

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
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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
1a	Name of plan MBA HEALTH INSURANCE PROGRAM
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 09/01/1986
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) MBA GROUP INSURANCE TRUST C/O EPK & ASSOCIATES, INC. 15375 SE 30TH PL STE 380 BELLEVUE, WA 98007-6500
2b	Employer Identification Number (EIN) 91-6282535
2c	Plan Sponsor's telephone number 425-641-7762
2d	Business code (see instructions) 525990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	MIKE WALSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	JEREMY HALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 16916
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) 16812 6a(2) 14979 6b 106 6c 6d 15085 6e 6f 15085 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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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 9
- (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 157867971

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 MBA HEALTH INSURANCE PROGRAM	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MBA GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 91-6282535

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.
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1 Coverage Information:

(a) Name of insurance carrier REGENCE BLUESHIELD					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0282080	53902	100000029	0	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 39082	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CAPITAL BENEFIT SERVICES, LLC	15375 SE 30TH PL STE 380 BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39082			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	

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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 ☐ paid in cash, or ☐ 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	400925
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
MBA HEALTH INSURANCE PROGRAM		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MBA GROUP INSURANCE TRUST	91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier

ASURIS NORTHWEST HEALTH

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0495743	47350	100000029	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2097	

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

CAPITAL BENEFIT SERVICES, LLC 15375 SE 30TH PL STE 380
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2097			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	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	32165
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 MBA HEALTH INSURANCE PROGRAM	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MBA GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PREMERA BLUE CROSS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0499247	47570	100000160	19651	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	91110920
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
MBA HEALTH INSURANCE PROGRAM		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MBA GROUP INSURANCE TRUST	91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier

DELTA DENTAL OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0621480	47341	03971-03978	20819	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
711178	

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

CAPITAL BENEFIT SERVICES, LLC

15375 SE 30TH PL STE 380

BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
711178			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	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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)	10159681
(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)	10159681
b Benefit charges (1) Claims paid	9b(1)	8155223
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	8155223
(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)	1534112
(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)	1534112
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
MBA HEALTH INSURANCE PROGRAM		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MBA GROUP INSURANCE TRUST	91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier

DELTA DENTAL OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0621480	47341	73971-73974	15140	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
84021	

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

CAPITAL BENEFIT SERVICES, LLC

15375 SE 30TH PL STE 380

BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84021			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	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	1050258
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
MBA HEALTH INSURANCE PROGRAM		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MBA GROUP INSURANCE TRUST	91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON OPTIONS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-1467158	47055	2954	3753	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
28704	

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

CAPITAL BENEFIT SERVICES, LLC 15375 SE 30TH PL STE 380
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28704			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	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	17251941
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
MBA HEALTH INSURANCE PROGRAM		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MBA GROUP INSURANCE TRUST	91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	2954	850	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
986	

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
CAPITAL BENEFIT SERVICES, LLC
15375 SE 30TH PL STE 380
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
986			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	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	3317499
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
MBA HEALTH INSURANCE PROGRAM		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MBA GROUP INSURANCE TRUST	91-6282535	

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.
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1 Coverage Information:

(a) Name of insurance carrier					
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010276962	15111	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
89923	63982

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	
CAPITAL BENEFIT SERVICES, LLC	15375 SE 30TH PL STE 380 BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89923			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
EMERSON ROGERS LLC	669 RIVER DR CENTER II STE 305 ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	63982	OVERRIDES AND BROKER BONUS	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	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	899233
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 MBA HEALTH INSURANCE PROGRAM	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 MBA GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 91-6282535

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000400276963	1444	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 40365	(b) Total amount of fees paid 28944
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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
CAPITAL BENEFIT SERVICES, LLC 15375 SE 30TH PL STE 380
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40365			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC 669 RIVER DR CENTER II STE 305
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	28944	OVERRIDES AND BROKER BONUS	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	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	403645
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MBA HEALTH INSURANCE PROGRAM	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MBA GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 91-6282535	

Part I	Service Provider Information (see instructions)
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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
--

(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

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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)

CAPITAL BENEFIT SERVICES, LLC

91-1619527

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	INSURANCE AGENT/BROKER	6967575	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

EPK & ASSOCIATES, INC.

91-1947441

(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?
14 50	PLAN ADMINISTRATOR	3042539	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

FIRST CHOICE HEALTH

91-1272766

(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	EMPLOYEE ASSISTANCE	191635	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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)

PERKINS COIE

91-0591206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LAWYER	75996	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SWEENEY CONRAD, P.S.

91-1301672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	33500	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

L/P INSURANCE SERVICES LLC

300 EAST 2ND ST SUITE 1300
RENO, NV 89501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	INSURANCE AGENT	17682	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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)

CHARLES SCHWAB & CO, INC.

94-1737782

(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?
21 50	TRUSTEE/CUSTODIAN	13622	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan MBA HEALTH INSURANCE PROGRAM	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MBA GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 91-6282535

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		258460
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1236661	4436602
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4624508	8319318
(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)	4987728	5036749
(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	10848897	18051129
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	105074	41925
i Acquisition indebtedness	1i		
j Other liabilities	1j	5521976	5073774
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5627050	5115699
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5221847	12935430

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)	141772360	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		141772360
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	153454	
(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)		153454
(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)	227908	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		227908
(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)		32733
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		142186455

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	124129051	
(3) Other	2e(3)	6967575	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		131096626
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)	3042539	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33500	
(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)	75996	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	224211	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3376246
j Total expenses. Add all expense amounts in column (b) and enter total	2j		134472872

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7713583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SWEENEY CONRAD, P.S.

