	823142949	0.015%
Regal Fruit International LLC	208376790	0.079%
Reid Signs Inc	911880094	0.049%
Render Brew LLC	455518131	0.284%
Rerucha Jill Ann	813961971	0.061%

RHO Architects, PLLC	204244413	0.095%
Rhombuz, LLC	873111083	0.122%
Ries Law Firm PS	760729563	0.154%
Rio Foltz, PLLC	264725690	0.202%
Robbins & Herber Inc. PS	911587420	0.056%
Robert Staudacher CPA & Associates PS	911452693	0.134%
Robey Namba P.S.	911544794	0.017%
Rocket GUI LLC	260364025	0.063%
Rogers Surveying, Inc.	911704825	0.219%
Rozzi Rayne LLC	824039080	0.070%
RRA LLC	993461158	0.077%
Russell and Hill, PLLC	202124550	1.100%
Rutledge Maul Architects PS Inc	911607332	0.164%
Savage HR Solutions LLC	462243666	0.090%
Schinnell Consulting PLLC	912097756	0.243%
Schmidt Financial Management, Inc.	450502283	0.168%
Scisco Genetics Inc.	204232287	0.323%
Seamark Law Groups PLLC	831928585	0.048%
SeaSound Law, PLLC	831613872	0.079%
Seattle Accounting Professionals LLC	331242959	0.021%
Seisc Enterprises, Inc	202697337	0.275%
Selby Morgan & Born, PLLC	932833401	0.255%
Shao Consulting LLC	462261900	0.079%
Sheldon James Nias	22444128	0.055%
Shiers Law Firm, LLP	911076021	0.197%
Shin Shin America, Inc	680678837	0.143%
Silyb Wafer Services Inc.	200176262	0.058%
SK Advisors LLC	272284713	0.090%
SL Pitts PC	912061410	0.304%
Smallidge & Company LLC	200561473	0.131%
Sonheim Creative Inc.	461328438	0.096%
Sound Business Advisors LLC	934776237	0.052%
Sound Legacy Law PLLC	912001321	0.320%
Sound Structural Solutions Inc.	202955014	0.236%
SoundCommerce Technologies	825489523	0.383%
Specialty Consulting LLC	822707082	0.139%
Spira Equity Partners US Inc	371952192	0.047%
Spotted Fox, Inc.	832884436	0.089%
Staton Silber, PS	472165046	0.293%
Stein Sudweeks & Stein, PLLC	832387092	0.139%
Sterling Consultants LLC	465065190	0.080%
Stetson Koenes, P.L.L.C.	911693046	0.161%
Steve Omlin Farms Inc	200613243	0.041%
Stevens Clay, P.S.	911272832	0.785%
Stratton Surveying & Mapping, PC	260394970	0.083%
Streamline Logistics Corp	203767111	0.031%
Streamline, LLC	274154877	1.160%
Studio Zerbey, LLC	461056399	0.101%
Sturman Architects Inc.	911869560	0.052%
Sumbridge, LLC	460551543	0.207%
Sundberg Kennedy Ly-au Young Architects	454122083	0.387%
Surecrete Material, LLC	845153394	0.106%

Swaney & Tabata, Inc.	911968423	0.251%
Tailored Ave LLC	811488718	0.068%
Tangent Information Systems, Inc	364092197	0.368%
TechSolve Enviromental Inc.	911905890	0.045%
Telare Law PLLC	208565743	0.273%
Terraforma Design Group Inc	800084224	0.085%
The E-CPA Group PLLC	833224069	0.017%
The Immigration Law Firm PLLC	770646602	0.148%
The Marketeers Marketing and Advertising	912031530	0.251%
The Tiller Law Firm	910714716	0.122%
Tinderbox Consulting	462308332	0.024%
TLC Physicians PLLC	262128865	0.193%
Tolovana LLC	823966583	0.071%
Tomax Logistics LLC	824683217	0.150%
Toyer Strategic Advisors, Inc	844494748	0.079%
Tracy & Thonney Attorney's at Law PLLC	822080273	0.065%
Tranquil Passing In Home Pet Euthanasia LLC	825279245	0.054%
True North Construction Management, Inc.	815452760	0.130%
TTB Investments, LLC	471142984	0.174%
TTI Acquisition Corporation	200076772	0.064%
Tuell and Young, PS	912107411	0.212%
Umonde, INC.	208912964	0.050%
United Processing Services, Inc	270665261	0.163%
Urim & Thummim Capital Management Inc	263541242	0.170%
Van Wormer Consulting PLLC	813242125	0.068%
Venture Financial Services	934393561	0.017%
Veravanti Inc.	383905669	0.554%
Versium Analytics Inc	454723170	1.302%
Vertical VS Inc	263967873	0.332%
Verticalmove, Inc	270294192	0.134%
Vettters Animal Hospital	912098363	0.062%
Vickerman Investment Advisors	911829901	0.234%
Vilkon N A Inc.	275400843	0.275%
Voce Consulting LLC	272427174	0.085%
VOLTSHARK LLC	811519203	0.102%
Wallace Campbell PLLC	320269176	0.127%
Ward Scott CPA PLLC	461344499	0.039%
Water System Services Inc	911701804	0.160%
Waterfront Choices LLC	274376868	0.052%
Wattenbarger Architects	272043270	0.283%
Weiss Corporate Services LLC	475094405	0.249%
Weiss Photo & Film LLC	842452353	0.041%
Wenzlau Architects PS	912056558	0.016%
Werner O'Meara & Co. PLLC	203564998	0.250%
West Coast Tax Services	906073508	0.043%
WesTek Marketing, LLC	472635555	0.098%
Western Agricultural Research & Production, I	911454887	0.105%
WGN, PS	911665325	0.018%
White & Company PC	202609241	0.071%
Will and Will PLLC	472444293	0.099%
Wilson Real Estate Management, LLC	270689970	0.461%
Winzer Veterinary Clinic, Inc.	832444182	0.066%

