

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: HNTB EMPLOYEE HEALTH CARE PLAN
1b Three-digit plan number (PN): 520
1c Effective date of plan: 01/01/2011
2a Plan sponsor's name (employer, if for a single-employer plan): HNTB HOLDINGS LTD
2b Employer Identification Number (EIN): 56-2422024
2c Plan Sponsor's telephone number: 816-472-1201
2d Business code (see instructions): 541330

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4904
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)	4904
	6a(2)	5204
	6b	0
	6c	0
	6d	5204
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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 4D 4E 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 checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan HNTB EMPLOYEE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 520</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HNTB HOLDINGS LTD</p>	<p>D Employer Identification Number (EIN) 56-2422024</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
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	944444	5204	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 0	(b) Total amount of fees paid 255102
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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
IMA, INC. **1705 17TH STREET, SUITE 100 DENVER, CO 80202**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	201009	OVERRIDE, BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES, LLC **444 WEST 47TH STREET, SUITE 900 KANSAS CITY, MO 64112**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	54093	OVERRIDE	3

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(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	4202043
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 HNTB EMPLOYEE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 520</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HNTB HOLDINGS LTD</p>	<p>D Employer Identification Number (EIN) 56-2422024</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
HAWAII MEDICAL SERVICE ASSOCIATION

(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
99-0040115	49948	016658 001	8	01/01/2024	12/31/2024

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(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	49591
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan HNTB EMPLOYEE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>520</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HNTB HOLDINGS LTD</p>	<p>D Employer Identification Number (EIN) 56-2422024</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
KAISER FOUNDATION HEALTH PLAN, 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
94-1340523	00000	603736	243	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	
	(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	1787321
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 HNTB EMPLOYEE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	520
C Plan sponsor's name as shown on line 2a of Form 5500 HNTB HOLDINGS LTD	D Employer Identification Number (EIN) 56-2422024	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

UNITED HEALTHCARE SERVICES, INC.

41-1289245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50	NONE	3581484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAPITAL RX

35-2612946

(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 50	NONE	716050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRIA HEALTH

27-1515235

(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 50	NONE	257504	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELTA DENTAL OF MISSOURI

43-0908349

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	250572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISION SERVICE PLAN

36-3560825

(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 50	NONE	117029	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMPSYCH

36-3739783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 49 50 99	NONE	131676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPLOYER DIRECT HEALTHCARE, LLC

2100 ROSS AVENUE
SUITE 550
DALLAS, TX 75201

(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 50	NONE	67779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEX

06-1593514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	21766	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">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 HNTB EMPLOYEE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>520</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HNTB HOLDINGS LTD</p>	<p>D Employer Identification Number (EIN) 56-2422024</p>	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
HTNB RETIREE HEALTH CARE PLAN	AFFILIATED PLAN	PAYMENT OF PLAN EXPENSES FOR THE USE OR BENEFIT OF A PARTY-IN-INTEREST	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	111	111	0

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 HNTB EMPLOYEE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 520
C Plan sponsor's name as shown on line 2a of Form 5500 HNTB HOLDINGS LTD	D Employer Identification Number (EIN) 56-2422024

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	900000	1100000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	353403	149029
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	1253403	1249029
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1253403	1249029

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)	66000000	
(B) Participants.....	2a(1)(B)	2337247	
(C) Others (including rollovers).....	2a(1)(C)	5356455	
(2) Noncash contributions.....	2a(2)		73693702
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22552	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22552
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		73716254

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	79476311	
(2) To insurance carriers for the provision of benefits	2e(2)	6065459	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		85541770
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)	5147096	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(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)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5147096
j Total expenses. Add all expense amounts in column (b) and enter total	2j		90688866

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16972612
l Transfers of assets:			
(1) To this plan	2l(1)		16968238
(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: PICKETT, CHANEY & MCMULLEN LLP

(2) EIN: 48-1246310

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		111
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

HNTB EMPLOYEE HEALTH CARE PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
of the HTNB Employee Health Care Plan
Kansas City, Missouri

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the HNTB Employee Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects in accordance with the modified cash basis of accounting as discussed in Note 2.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the modified cash basis of accounting as described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.

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

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (modified cash basis) as of December 31, 2024, and the supplemental Schedule of Reportable Transactions (modified cash basis) for the year ended December 31, 2024, and the supplemental Schedule of Nonexempt Transactions (modified cash basis) for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules (modified cash basis), other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules (modified cash basis) related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Pickett, Chaney & McMullen LLP

Overland Park, Kansas
October 8, 2025

HNTB EMPLOYEE HEALTH CARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments, at fair value - Money market fund	\$ 149,029	\$ 353,403
Restricted cash	<u>1,100,000</u>	<u>900,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,249,029</u>	<u>\$ 1,253,403</u>

See notes to financial statements.

HNTB EMPLOYEE HEALTH CARE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions:

Employer	\$ 66,000,000
Participants'	1,870,511
COBRA	<u>466,736</u>

Total contributions 68,337,247

Interest income 22,552

Insurance reimbursements 5,356,455

Total additions 73,716,254

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid	79,476,311
Insurance premiums	6,065,459
Administrative expenses	<u>5,147,096</u>

Total deductions 90,688,866

NET DECREASE (16,972,612)

TRANSFER IN FROM AFFILIATED PLAN 16,968,238

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 1,253,403

End of year \$ 1,249,029

See notes to financial statements.