(2) EIN: 91-1301672

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

**MASTER BUILDERS ASSOCIATION
HEALTH INSURANCE PROGRAM AND
GROUP INSURANCE TRUST**

PLAN NUMBER: 501

EIN: 91-6282535

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2024 and 2023

**MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST**
Financial Statements and Supplemental Schedules
December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Master Builders Association Health Insurance Program and Group Insurance Trust

Opinion

We have audited the accompanying financial statements of the Master Builders Association Health Insurance Program and Group Insurance Trust (the Trust), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligation and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligation and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligation and net assets available for benefits of the Master Builders Association Health Insurance Program and Group Insurance Trust as of December 31, 2024 and 2023, and the changes in its benefit obligation and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Master Builders Association Health Insurance Program and Group Insurance Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Master Builders Association Health Insurance Program and Group Insurance Trust'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 trust instrument, including all trust amendments, administering the Trust, and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Master Builders Association Health Insurance Program and Group Insurance Trust'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 Master Builders Association Health Insurance Program and Group Insurance Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of or 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Sweeney Conrad, P.S.

Sweeney Conrad, P.S.
Kirkland, Washington
October 8, 2025

**MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST**

Statements of Benefit Obligation and Net Assets Available for Benefits

	December 31,	
	2024	2023
BENEFIT OBLIGATION		
Premiums payable	\$ 5,073,774	\$ 5,521,976
NET ASSETS		
Assets:		
Interest bearing cash	8,319,318	-
Non-interest bearing cash	258,460	-
Undeposited checks	514,299	559,898
Receivable from joint account	707,576	676,763
Refund receivable from insurance company	3,214,727	-
Investments at fair value	5,036,749	3,035,221
Restricted cash and cash equivalents - rate stabilization reserve	-	4,624,508
Restricted investments at fair value - rate stabilization reserve	-	1,952,507
Total assets	18,051,129	10,848,897
Liabilities:		
Professional fees payable	41,925	105,074
Total liabilities	41,925	105,074
Net assets available for benefits	18,009,204	10,743,823
Excess of net assets available for benefits over benefit obligation	\$ 12,935,430	\$ 5,221,847

See accompanying notes to financial statements

MASTER BUILDERS ASSOCIATION HEALTH INSURANCE PROGRAM AND GROUP INSURANCE TRUST

Statements of Changes in Benefit Obligation and Net Assets Available for Benefits

	Year ended December 31,	
	2024	2023
NET CHANGE IN BENEFIT OBLIGATION		
Decrease in benefit obligation attributable to timing of payments to insurance companies	\$ (448,202)	\$ (10,544,208)
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS		
Additions:		
Member contributions	141,772,360	157,963,611
Investment income:		
Net appreciation in fair value of investments	32,733	220,057
Dividends	227,908	293,573
Interest	153,454	86,852
Total investment income	414,095	600,482
Total additions	142,186,455	158,564,093
Deductions:		
Insurance premiums and commissions paid, net of refunds	131,544,828	155,537,775
Administrative fees	3,042,539	3,244,507
Employee assistance program	191,635	213,963
Professional fees	109,496	143,299
Fiduciary insurance	17,682	17,060
Other	14,894	22,727
Total deductions	134,921,074	159,179,331
Increase (decrease) in net assets available for benefits	7,265,381	(615,238)
Net increase in net assets available for benefits over benefit obligation	7,713,583	9,928,970
Excess (deficit) of net assets available for benefits over benefit obligation:		
Beginning of year	5,221,847	(4,707,123)
End of year	\$ 12,935,430	\$ 5,221,847

See accompanying notes to financial statements

MASTER BUILDERS ASSOCIATION HEALTH INSURANCE PROGRAM AND GROUP INSURANCE TRUST

Notes to Financial Statements

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF TRUST

The following description of the Master Builders Association Health Insurance Program and Group Insurance Trust (the Trust) provides only general information. The Trust was established in December 1995. The Trust Agreement has been amended and restated to reflect the current administration of the Trust Fund and to comply with current legislation. Participants should refer to the Trust Agreement for a complete description of the Trust's provisions.

General

The Master Builders Association of King and Snohomish Counties (the Association) adopted a welfare plan to provide medical and other welfare benefits to those eligible employees of the Association and its members, and their eligible dependents, covered by the Trust. The Trust was created to receive contributions from participating employers and their covered employees. Representatives from five members of the Association serve as trustees of the Trust.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The accompanying financial statements of the Trust are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Contributions and Insurance Premiums

Participating employers make contributions to the Trust, via a joint account with the Association (see Note 7), on behalf of their eligible employees on a monthly basis. Contributions are determined based on group rates negotiated with insurance companies and estimated Trust expenses. The Trust uses these funds to pay administrative expenses and premiums to the insurance companies on a monthly basis for these employees. The insurance premium portion of contributions received prior to year-end and remitted to the service providers subsequent to year-end are recorded as premiums payable.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents and Restricted Cash and Cash Equivalents

The Trust maintains its cash and cash equivalents in checking accounts, an investment account, and an insured cash sweep (ICS) account, with two banks, one of which participates in the IntraFi Network program. This program insures deposits above the federal limits by placing deposits in a network of other financial institutions. The Trust has not experienced any losses on such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents balances.