Wittman Estes Architecture + Landscape LLC	461664161	0.207%
Wolfscale Inc	871558750	0.041%
Yakima County Development Association	200307562	0.206%
Yen Li LLC	270501771	0.166%
Yenlo USA LLC	812827717	0.295%
Zaremba Paxton PS	911578217	0.110%
Zeevo Group LLC	810984855	0.403%
Zen IT Solutions LLC	475408892	0.021%

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
E.I.N 61-6496436 PLAN NO. 506
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	\$ 1,043,154	\$ 1,059,123
	First Am Govt MM	Variable	43,993	43,993
	Total Money Market Mutual Funds		1,087,147	1,103,116
<u>U.S. Government Issues:</u>				
	FFCB Deb	4.250%, 9/30/25	44,210	44,314
	FFCB Deb	2.510%, 4/1/25	48,880	49,025
	FFCB Deb	4.890%, 7/21/26	6,128	6,158
	U.S. Treasury	2.750%, 5/15/25	44,303	44,081
	U.S. Treasury	2.875%, 6/15/25	44,124	44,057
	U.S. Treasury	3.125%, 8/15/25	50,103	50,131
	U.S. Treasury	3.500%, 9/15/25	43,437	44,089
	U.S. Treasury	4.000%, 2/15/26	43,662	44,209
	U.S. Treasury	4.375% 12/15/26	44,659	44,426
	U.S. Treasury	4.000% 1/15/27	44,235	44,107
	U.S. Treasury	4.125% 2/15/27	51,258	51,572
	U.S. Treasury	4.250% 3/15/27	44,133	44,314
	U.S. Treasury	3.500% 10/15/27	44,024	43,859
	U.S. Treasury	4.000% 11/15/27	44,275	44,130
	U.S. Treasury	4.000% 12/15/27	59,888	59,867
	U.S. Treasury	2.500%, 1/30/25	43,823	44,259
	U.S. Treasury	2.625%, 3/31/25	43,925	44,150
	Total U.S. Government Issues		745,067	746,748
<u>Corporate Issues:</u>				
	Ally Bk Sandy	3.800% 9/28/26	19,680	19,626
	American Express	5.000% 9/21/26	6,122	6,255
	American Honda Mtn	4.450% 10/22/27	44,106	43,998
	Austin Cap Bk	4.600% 5/29/26	44,325	44,649
	Bmw Bk North CD	4.400% 7/14/25	44,281	44,364
	Blue Ridge Bk	4.300% 12/28/26	4,925	4,951
	Capital One	3.400% 7/07/25	44,303	44,135
	Capital One	4.600% 5/26/26	14,760	14,879
	Cross Riv Bk	4.700% 6/15/26	22,118	22,358
	Customers Bk	5.050% 3/24/26	7,388	7,470
	First Fndtn	4.700% 6/29/26	44,236	44,718
	First Natl Bk	4.850% 9/21/26	43,882	44,920
	Forbright Bk CD	4.850% 6/14/27	44,325	45,179
	Manufacturers	4.500% 12/15/25	44,325	44,471
	Morgan Stanley	4.900% 4/07/25	44,325	44,394
	Morgan Stanley	3.875% 1/27/26	42,576	43,982
	Morgan Stanley CD	4.600% 3/15/27	30,734	31,159
	Popular Bk	4.850% 9/04/26	49,250	49,899

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – PROFESSIONAL SERVICES
E.I.N 61-6496436 PLAN NO. 506
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	\$ 42,998	\$ 43,908
Sallie Mae Bk	1.900%	2/24/25	44,318	44,164
Schwab Charles Corp	0.900%	3/11/26	39,236	42,404
State Bank India CD	4.850%	6/24/27	11,081	11,297
Toyota Financial	4.350%	7/26/27	44,192	44,677
Ubs Bk USA	5.150%	11/02/26	44,259	45,203
Valley Natl	3.950%	8/20/27	44,259	44,244
Valley Natl	3.900%	8/27/27	9,835	9,820
Wells Fargo Bank	4.900%	12/07/26	12,313	12,512
Wells Fargo Bank	4.850%	5/21/27	44,259	45,169
Total Corporate Issues			932,411	944,805
<u>Foreign Issues:</u>				
Bank Nova Scotia	3.450%	4/11/25	14,255	14,716
Sumitomo Mitsui Finl	3.364%	7/12/27	43,522	42,946
Toronto Domi	4.980%	4/05/27	43,830	44,472
Total Foreign Issues			101,607	102,134
<u>Mutual Funds:</u>				
Fidelity 500 Index Fund	Variable		154,916	210,261
Total Mutual Funds			154,916	210,261
			\$ 3,021,148	\$ 3,107,064

* 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	2513
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)	2513
	6a(2)	2017
	6b	14
	6c	
	6d	2031
	6e	
	6f	2031
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code 163982197