HNTB EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS) DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the HNTB Employee Health Care Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General – The Plan was formed on January 1, 2011, and provides health and other benefits to substantially all employees and their eligible dependents (as defined by the Plan) of HNTB Corporation and HNTB Holdings Ltd. (collectively referred to as the “Employers” or “Company”). The Plan is for a controlled group of corporations. The Plan is voluntary and subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). InTrust Bank N.A. is the custodian and trustee of the Plan.

Eligibility – The Plan provides medical, prescription drug, dental and vision benefits to all full-time employees, full-time employees temporarily working on a part-time basis (not to exceed 90 days), and part-time employees working at least 20 hours per week.

Health claims are processed by United Health Care for medical and CapitalRx for prescription drugs, and dental claims are processed by Delta Dental of Missouri. The responsibility for payments to participants and providers is retained by the Plan.

Administrative Expenses – The Plan pays administrative expenses for the processing and payment of claims. Other administrative expenses are paid by the Employers, and the Employers provide certain administrative and accounting services to the Plan for which they receive no fee.

Contributions and Funding Policy (Transfer In) – The Plan is administered as a self-insured plan of the Employers. Benefits are funded by monthly premiums received from eligible participants and contributions from the Employers. The Employers determine contribution levels for participants in the Plan. The majority of participant contributions are first deposited to another Plan sponsored by the Company, and then are transferred to this Plan.

Reinsurance – The Employers have an insurance policy that pays 100% of the excess of individual claims exceeding \$400,000 per individual per year.

Termination of the Plan – Although the Employers have not expressed any intent to do so, the Plan may be terminated at any time by the Employers’ board of directors. In the event of termination, the trust shall fulfill all of its obligations and distribute and apply the amount remaining for the continuance of benefits until the trust is exhausted.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accounting records of the Plan are maintained on the modified cash basis of accounting as permitted by the Department of Labor; consequently, the accompanying financial statements do not reflect any contributions, reinsurance receipts or interest income due but not received, or expenses incurred but not paid by the Plan. The financial statements do not recognize as liabilities, or contain provision for, claims in the process of payment, claims incurred but not reported, advance employer and employee contributions and such other liabilities or reserves as may be necessary to fairly present the financial position and operating results in accordance with accounting principles generally accepted in the United States of America.

Investments – The Plan’s investments are held in a bank-administered trust and consist of a money market fund. Investments are recorded at cost, which approximates their fair value. Investment purchases and sales are recorded on a trade-date basis. Interest income is recorded when paid.

Restricted Cash – The Plan is required to maintain a deposit with United Health Care in the amount of \$1,100,000 and \$900,000 at December 31 2024 and 2023, respectively.

Date of Management’s Review – Subsequent events have been evaluated through October 8, 2024, which is the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

The assets fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Money Market Funds – Valued at cost, which approximate fair value.

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

The Plan’s investments are reported at fair value as follows at December 31, 2024 and 2023:

	Fair Value Measurements Using:			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
December 31, 2024:				
Money Market Account	\$ -	\$ 149,029	\$ -	\$ 149,029
December 31, 2023:				
Money Market Account	\$ -	\$ 353,403	\$ -	\$ 353,403

4. BENEFIT OBLIGATIONS

The Plan's benefit obligation at December 31, 2024 and 2023, is as follows:

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents -		
Claims payable and claims incurred but not reported	<u>\$ 7,715,000</u>	<u>\$ 6,696,000</u>

The following represents the changes in the benefit obligations for the year ended December 31, 2024:

Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance, beginning of year	\$ 6,696,000	
Claims reported and approved for payment	80,495,311	
Claims paid	<u>(79,476,311)</u>	
Total benefit obligations	<u>\$ 7,715,000</u>	

5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, InTrust Bank N.A., the custodian and trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate with respect to investments as December 31, 2024 and 2023, and for the year ended December 31, 2024:

- Investments, at fair value
- Interest income
- Schedule of Assets (Held at End of Year) (modified cash basis)
- Schedule of Reportable Transactions (modified cash basis)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. TAX STATUS

The Internal Revenue Service ("IRS") issued a favorable determination letter dated February 26, 2013, stating that the trust met the requirements of Section 501(c)(9) of the Internal Revenue Code ("IRC"), and is exempt from taxation. In addition, the Plan and the trust established under the Plan are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC.

Generally accepted accounting principles requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. CONTINUATION OF BENEFITS

In accordance with the Consolidated Omnibus Budget Reconciliation Act of 1986 (“COBRA”), the Plan provides continuation of health benefit coverage to certain employees and their dependents upon occurrence of certain events. Under COBRA, the cost of such coverage is paid by the participant. Such contributions are shown separately on the statement of changes in net assets available for benefits (modified cash basis).

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan incurs expenses related to general administration and recordkeeping. The Plan sponsor pays certain expenses of the Plan, which are not included in the statements of changes in net assets available for benefits. All benefits claims are processed and paid in accordance with plan provisions under the terms of the agreement with various providers. Expenses are paid from the Plan to the providers to administer the Plan. InTrust Bank N.A., the Plan’s custodian and trustee, is paid from the Plan’s assets for custodial fees.