Through December 31, 2023, cash and cash equivalents and investments were restricted up to amounts required to be held in a Rate Stabilization Reserve (RSR) stipulated in the Trust's insurance contracts with Regence BlueShield (see Note 4). Approximately \$6,557,000 of the Trust's cash and cash equivalents and investments were considered restricted as of December 31, 2023.

Federal Income Taxes

The Trust is a taxable trust; however, contributions to the Trust are not considered taxable income. Therefore, the trustees believe there is no tax liability for the years ended December 31, 2024 and 2023 and accordingly, no provision for taxes has been recorded in the financial statements.

The tax positions taken by the Trust are subject to examination by major tax jurisdictions.

Investment Valuation and Recognition of Contributions

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Through December 31, 2023, investments were restricted up to amounts required to be held in an RSR stipulated in the Trust's insurance contracts with Regence BlueShield (see Note 4) when the Trust's balance of cash and cash equivalents at year-end was less than the required RSR balance.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Participating employer contributions are recorded in the year received. Employer contributions that are received but not deposited until after year-end, if any, are included in "undeposited checks" as of the financial statement date, and the corresponding benefit obligation is recorded as premiums payable.

Subsequent Events

The Trust has evaluated subsequent events through October 8, 2025, the date the accompanying financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

GAAP establishes a 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 for identical assets or liabilities in active markets that the Trust has the ability to access (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

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

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

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded.

The Trust's investments reported at fair value consist solely of mutual funds, which are valued as of December 31, 2024 and 2023 using level one measurement.

NOTE 4 – INSURANCE CARRIERS

The Trust had annually renewable experience-rated refunding contracts with Regence BlueShield (Regence) and its affiliate, Asuris Northwest Health (Asuris), that provided a majority of the group health insurance benefits. Regence and Asuris received approximately 77% of the insurance premiums paid during the year ended December 31, 2023. The contracts provided for monthly billing at a minimum premium rate and required the Trust to establish and maintain an RSR which was funded with cash and cash equivalents and investments. The RSR was an asset of the Trust but was callable by Regence if the contracts resulted in a deficit in any given contract period, as well as upon termination of the contract. If the contracts resulted in a gain and the RSR was fully funded, the Trust could request a refund.

Effective January 2024, the Trust terminated the contracts with Regence and Asuris and entered into a new annually renewable prospective-rated contract with Premera Blue Cross (Premera), that provides a majority of the group health insurance benefits. Premera received approximately 73% of the insurance premiums paid during the year ended December 31, 2024.

For the contract period ended December 31, 2023, the required RSR was 6% of contractual premiums. The required RSR at December 31, 2023 totaled approximately \$6,557,000 (Note 2). Given the termination of the contract effective January 2024, there was a runout period of 15 months following the termination before the final settlement was calculated. Following the termination, an initial interim settlement was calculated, resulting in a payment made to Regence of approximately \$3,279,000 in March 2024. The final settlement was calculated in March 2025, resulting in a refund made back to the Trust of approximately \$3,215,000, paid in June 2025.

NOTE 4 – INSURANCE CARRIERS (continued)

The Trust has an experience-rated contract with Delta Dental of Washington (Delta Dental) to provide dental insurance benefits with non-retention funding. Any surplus or deficit is retained by Delta Dental and reflected in the subsequent year's renewal negotiations.

The Trust had an annually renewable experience-rated refunding contract with LifeMap Assurance Company (LifeMap) to provide group life insurance benefits, and had a nonexperience-rated contract with LifeMap to provide group vision insurance benefits. Deficits under the experience-rated contract were carried forward and limited to \$75,000 in aggregate. Surpluses were returned to the Trust after netting against any cumulative losses.

Effective January 2024, the Trust terminated the contracts with LifeMap and entered into new nonexperience-rated contracts with Lincoln Financial to provide group life insurance benefits, and entered into a new nonexperience-rated contract with Delta Dental to provide group vision insurance benefits.

The Trust has nonexperience-rated contracts with Kaiser Permanente (Kaiser) and First Choice Health Employee Assistance Program to provide group health insurance benefits. Kaiser received approximately 17% and 15% of the insurance premiums paid during the years ended December 31, 2024 and 2023, respectively.

All the Trust's contracts are fully insured. Claims are paid and benefits are provided by the insurance carriers. The Trust provides no post-retirement benefits.

NOTE 5 – PRIORITIES UNDER TERMINATION OF THE TRUST

In the event of termination of the Trust, the trustees must apply the assets of the Trust to first pay, or provide for the payment of, any and all obligations of the Trust. The remaining assets shall be used to provide benefits for employees of members covered under the Trust at the time of termination, as directed by the Association.

NOTE 6 – OPERATING EXPENSES, RELATED PARTY TRANSACTIONS, AND PARTY IN INTEREST TRANSACTIONS

The Trust pays administrative fees to EPK & Associates (EPK) for the administration of the Trust under the terms of a contract which expired December 31, 2023. Effective January 1, 2024, this contract was amended and restated, and automatically renews each year for an additional one-year term, unless either party elects to not renew. The amended and restated contract may be terminated with 12 months' notice by either party. Fees paid to EPK are based on a per member, per month basis, and amounted to approximately \$3,043,000 and \$3,245,000 for the years ended December 31, 2024 and 2023, respectively.

The Trust uses the services of Capital Benefit Group, LLC, a related party to EPK, to provide certain accounting functions, negotiate its insurance contracts, design benefits, and conduct all sales; including the oversight of sub-producers and sub-producer commission payment for insurance products. Capital Benefit Services, LLC, a related party to Capital Benefit Group, LLC, receives gross commissions and bonus payments from the Trust, as well as the insurance carriers and health care provider. These gross commissions and bonus payments totaled approximately \$7,095,000 and \$7,953,000 for the years ended December 31, 2024 and 2023, respectively.

NOTE 6 – OPERATING EXPENSES, RELATED PARTY TRANSACTIONS, AND PARTY IN INTEREST TRANSACTIONS (continued)

Certain Trust cash and cash equivalents and investments are managed by HomeStreet Bank and Charles Schwab & Co, Inc. (Charles Schwab), the custodians of the Trust's assets. Therefore, transactions with HomeStreet Bank, Charles Schwab, and their affiliates qualify as party-in-interest transactions. Additionally, the Trust's assets in the ICS account are also held by various other banks who act as sub-custodians, through the IntraFi Network program (Note 2).

NOTE 7 – JOINT BILLING AGREEMENT

The Trust, the Association, and EPK have a joint billing agreement whereby member contributions are first deposited into a joint bank account owned by the Trust and the Association. This bank account is not included in the accompanying financial statements due to its joint control. On a monthly basis, EPK estimates the amount due to the Trust to pay for premiums and Trust expenses, and transfers that amount to the Trust bank account. The remaining joint account balance represents program access fees that are paid to the Association and are based on total premiums paid to the insurance carriers. As a result of estimated payments made from the joint account to the Trust and the timing of transfers, the joint account owed the Trust approximately \$708,000 and \$677,000 at December 31, 2024 and 2023, respectively. Receivables and payables between the Trust and the joint account are settled in the following month.

NOTE 8 – RISKS AND UNCERTAINTIES

The Trust invests in investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with the investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

**SUPPLEMENTAL SCHEDULES
REQUIRED BY THE DEPARTMENT OF LABOR**

**MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST**

Plan Number: 501

EIN: 91-6282535

Schedule H, Line 4i (Form 5500)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a) Party- in-interest	(b) Identity of issue, borrower, lessor, or other similar party	(c) Description of investment	(e) Current value
*	HomeStreet Bank	Insured cash sweep account (Interest bearing cash)	\$ 8,308,879
*	HomeStreet Bank	Business checking account (Non-interest bearing cash)	250,000
*	Charles Schwab Bank	Investment account (Interest bearing cash)	10,439
*	Charles Schwab Bank	Investment account (Non-interest bearing cash)	8,460
	Dodge & Cox Income Fund	Mutual fund	1,356,506
	PIMCO Short-Term Instl Fund	Mutual fund	1,351,149
	Metropolitan West Total Return Bd Fund	Mutual fund	1,295,074
*	Schwab Total Stock Market Index Fund	Mutual fund	531,596
	Cohen & Steers Instl Realty Shares Fund	Mutual fund	277,661
	American Funds Europacific Growth Fund	Mutual fund	224,763

**MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST**

Plan Number: 501

EIN: 91-6282535

Schedule H, Line 4j (Form 5500)

Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Charles Schwab US Treasury Money Market Fund:	Mutual fund	\$ -	\$ 822,138	\$ 822,138	\$ 822,138	\$ -

We put **people** first.



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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan MBA HEALTH INSURANCE PROGRAM	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 09/01/1986
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) MBA GROUP INSURANCE TRUST C/O EPK & ASSOCIATES, INC. 15375 SE 30TH PL STE 380 BELLEVUE, WA 98007-6500	2b Employer Identification Number (EIN) 91-6282535 2c Plan Sponsor's telephone number 425-641-7762 2d Business code (see instructions) 525990
	15375 SE 30TH PL STE 380 BELLEVUE, WA 98007-6500	

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	DocuSigned by: Mike Walsh Signature of plan administrator	10/9/2025	Mike Walsh
		Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: Jeremy Hall Signature of employer/plan sponsor	10/9/2025	Jeremy Hall
		Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500 (2024)		Page 2	
3a Plan administrator's name and address ☒ 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	16916
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)	16812
		6a(2)	14979
		6b	106
		6c	
		6d	15085
		6e	
		6f	15085
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4Q			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ 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 <u>9</u> (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)
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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 157867971

**MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST**

Plan Number: 501

EIN: 91-6282535

Schedule H, Line 4i (Form 5500)

Schedule of Assets (Held at End of Year)