9. PROHIBITED TRANSACTION

During 2024, the Plan paid \$111 in certain administrative expenses which were prohibited according to the provisions of ERISA and the IRC. The Company must fully restore the trust for the amount paid with lost earnings, and must file the required excise tax form with the IRS.

10. SUBSEQUENT EVENT

The Company is in the process of terminating the VEBA Trust with an effective date of September 30, 2025.

* * * * *

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(e)
		Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Asset	Current Value of Asset
	Identity of Party Involved			
	Federated Hermes Government Obligation Fund	Money Market Fund	<u>\$ 149,029</u>	<u>\$ 149,029</u>

* Represents a party in interest (none).

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4d – SCHEDULE OF NONEXEMPT TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) <u>Identity of Party Involved</u>	(b) <u>Relationship to Plan, Employer or other Party-In- Interest</u>	(c) <u>Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	(h) <u>Cost of Asset</u>	(i) <u>Current Value of Asset</u>	(j) <u>Net Gain (repaid interest)</u>
HNTB Retiree Health Care Plan	Affiliated Plan	Payment of Plan expenses for the use or benefit of a party-in-interest	\$ 111	\$ 111	\$ -

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	\$ 3,557,705		\$ 3,557,705	\$ 3,557,705	
Fed Govt Oblig	Money Market	2,075,329		2,075,329	2,075,329	
Fed Govt Oblig	Money Market	1,375,013		1,375,013	1,375,013	
Fed Govt Oblig	Money Market	1,169,374		1,169,374	1,169,374	
Fed Govt Oblig	Money Market	1,000,000		1,000,000	1,000,000	
Fed Govt Oblig	Money Market	1,000,000		1,000,000	1,000,000	
Fed Govt Oblig	Money Market	1,000,000		1,000,000	1,000,000	
Fed Govt Oblig	Money Market	978,160		978,160	978,160	
Fed Govt Oblig	Money Market	956,047		956,047	956,047	
Fed Govt Oblig	Money Market	955,041		955,041	955,041	
Fed Govt Oblig	Money Market	940,217		940,217	940,217	
Fed Govt Oblig	Money Market	929,366		929,366	929,366	
Fed Govt Oblig	Money Market	928,898		928,898	928,898	
Fed Govt Oblig	Money Market	890,336		890,336	890,336	
Fed Govt Oblig	Money Market	888,756		888,756	888,756	
Fed Govt Oblig	Money Market	875,945		875,945	875,945	
Fed Govt Oblig	Money Market	868,369		868,369	868,369	
Fed Govt Oblig	Money Market	861,119		861,119	861,119	
Fed Govt Oblig	Money Market	858,829		858,829	858,829	
Fed Govt Oblig	Money Market	850,822		850,822	850,822	
Fed Govt Oblig	Money Market	848,221		848,221	848,221	
Fed Govt Oblig	Money Market	824,323		824,323	824,323	
Fed Govt Oblig	Money Market	822,870		822,870	822,870	
Fed Govt Oblig	Money Market	810,028		810,028	810,028	
Fed Govt Oblig	Money Market	791,224		791,224	791,224	
Fed Govt Oblig	Money Market	765,396		765,396	765,396	
Fed Govt Oblig	Money Market	763,967		763,967	763,967	
Fed Govt Oblig	Money Market	762,390		762,390	762,390	
Fed Govt Oblig	Money Market	746,752		746,752	746,752	
Fed Govt Oblig	Money Market	736,769		736,769	736,769	
Fed Govt Oblig	Money Market	717,032		717,032	717,032	
Fed Govt Oblig	Money Market	714,768		714,768	714,768	
Fed Govt Oblig	Money Market	709,327		709,327	709,327	
Fed Govt Oblig	Money Market	709,146		709,146	709,146	
Fed Govt Oblig	Money Market	679,898		679,898	679,898	
Fed Govt Oblig	Money Market	672,669		672,669	672,669	
Fed Govt Oblig	Money Market	658,215		658,215	658,215	
Fed Govt Oblig	Money Market	652,366		652,366	652,366	
Fed Govt Oblig	Money Market	652,080		652,080	652,080	