December 31, 2024

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*	HomeStreet Bank	Business checking account (Non-interest bearing cash)	250,000
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*	Charles Schwab Bank	Investment account (Non-interest bearing cash)	8,460
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	PIMCO Short-Term Instl Fund	Mutual fund	1,351,149
	Metropolitan West Total Return Bd Fund	Mutual fund	1,295,074
*	Schwab Total Stock Market Index Fund	Mutual fund	531,596
	Cohen & Steers Instl Realty Shares Fund	Mutual fund	277,661
	American Funds Europacific Growth Fund	Mutual fund	224,763

**MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST**

Plan Number: 501

EIN: 91-6282535

Schedule H, Line 4j (Form 5500)

Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Charles Schwab US Treasury Money Market Fund:	Mutual fund	\$ -	\$ 822,138	\$ 822,138	\$ 822,138	\$ -

Multiple-Employer Plan Participating Employer Information
MASTER BUILDERS ASSOCIATION HEALTH INSURANCE
PROGRAM AND GROUP INSURANCE TRUST

December 31, 2024

Plan Number: 501

EIN: 91-6282535

(a)	(b)	(c)
Name of participating employer	EIN	Percent of Total Contributions
1ST JDL, LLC	842401513	0.023%
4 GENERATION MASONRY AND DESIG	811634923	0.014%
4R BUILDERS INC	884071182	0.031%
A & B FABRICATORS, INC	204880538	0.190%
A & C GLASS SERVICE CO	203299515	0.041%
A & H SEPTIC SYSTEMS & MATERIA	911513643	0.029%
A & R INSULATION, LLC	812666900	0.039%
A AND R SOLAR SPC	208713600	0.061%
AB ENTERPRISES, INC.	912424717	0.078%
AB FINE HOMES, LLC	852203487	0.042%
ABODIAN STORAGE SOLUTIONS, INC	825524859	0.022%
ABOVE ALL CONSTRUCTION, INC	911693663	0.008%
ACCESS ASSOCIATES, INC.	204150840	0.094%
ACCESS BUSINESS FINANCE LLC	911717886	0.045%
ACCESS EARTHWORKS, INC.	911643809	0.006%
ACCESS ELECTRIC SUPPLY, INC	911878737	0.110%
ACCLAIM RESTORATION SERVICES L	262637368	0.085%
ACCOR TECHNOLOGY, INC.	911298385	0.348%
ACE ACME SEPTIC	910861371	0.039%
ACH HOMES LLC	453578432	0.002%
ACME HOMES, LLC	474473304	0.043%
ACORN CUSTOM CABINETRY, INC.	911319336	0.137%
ACTION PLUS ELECTRIC, INC.	911490320	0.027%
ADAM GORSKI LANDSCAPES, INC	912184597	0.017%
ADAMANT HOMES, INC	822989287	0.199%
ADRIATIC PLUMBING, INC.	431987067	0.013%
ADVANCED FIRE PROTECTION INC.	911125859	0.188%
ADVANCED FLOOR DESIGN, INC	911344716	0.002%
ADVANCED IRONWORKS, INC	272063688	0.041%
ADVANCED PIPE LINING TECHNOLOG	474028114	0.017%
ADVANCED PLUMBING II, LLC	853981834	0.149%
ADVANCED SIGN DESIGN, INC	911412353	0.026%
ADVANCED WATER, INC.	845104545	0.023%
AFFINITY HOLDINGS CORPORATION	452049049	0.083%
A-FFIX LLC	911957934	0.016%

AFORA GROUP, LLC	300564121	0.029%
AFTER THE FIRE	263806317	0.020%
AIR VAN LINES INC	910940299	0.213%
ALARMTECH, INC	201426781	0.017%
ALCHEMY BUILDING COMPANY, LLC	452089376	0.004%
ALEXANDRA IMMEL RESIDENTIAL DE	461653512	0.004%
ALL ABOUT PROJECTS, INC	471552179	0.008%
ALL DECKS & DOORS, INC	465041680	0.053%
ALL METAL FAB, INC.	834528176	0.035%
ALL NEW GLASS, INC.	911348004	0.244%
ALL PHASE SERVICES LLC	465448586	0.070%
ALL WEATHER DECK & RAIL, LLC	330993028	0.049%
ALLPRO CONSTRUCTION, INC.	911571399	0.002%
ALLUVION HOMES, LLC	823956942	0.016%
ALL-WAYS AIR CONTROL, INC.	911583597	0.056%
ALLWORTH DESIGN, P.S.	911876118	0.045%
ALPINE DEVELOPMENT, INC.	911670436	0.018%
ALTASOURCE GROUP, LLC	271627406	0.102%
ALTERNATIVE ROOFING SYSTEMS, I	911164977	0.025%
AMERICAN ABATEMENT & DEMO, LLC	815151392	0.018%
AMERICAN CAPITAL HOMES	911744292	0.861%
AMERICAN DRAPERY, BLIND & CARP	910744657	0.181%
AMERICAN HARDWOOD FLOORS	911634548	0.013%
AMERICAN INTERIORS, INC.	910922845	0.030%
AMERICAN MECHANICAL CORPORATIO	911579229	0.004%
AMERICAN RECYCLING CORPORATION	910882710	0.114%
AMERICAN STRAIGHT LINE	300750611	0.027%
AMERICAN WEST COAST CONSTRUCTI	800623494	0.095%
AMMCO	462331116	0.187%
AMPED ELECTRIC & MECHANICAL LL	272065190	0.075%
AMYWORKS INC.	454027255	0.021%
ANDERSON ARCHITECTURAL, INC	993873928	0.002%
ANDERSON ROOFING, INC.	911672415	0.003%
ANYTIME CONTRACTING AND REMODE	811072769	0.004%
APEX FLOORING, INC.	300475013	0.047%
APEX POWER SOLUTIONS LLC	332735102	0.043%
APPIAN CONSTRUCTION, INC.	911260499	0.154%
AQUOR WATER SYSTEMS	821026928	0.053%
ARCHECOLOGY, LLC	205167057	0.042%
ARCHITECTURAL STONE WERKES, IN	911734178	0.061%
ARCON GC, LLC	853953955	0.104%
ARLINGTON HARDWARE & LUMBER, I	911212490	0.008%
ARMOUR UNSDERFER ENGINEERING I	271039840	0.086%
ASHWORTH HOMES LLC	043679879	0.095%
ASSOCIATED BUILDERS & CONTRACT	911197994	0.064%
ASSOCIATED CONSTRUCTION, INC.	911487278	0.051%
ASSOCIATED WAREHOUSE, INC.	910980740	0.054%

ATDISH, INC	200784200	0.003%
ATLAS CONSTRUCTION SPECIALTIES	910883246	0.140%
AURORA RENTS INC	910741370	0.137%
AUTOMATED EQUIPMENT COMPANY IN	911428145	0.211%
AVA HOMES LLC	454768601	0.022%
AWA ENTERPRISES, LLC	823266011	0.078%
AXIOM NORTHWEST CONSTRUCTION I	800195165	0.010%
AXIS ROOF AND WINDOW CLEANING	261476162	0.093%
AXIS VENTURES, LLC	200448375	0.002%
AXTHELM CONSTRUCTION, INC	911951437	0.051%
B & J ROOFING, INC.	911160950	0.049%
B&R ENTERPRISES AND INVESTMENT	451502804	0.042%
BADGLEY'S LANDSCAPE LLC	571239917	0.048%
BAHNMILLER CONSTRUCTION, INC	342057505	0.046%
BAKLINSKI GROUP LLC	844522815	0.007%
BAKSTAD CONSTRUCTION LLC	263633773	0.025%
BALAJI LOGISTICS INC.	820855941	0.055%
BALES CONSTRUCTION, INC.	852807130	0.026%
BALLARD NATURAL GAS SERVICE, I	911622085	0.209%
BALLARD REUSE, LLC	465742388	0.024%
BAR-A CONSTRUCTION, INC	911615441	0.058%
BARK KING BLOWER TRUCK SV	912195914	0.039%
BATECH, LLC	831669664	0.189%
BATT & LEAR, INC.	912033695	0.052%
BAXTER-RUTHERFORD ICF, INC	812970238	0.046%
BAY HAY AND FEED	680646521	0.076%
BAYLIS ARCHITECTS, INC.	911046526	0.074%
BB OF MARYSVILLE-WA LLC	811465197	0.030%
BBK CONSULTING, INC.	203060598	0.010%
BDS CONCRETE AND CONTRACTOR SE	800402534	0.009%
BDZ DEVELOPERS INC	911469428	0.438%
BEACH ELECTRIC, LLC	200806593	0.020%
BEEHAVEN, INC	824275844	0.051%
BELLEVUE PLUMBING, INC	463375786	0.141%
BELLISS HOMES, LLC	463093107	0.004%
BELLTOWN COATINGS, LLC	010750739	0.027%
BELLTOWN COURT OWNERS ASSOCIAT	911730291	0.036%
BELMARK LLC	462501444	0.073%
BENLA WATER HEATERS INC	823386076	0.005%
BEST PROPERTY MANAGEMENT SERVI	824110698	0.021%
BETTER BUILDERS LLC	263098651	0.045%
BEYOND HI-FI, LLC	272234988	0.008%
BH CONTRACTING SERVICES, INC.	141853695	0.032%
BICKFORD MOTORS, INC.	910596907	0.658%
BICKNELL BUILDS LLC	832123819	0.009%
BILL'S BLUEPRINT INC.	910897044	0.065%
BLACK SHEEP ELECTRIC, LLC	900169233	0.064%