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	\$ 649,122		\$ 649,122	\$ 649,122	
Fed Govt Oblig	Money Market	647,388		647,388	647,388	
Fed Govt Oblig	Money Market	645,606		645,606	645,606	
Fed Govt Oblig	Money Market	644,268		644,268	644,268	
Fed Govt Oblig	Money Market	643,896		643,896	643,896	
Fed Govt Oblig	Money Market	643,873		643,873	643,873	
Fed Govt Oblig	Money Market	637,909		637,909	637,909	
Fed Govt Oblig	Money Market	637,540		637,540	637,540	
Fed Govt Oblig	Money Market	635,412		635,412	635,412	
Fed Govt Oblig	Money Market	625,146		625,146	625,146	
Fed Govt Oblig	Money Market	622,327		622,327	622,327	
Fed Govt Oblig	Money Market	620,750		620,750	620,750	
Fed Govt Oblig	Money Market	617,674		617,674	617,674	
Fed Govt Oblig	Money Market	615,018		615,018	615,018	
Fed Govt Oblig	Money Market	612,839		612,839	612,839	
Fed Govt Oblig	Money Market	585,209		585,209	585,209	
Fed Govt Oblig	Money Market	576,789		576,789	576,789	
Fed Govt Oblig	Money Market	569,221		569,221	569,221	
Fed Govt Oblig	Money Market	546,710		546,710	546,710	
Fed Govt Oblig	Money Market	510,181		510,181	510,181	
Fed Govt Oblig	Money Market	503,533		503,533	503,533	
Fed Govt Oblig	Money Market	469,729		469,729	469,729	
Fed Govt Oblig	Money Market	467,403		467,403	467,403	
Fed Govt Oblig	Money Market	407,447		407,447	407,447	
Fed Govt Oblig	Money Market	399,951		399,951	399,951	
Fed Govt Oblig	Money Market	382,435		382,435	382,435	
Fed Govt Oblig	Money Market	367,688		367,688	367,688	
Fed Govt Oblig	Money Market	361,213		361,213	361,213	
Fed Govt Oblig	Money Market	331,988		331,988	331,988	
Fed Govt Oblig	Money Market	327,259		327,259	327,259	
Fed Govt Oblig	Money Market	315,911		315,911	315,911	
Fed Govt Oblig	Money Market	276,167		276,167	276,167	
Fed Govt Oblig	Money Market	264,612		264,612	264,612	
Fed Govt Oblig	Money Market	244,117		244,117	244,117	
Fed Govt Oblig	Money Market	238,756		238,756	238,756	
Fed Govt Oblig	Money Market	225,407		225,407	225,407	
Fed Govt Oblig	Money Market	200,854		200,854	200,854	
Fed Govt Oblig	Money Market	196,878		196,878	196,878	
Fed Govt Oblig	Money Market	159,068		159,068	159,068	