BLACKWOOD BUILDERS GROUP LLC	464327342	0.168%
BLAKE COMPANY, INC	911734474	0.062%
BLAKES ELECTRIC, LLC	205326051	0.026%
BLOCK II, LLC	462770484	0.022%
BLOSSOM SOLAR LLC	820716468	0.133%
BLOX CONSTRUCTION, INC.	201942384	0.167%
BLR LLC	901258436	0.084%
BLUE MOUNTAIN TELECOMMUNICATIO	911514343	0.017%
BLUEPRINT CAPITAL SERVICES LLC	460797529	0.439%
BLUERIDGE COMPANY.COM, INC	651181260	0.035%
BMT METAL FABRICATION, INC	911579841	0.030%
BODHI BUILDERS LLC	844251864	0.031%
BOSCH ELECTRIC, INC	912166979	0.028%
BOWEN CONSTRUCTION, INC.	911031970	0.077%
BOWIE ELECTRIC SERVICE INC	851923048	0.028%
BRADLEE DISTRIBUTORS USA, INC.	911630137	0.049%
BRD ROOFING, INC.	201981951	0.023%
BREIER-SCHEETZ PROPERTIES	910881032	0.090%
BRIGHT & RIGHT ELECTRICAL SERV	820626230	0.054%
BRIGHT ENGINEERING INC	911783193	0.008%
BRIKAT HOMES AND REAL ESTATE L	843283727	0.017%
BRIM TRACTOR COMPANY INC	910926526	0.419%
BRITESCAPE LLC	911854566	0.044%
BRODERICK ARCHITECTS, PLLC	911464652	0.033%
BROTHERTON CORPORATION	911142711	0.006%
BRUCE COMPANY	611641155	0.003%
BRUMBAUGH & ASSOCIATES, INC.	911379387	0.002%
BTL ENGINEERING PS	203830094	0.092%
BUDGET BLINDS SEATTLE NW, INC	651236394	0.036%
BUILDERS INTERIORS	421748471	0.095%
BUILDERS SAND & GRAVEL	910756883	0.003%
BURL SPC	853061490	0.008%
BURNSTEAD CONSTRUCTION LLC	271423338	0.268%
BUSH, ROED & HITCHINGS, INC.	910847904	0.472%
BW FAMILY LLC	843823299	0.040%
C & C OLYMPIC HEATING INC	680547620	0.024%
C.A. BIANCO, INC.	430716521	0.052%
CA ADAMS, LLC	273155957	0.063%
CABINETS CORE LLC	863165305	0.002%
CABINETS NORTHWEST CORPORATION	911679941	0.027%
CADENCE BUILDS, LLC	274174188	0.149%
CADENCE CONSTRUCTION INC	263881712	0.019%
CALIBER PAINTING, LLC	824558835	0.049%
CALLAWAY & SONS EXCAVATING, IN	208440857	0.004%
CAMDEN GARDENS, INC.	911687608	0.060%
CAMPFIELD CONSTRUCTION, INC.	911524159	0.014%
CAPTAIN HOOK RECYCLING SERVICE	933193250	0.025%

CAREY BROTHERS ROCKERIES LLC	205765143	0.039%
CARLISLE CLASSIC HOMES	912180879	0.213%
CARPET LIQUIDATORS, INC.	912030805	0.196%
CARRIGAN ENTERPRISES, INC	900922306	0.003%
CASCADE CABLE CONSTRUCTORS, IN	910784836	0.039%
CASCADE SURVEYING & ENGINEERIN	910862470	0.083%
CASCADE TROPICALS LLC	821356917	0.072%
CASCADE UTILITIES, INC.	911440264	0.010%
CASCADE WINDOW PRODUCTS, INC.	562334427	0.031%
CASCADIA DESIGN & BUILD LLC	923438599	0.055%
CASTLE CONSTRUCTION SERVICES L	934812714	0.008%
CATALYST LUMBER LLC	273718464	0.011%
CATES & ERB, INC	911641023	0.022%
CB ANDERSON ARCHITECTS PLLC	911885348	0.061%
CDA + PIRSCHER ARCHITECTS, INC	911070052	0.013%
CEDAR GROVE ELECTRIC, INC	481294085	0.068%
CEDAR POND 14208 LLC.	474514287	0.016%
CENTURIAN PROPERTIES LLC	204177690	0.007%
CERTIFIED BUILDERS INC	611412195	0.022%
CFM HEATING & COOLING, INC.	200664963	0.195%
CHAFFEY BUILDING GROUP LLC	274747946	0.004%
CHAIN CONSTRUCTION, LLC	831289895	0.015%
CHANAY CONSTRUCTION CO.	680130001	0.044%
CHAPTER TWO, LLC	884069585	0.036%
CHERMAK CONSTRUCTION, INC	911451062	0.124%
CHERRY VALLEY LOGGING CO.	911888001	0.035%
CHET'S ROOFING & CONST. INC	680666757	0.084%
CHHJ SEATTLE LLC	823444342	0.057%
CHINOOK LUMBER & FRITCH MILL	911451414	0.446%
CHRISTENSEN INC GENERAL CONTRA	911641769	0.125%
CI MARKETING CORPORATION	911407794	0.095%
CLAREMONT CONSTRUCTION INC.	810964865	0.014%
CLARK BARNES	912025319	0.020%
CLEAN425, LLC	811760033	0.027%
CLEARVIEW MECHANICAL, INC.	911694734	0.037%
CLEARVIEW NURSERY, INC	201729257	0.043%
CM ELECTRIC LLC	204848637	0.071%
COAST LUMBER, INC.	911747399	0.051%
COHO ENTERPRISES	820910555	0.044%
COLLABORATIVE CONSTRUCTION, LL	263596333	0.093%
COMBINED CUTTING CONTRACTORS I	911584749	0.055%
COMMERCIAL BROKERS ASSOCIATION	910996779	0.139%
COMMUNITY SERVICES, LLC	861177994	0.009%
COMPLETE COMFORT HEATING & A/C	465673854	0.006%
CONCRETE TECHNOLOGY CORPORATIO	910656308	0.665%
CONE ARCHITECTURE, LLC	475247173	0.074%
CONFLUENCE CONSTRUCTION, LLC	853427620	0.019%