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	\$ 156,283		\$ 156,283	\$ 156,283	
Fed Govt Oblig	Money Market	145,640		145,640	145,640	
Fed Govt Oblig	Money Market	143,217		143,217	143,217	
Fed Govt Oblig	Money Market	134,655		134,655	134,655	
Fed Govt Oblig	Money Market	92,683		92,683	92,683	
Fed Govt Oblig	Money Market	81,327		81,327	81,327	
Fed Govt Oblig	Money Market	64,516		64,516	64,516	
Fed Govt Oblig	Money Market	63,532		63,532	63,532	
Fed Govt Oblig	Money Market		\$ 3,199,499	3,199,499	3,199,499	\$ -
Fed Govt Oblig	Money Market		1,456,106	1,456,106	1,456,106	-
Fed Govt Oblig	Money Market		1,385,955	1,385,955	1,385,955	-
Fed Govt Oblig	Money Market		1,319,335	1,319,335	1,319,335	-
Fed Govt Oblig	Money Market		1,237,224	1,237,224	1,237,224	-
Fed Govt Oblig	Money Market		1,185,118	1,185,118	1,185,118	-
Fed Govt Oblig	Money Market		1,163,783	1,163,783	1,163,783	-
Fed Govt Oblig	Money Market		1,160,937	1,160,937	1,160,937	-
Fed Govt Oblig	Money Market		1,160,337	1,160,337	1,160,337	-
Fed Govt Oblig	Money Market		1,138,849	1,138,849	1,138,849	-
Fed Govt Oblig	Money Market		1,117,117	1,117,117	1,117,117	-
Fed Govt Oblig	Money Market		1,109,212	1,109,212	1,109,212	-
Fed Govt Oblig	Money Market		1,045,867	1,045,867	1,045,867	-
Fed Govt Oblig	Money Market		1,035,418	1,035,418	1,035,418	-
Fed Govt Oblig	Money Market		998,030	998,030	998,030	-
Fed Govt Oblig	Money Market		993,924	993,924	993,924	-
Fed Govt Oblig	Money Market		980,824	980,824	980,824	-
Fed Govt Oblig	Money Market		956,320	956,320	956,320	-
Fed Govt Oblig	Money Market		956,080	956,080	956,080	-
Fed Govt Oblig	Money Market		955,041	955,041	955,041	-
Fed Govt Oblig	Money Market		920,120	920,120	920,120	-
Fed Govt Oblig	Money Market		917,361	917,361	917,361	-
Fed Govt Oblig	Money Market		868,369	868,369	868,369	-
Fed Govt Oblig	Money Market		858,829	858,829	858,829	-
Fed Govt Oblig	Money Market		850,822	850,822	850,822	-
Fed Govt Oblig	Money Market		844,750	844,750	844,750	-
Fed Govt Oblig	Money Market		837,777	837,777	837,777	-
Fed Govt Oblig	Money Market		822,870	822,870	822,870	-
Fed Govt Oblig	Money Market		819,081	819,081	819,081	-
Fed Govt Oblig	Money Market		782,821	782,821	782,821	-
Fed Govt Oblig	Money Market		782,763	782,763	782,763	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		\$ 779,542	779,542	779,542	\$ -
Fed Govt Oblig	Money Market		770,079	770,079	770,079	-
Fed Govt Oblig	Money Market		764,702	764,702	764,702	-
Fed Govt Oblig	Money Market		764,235	764,235	764,235	-
Fed Govt Oblig	Money Market		762,390	762,390	762,390	-
Fed Govt Oblig	Money Market		717,032	717,032	717,032	-
Fed Govt Oblig	Money Market		714,768	714,768	714,768	-
Fed Govt Oblig	Money Market		680,762	680,762	680,762	-
Fed Govt Oblig	Money Market		679,898	679,898	679,898	-
Fed Govt Oblig	Money Market		677,678	677,678	677,678	-
Fed Govt Oblig	Money Market		660,922	660,922	660,922	-
Fed Govt Oblig	Money Market		657,753	657,753	657,753	-
Fed Govt Oblig	Money Market		652,366	652,366	652,366	-
Fed Govt Oblig	Money Market		652,080	652,080	652,080	-
Fed Govt Oblig	Money Market		627,806	627,806	627,806	-
Fed Govt Oblig	Money Market		615,018	615,018	615,018	-
Fed Govt Oblig	Money Market		589,983	589,983	589,983	-
Fed Govt Oblig	Money Market		586,572	586,572	586,572	-
Fed Govt Oblig	Money Market		581,515	581,515	581,515	-
Fed Govt Oblig	Money Market		578,024	578,024	578,024	-
Fed Govt Oblig	Money Market		546,710	546,710	546,710	-
Fed Govt Oblig	Money Market		533,339	533,339	533,339	-
Fed Govt Oblig	Money Market		509,678	509,678	509,678	-
Fed Govt Oblig	Money Market		489,352	489,352	489,352	-
Fed Govt Oblig	Money Market		468,123	468,123	468,123	-
Fed Govt Oblig	Money Market		444,355	444,355	444,355	-
Fed Govt Oblig	Money Market		426,628	426,628	426,628	-
Fed Govt Oblig	Money Market		409,220	409,220	409,220	-
Fed Govt Oblig	Money Market		388,441	388,441	388,441	-
Fed Govt Oblig	Money Market		382,435	382,435	382,435	-
Fed Govt Oblig	Money Market		379,948	379,948	379,948	-
Fed Govt Oblig	Money Market		367,688	367,688	367,688	-
Fed Govt Oblig	Money Market		361,213	361,213	361,213	-
Fed Govt Oblig	Money Market		353,403	353,403	353,403	-
Fed Govt Oblig	Money Market		327,259	327,259	327,259	-
Fed Govt Oblig	Money Market		277,870	277,870	277,870	-
Fed Govt Oblig	Money Market		264,612	264,612	264,612	-
Fed Govt Oblig	Money Market		261,858	261,858	261,858	-
Fed Govt Oblig	Money Market		191,804	191,804	191,804	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Investment Type	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		\$ 182,927	182,927	182,927	\$ -
Fed Govt Oblig	Money Market		168,091	168,091	168,091	-
Fed Govt Oblig	Money Market		156,283	156,283	156,283	-
Fed Govt Oblig	Money Market		133,446	133,446	133,446	-
Fed Govt Oblig	Money Market		122,407	122,407	122,407	-
Fed Govt Oblig	Money Market		115,450	115,450	115,450	-
Fed Govt Oblig	Money Market		107,515	107,515	107,515	-
Fed Govt Oblig	Money Market		106,952	106,952	106,952	-
Fed Govt Oblig	Money Market		106,608	106,608	106,608	-
Fed Govt Oblig	Money Market		96,891	96,891	96,891	-
Fed Govt Oblig	Money Market		95,672	95,672	95,672	-
Fed Govt Oblig	Money Market		94,810	94,810	94,810	-
Fed Govt Oblig	Money Market		93,439	93,439	93,439	-
Fed Govt Oblig	Money Market		93,239	93,239	93,239	-
Fed Govt Oblig	Money Market		81,413	81,413	81,413	-
Fed Govt Oblig	Money Market		78,513	78,513	78,513	-
Fed Govt Oblig	Money Market		75,462	75,462	75,462	-
Fed Govt Oblig	Money Market		72,968	72,968	72,968	-
Fed Govt Oblig	Money Market		70,456	70,456	70,456	-
Fed Govt Oblig	Money Market		68,700	68,700	68,700	-
Fed Govt Oblig	Money Market		64,704	64,704	64,704	-
SERIES TRANSACTIONS:						
Fed Govt Oblig	Money Market					
	Purchases	\$ 57,043,175		\$ 57,043,175	\$ 57,043,175	
	Sales		\$ 57,247,549	57,247,549	57,247,549	-

CONCLUDED

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HNTB EMPLOYEE HEALTH CARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶</p>	<p><u>520</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HNTB HOLDINGS LTD</u></p> <p><u>PO BOX 412197</u> <u>KANSAS CITY, MO 64141</u></p>	<p>1c Effective date of plan <u>01/01/2011</u></p> <p>2b Employer Identification Number (EIN) <u>56-2422024</u></p> <p>2c Plan Sponsor's telephone number <u>816-472-1201</u></p> <p>2d Business code (see instructions) <u>541330</u></p>	

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

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

SIGN HERE	<p style="font-size: 8pt;">Signed by:</p> <p style="font-size: 24pt; font-family: cursive;"><u>Ben Beshoner</u></p> <p style="font-size: 8pt;">6D29692573134A5...</p> <p>Signature of plan administrator</p>	<p><u>10/9/2025</u></p> <p>Date</p>	<p><u>Ben Beshoner</u></p> <p>Enter name of individual signing as plan administrator</p>
SIGN HERE	<p>Signature of employer/plan sponsor</p>	<p>Date</p>	<p>Enter name of individual signing as employer or plan sponsor</p>
SIGN HERE	<p>Signature of DFE</p>	<p>Date</p>	<p>Enter name of individual signing as DFE</p>

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	4904
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)	4904
	6a(2)	5204
	6b	0
	6c	0
	6d	5204
	6e	
	6f	
	6g(1)	
	6g(2)	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

4A 4D 4E 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 checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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 3
- (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 _____

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	\$ 3,557,705		\$ 3,557,705	\$ 3,557,705	
Fed Govt Oblig	Money Market	2,075,329		2,075,329	2,075,329	
Fed Govt Oblig	Money Market	1,375,013		1,375,013	1,375,013	
Fed Govt Oblig	Money Market	1,169,374		1,169,374	1,169,374	
Fed Govt Oblig	Money Market	1,000,000		1,000,000	1,000,000	
Fed Govt Oblig	Money Market	1,000,000		1,000,000	1,000,000	
Fed Govt Oblig	Money Market	1,000,000		1,000,000	1,000,000	
Fed Govt Oblig	Money Market	978,160		978,160	978,160	
Fed Govt Oblig	Money Market	956,047		956,047	956,047	
Fed Govt Oblig	Money Market	955,041		955,041	955,041	
Fed Govt Oblig	Money Market	940,217		940,217	940,217	
Fed Govt Oblig	Money Market	929,366		929,366	929,366	
Fed Govt Oblig	Money Market	928,898		928,898	928,898	
Fed Govt Oblig	Money Market	890,336		890,336	890,336	
Fed Govt Oblig	Money Market	888,756		888,756	888,756	
Fed Govt Oblig	Money Market	875,945		875,945	875,945	
Fed Govt Oblig	Money Market	868,369		868,369	868,369	
Fed Govt Oblig	Money Market	861,119		861,119	861,119	
Fed Govt Oblig	Money Market	858,829		858,829	858,829	
Fed Govt Oblig	Money Market	850,822		850,822	850,822	
Fed Govt Oblig	Money Market	848,221		848,221	848,221	
Fed Govt Oblig	Money Market	824,323		824,323	824,323	
Fed Govt Oblig	Money Market	822,870		822,870	822,870	
Fed Govt Oblig	Money Market	810,028		810,028	810,028	
Fed Govt Oblig	Money Market	791,224		791,224	791,224	
Fed Govt Oblig	Money Market	765,396		765,396	765,396	
Fed Govt Oblig	Money Market	763,967		763,967	763,967	
Fed Govt Oblig	Money Market	762,390		762,390	762,390	
Fed Govt Oblig	Money Market	746,752		746,752	746,752	
Fed Govt Oblig	Money Market	736,769		736,769	736,769	
Fed Govt Oblig	Money Market	717,032		717,032	717,032	
Fed Govt Oblig	Money Market	714,768		714,768	714,768	
Fed Govt Oblig	Money Market	709,327		709,327	709,327	
Fed Govt Oblig	Money Market	709,146		709,146	709,146	
Fed Govt Oblig	Money Market	679,898		679,898	679,898	
Fed Govt Oblig	Money Market	672,669		672,669	672,669	
Fed Govt Oblig	Money Market	658,215		658,215	658,215	
Fed Govt Oblig	Money Market	652,366		652,366	652,366	
Fed Govt Oblig	Money Market	652,080		652,080	652,080	

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	\$ 649,122		\$ 649,122	\$ 649,122	
Fed Govt Oblig	Money Market	647,388		647,388	647,388	
Fed Govt Oblig	Money Market	645,606		645,606	645,606	
Fed Govt Oblig	Money Market	644,268		644,268	644,268	
Fed Govt Oblig	Money Market	643,896		643,896	643,896	
Fed Govt Oblig	Money Market	643,873		643,873	643,873	
Fed Govt Oblig	Money Market	637,909		637,909	637,909	
Fed Govt Oblig	Money Market	637,540		637,540	637,540	
Fed Govt Oblig	Money Market	635,412		635,412	635,412	
Fed Govt Oblig	Money Market	625,146		625,146	625,146	
Fed Govt Oblig	Money Market	622,327		622,327	622,327	
Fed Govt Oblig	Money Market	620,750		620,750	620,750	
Fed Govt Oblig	Money Market	617,674		617,674	617,674	
Fed Govt Oblig	Money Market	615,018		615,018	615,018	
Fed Govt Oblig	Money Market	612,839		612,839	612,839	
Fed Govt Oblig	Money Market	585,209		585,209	585,209	
Fed Govt Oblig	Money Market	576,789		576,789	576,789	
Fed Govt Oblig	Money Market	569,221		569,221	569,221	
Fed Govt Oblig	Money Market	546,710		546,710	546,710	
Fed Govt Oblig	Money Market	510,181		510,181	510,181	
Fed Govt Oblig	Money Market	503,533		503,533	503,533	
Fed Govt Oblig	Money Market	469,729		469,729	469,729	
Fed Govt Oblig	Money Market	467,403		467,403	467,403	
Fed Govt Oblig	Money Market	407,447		407,447	407,447	
Fed Govt Oblig	Money Market	399,951		399,951	399,951	
Fed Govt Oblig	Money Market	382,435		382,435	382,435	
Fed Govt Oblig	Money Market	367,688		367,688	367,688	
Fed Govt Oblig	Money Market	361,213		361,213	361,213	
Fed Govt Oblig	Money Market	331,988		331,988	331,988	
Fed Govt Oblig	Money Market	327,259		327,259	327,259	
Fed Govt Oblig	Money Market	315,911		315,911	315,911	
Fed Govt Oblig	Money Market	276,167		276,167	276,167	
Fed Govt Oblig	Money Market	264,612		264,612	264,612	
Fed Govt Oblig	Money Market	244,117		244,117	244,117	
Fed Govt Oblig	Money Market	238,756		238,756	238,756	
Fed Govt Oblig	Money Market	225,407		225,407	225,407	
Fed Govt Oblig	Money Market	200,854		200,854	200,854	
Fed Govt Oblig	Money Market	196,878		196,878	196,878	
Fed Govt Oblig	Money Market	159,068		159,068	159,068	

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	\$ 156,283		\$ 156,283	\$ 156,283	
Fed Govt Oblig	Money Market	145,640		145,640	145,640	
Fed Govt Oblig	Money Market	143,217		143,217	143,217	
Fed Govt Oblig	Money Market	134,655		134,655	134,655	
Fed Govt Oblig	Money Market	92,683		92,683	92,683	
Fed Govt Oblig	Money Market	81,327		81,327	81,327	
Fed Govt Oblig	Money Market	64,516		64,516	64,516	
Fed Govt Oblig	Money Market	63,532		63,532	63,532	
Fed Govt Oblig	Money Market		\$ 3,199,499	3,199,499	3,199,499	\$ -
Fed Govt Oblig	Money Market		1,456,106	1,456,106	1,456,106	-
Fed Govt Oblig	Money Market		1,385,955	1,385,955	1,385,955	-
Fed Govt Oblig	Money Market		1,319,335	1,319,335	1,319,335	-
Fed Govt Oblig	Money Market		1,237,224	1,237,224	1,237,224	-
Fed Govt Oblig	Money Market		1,185,118	1,185,118	1,185,118	-
Fed Govt Oblig	Money Market		1,163,783	1,163,783	1,163,783	-
Fed Govt Oblig	Money Market		1,160,937	1,160,937	1,160,937	-
Fed Govt Oblig	Money Market		1,160,337	1,160,337	1,160,337	-
Fed Govt Oblig	Money Market		1,138,849	1,138,849	1,138,849	-
Fed Govt Oblig	Money Market		1,117,117	1,117,117	1,117,117	-
Fed Govt Oblig	Money Market		1,109,212	1,109,212	1,109,212	-
Fed Govt Oblig	Money Market		1,045,867	1,045,867	1,045,867	-
Fed Govt Oblig	Money Market		1,035,418	1,035,418	1,035,418	-
Fed Govt Oblig	Money Market		998,030	998,030	998,030	-
Fed Govt Oblig	Money Market		993,924	993,924	993,924	-
Fed Govt Oblig	Money Market		980,824	980,824	980,824	-
Fed Govt Oblig	Money Market		956,320	956,320	956,320	-
Fed Govt Oblig	Money Market		956,080	956,080	956,080	-
Fed Govt Oblig	Money Market		955,041	955,041	955,041	-
Fed Govt Oblig	Money Market		920,120	920,120	920,120	-
Fed Govt Oblig	Money Market		917,361	917,361	917,361	-
Fed Govt Oblig	Money Market		868,369	868,369	868,369	-
Fed Govt Oblig	Money Market		858,829	858,829	858,829	-
Fed Govt Oblig	Money Market		850,822	850,822	850,822	-
Fed Govt Oblig	Money Market		844,750	844,750	844,750	-
Fed Govt Oblig	Money Market		837,777	837,777	837,777	-
Fed Govt Oblig	Money Market		822,870	822,870	822,870	-
Fed Govt Oblig	Money Market		819,081	819,081	819,081	-
Fed Govt Oblig	Money Market		782,821	782,821	782,821	-
Fed Govt Oblig	Money Market		782,763	782,763	782,763	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase		Cost of	Current Value of	
Involved	Investment Type	Price	Selling Price	Asset	Asset on	Net Gain
					Transaction Date	(Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		\$ 779,542	779,542	779,542	\$ -
Fed Govt Oblig	Money Market		770,079	770,079	770,079	-
Fed Govt Oblig	Money Market		764,702	764,702	764,702	-
Fed Govt Oblig	Money Market		764,235	764,235	764,235	-
Fed Govt Oblig	Money Market		762,390	762,390	762,390	-
Fed Govt Oblig	Money Market		717,032	717,032	717,032	-
Fed Govt Oblig	Money Market		714,768	714,768	714,768	-
Fed Govt Oblig	Money Market		680,762	680,762	680,762	-
Fed Govt Oblig	Money Market		679,898	679,898	679,898	-
Fed Govt Oblig	Money Market		677,678	677,678	677,678	-
Fed Govt Oblig	Money Market		660,922	660,922	660,922	-
Fed Govt Oblig	Money Market		657,753	657,753	657,753	-
Fed Govt Oblig	Money Market		652,366	652,366	652,366	-
Fed Govt Oblig	Money Market		652,080	652,080	652,080	-
Fed Govt Oblig	Money Market		627,806	627,806	627,806	-
Fed Govt Oblig	Money Market		615,018	615,018	615,018	-
Fed Govt Oblig	Money Market		589,983	589,983	589,983	-
Fed Govt Oblig	Money Market		586,572	586,572	586,572	-
Fed Govt Oblig	Money Market		581,515	581,515	581,515	-
Fed Govt Oblig	Money Market		578,024	578,024	578,024	-
Fed Govt Oblig	Money Market		546,710	546,710	546,710	-
Fed Govt Oblig	Money Market		533,339	533,339	533,339	-
Fed Govt Oblig	Money Market		509,678	509,678	509,678	-
Fed Govt Oblig	Money Market		489,352	489,352	489,352	-
Fed Govt Oblig	Money Market		468,123	468,123	468,123	-
Fed Govt Oblig	Money Market		444,355	444,355	444,355	-
Fed Govt Oblig	Money Market		426,628	426,628	426,628	-
Fed Govt Oblig	Money Market		409,220	409,220	409,220	-
Fed Govt Oblig	Money Market		388,441	388,441	388,441	-
Fed Govt Oblig	Money Market		382,435	382,435	382,435	-
Fed Govt Oblig	Money Market		379,948	379,948	379,948	-
Fed Govt Oblig	Money Market		367,688	367,688	367,688	-
Fed Govt Oblig	Money Market		361,213	361,213	361,213	-
Fed Govt Oblig	Money Market		353,403	353,403	353,403	-
Fed Govt Oblig	Money Market		327,259	327,259	327,259	-
Fed Govt Oblig	Money Market		277,870	277,870	277,870	-
Fed Govt Oblig	Money Market		264,612	264,612	264,612	-
Fed Govt Oblig	Money Market		261,858	261,858	261,858	-
Fed Govt Oblig	Money Market		191,804	191,804	191,804	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party		Purchase			Current Value of	
Involved	Investment Type	Price	Selling Price	Cost of Asset	Asset on Transaction Date	Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		\$ 182,927	182,927	182,927	\$ -
Fed Govt Oblig	Money Market		168,091	168,091	168,091	-
Fed Govt Oblig	Money Market		156,283	156,283	156,283	-
Fed Govt Oblig	Money Market		133,446	133,446	133,446	-
Fed Govt Oblig	Money Market		122,407	122,407	122,407	-
Fed Govt Oblig	Money Market		115,450	115,450	115,450	-
Fed Govt Oblig	Money Market		107,515	107,515	107,515	-
Fed Govt Oblig	Money Market		106,952	106,952	106,952	-
Fed Govt Oblig	Money Market		106,608	106,608	106,608	-
Fed Govt Oblig	Money Market		96,891	96,891	96,891	-
Fed Govt Oblig	Money Market		95,672	95,672	95,672	-
Fed Govt Oblig	Money Market		94,810	94,810	94,810	-
Fed Govt Oblig	Money Market		93,439	93,439	93,439	-
Fed Govt Oblig	Money Market		93,239	93,239	93,239	-
Fed Govt Oblig	Money Market		81,413	81,413	81,413	-
Fed Govt Oblig	Money Market		78,513	78,513	78,513	-
Fed Govt Oblig	Money Market		75,462	75,462	75,462	-
Fed Govt Oblig	Money Market		72,968	72,968	72,968	-
Fed Govt Oblig	Money Market		70,456	70,456	70,456	-
Fed Govt Oblig	Money Market		68,700	68,700	68,700	-
Fed Govt Oblig	Money Market		64,704	64,704	64,704	-
SERIES TRANSACTIONS:						
Fed Govt Oblig	Money Market					
	Purchases	\$ 57,043,175		\$ 57,043,175	\$ 57,043,175	
	Sales		\$ 57,247,549	57,247,549	57,247,549	-

CONCLUDED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a)	(b)	(c)	(d)	(e)
		Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Asset	Current Value of Asset
	Identity of Party Involved			
	Federated Hermes Government Obligation Fund	Money Market Fund	<u>\$ 149,029</u>	<u>\$ 149,029</u>

* Represents a party in interest (none).

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4d – SCHEDULE OF NONEXEMPT TRANSACTIONS – YEAR ENDED DECEMBER 31, 2024

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Relationship to Plan, Employer or other Party-In- Interest	(c) Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(h) Cost of Asset	(i) Current Value of Asset	(j) Net Gain (repaid interest)
HNTB Retiree Health Care Plan	Affiliated Plan	Payment of Plan expenses for the use or benefit of a party-in-interest	\$ 111	\$ 111	\$ -