CONST INDUSTRY TRAINING COUNCI	911698222	0.237%
CONSTRUCTION DISPUTE RESOLUTIO	911598489	0.044%
CONSTRUCTIVE ENERGY, INC.	911438587	0.037%
CONTECH SERVICES, INC.	364841370	0.070%
CONTEXT DESIGN/BUILD INC	912085663	0.035%
CONTOUR FENCE NW, LLC	854229676	0.030%
CONTOUR LAMINATES INC	912079134	0.023%
CORBETT CONCRETE PUMPING, INC.	912001864	0.050%
CORNERSTONE ARCHITECTURAL GROU	911617686	0.072%
CORNERSTONE CONSTRUCTION GROUP	462916899	0.083%
CORTI CONSTRUCTION, INC.	821257247	0.252%
COURT DEVELOPMENT INC	910978430	0.030%
COVALENT CONSTRUCTION LLC	923787545	0.005%
CRAFTSMAN PLUMBING, LLC	464847677	0.033%
CREO INDUSTRIAL ARTS, LLC	743158031	0.237%
CRESCENT LEGACY HOLDINGS, LLC	854188824	0.182%
CRITCHLOW HOMES, INC.	911476765	0.038%
CRJ CONSTRUCTION CO	800108698	0.033%
CROSBY HOMES INC.	911188065	0.010%
CRYSTAL SODA BLAST, LLC	943469633	0.017%
CRYSTALITE, INC.	911191811	0.266%
CT ENGINEERING, INC.	260460427	0.225%
CULMAR CONSTRUCTION, LLC	453993423	0.051%
CURRIE CONSTRUCTION INC	412131007	0.134%
CURTIS CAPITAL GROUP LLC	200644095	0.074%
CURTIS LANG HOMES, INC.	814153068	0.066%
CUSTOM STEEL FABRICATORS INC	911269369	0.070%
CUSTOMIZED EXCAVATING INC	461688496	0.000%
D & D COMMERCIAL INTERIORS, LL	463015673	0.049%
D & D WELDING, INC.	912022552	0.023%
D & S ELECTRICAL CONTRACTORS,	911275290	0.348%
D SQUARE ENERGY, LLC	272614569	0.039%
D8 ALUMINUM LLC	463318066	0.058%
DALLAS WATSON FLOORING, INC.	208029332	0.050%
DAMSKOV CONSTRUCTION, LLC	461329469	0.039%
DAN STAUFFER, INC.	911955672	0.018%
DANIEL SCHMAUS HEATING/COOLING	830431170	0.031%
DARCO, INC.	911054411	0.003%
DAVID M WICKLINE, INC.	421546590	0.016%
DAVID TUCKER CONSTRUCTION LLC	823811499	0.024%
DAVIS INDUSTRIES, INC.	911123881	0.108%
DAY & NITE PLUMBING & HEATING,	911382820	0.211%
DEMETRIOU ARCHITECTS PLLC	911033220	0.005%
DENIZEN CONSTRUCTION, LLC	834612657	0.046%
DEP DEVELOPMENT CORPORATION	862561984	0.026%
DEPENDABLE CONSTRUCTION SUPPLY	911465601	0.024%
DERBY CONSTRUCTION, LLC	900349041	0.027%

DESIGN ROOFING, INC.	911514018	0.035%
DESMAR, LLC	922855233	0.038%
DEVONSHIRE LANDSCAPES, INC.	260100547	0.067%
DGR DEVELOPMENT, INC.	912148459	0.110%
DIAMOND STRUCTURES, INC.	462128917	0.119%
DIRT EXCHANGE LLC	934829374	0.117%
DIVCO, INC.	431980263	0.306%
DIXON LLC	331459218	0.009%
DMC EXCAVATING & UTILITIES, LL	871162299	0.060%
DOG ON IT PARKS, INC	264427865	0.091%
DONALD B. MURPHY CONTRACTORS I	910826786	0.249%
DONOVAN BROTHERS INC	911426721	0.184%
DOOLITTLE CONSTRUCTION, LLC	911504324	0.012%
DOWNEY & SONS PROPERTY CARE LL	825288558	0.005%
DRAINAGE MASTERS LLC	264186514	0.005%
DUET DESIGN AND BUILD, LLC	464832345	0.013%
DUNINGER CORPORATION	911405299	0.422%
DYNA CONTRACTING, INC.	912123692	0.281%
E & D EXCAVATING, INC.	911554098	0.051%
EAGLE COUNTRY CONSTRUCTION, IN	202769339	0.018%
EARTHWORK SOLUTIONS LLC	821782651	0.008%
EAST LAKE, LLC	992663160	0.033%
EAST WEST CUSTOM BUILDERS LLC	871015756	0.087%
EASTLAKE CONCRETE, INC	811189881	0.025%
EASTSIDE SAW & SALES, INC	911009700	0.079%
EASTSIDE STAPLE & NAIL, INC.	911524592	0.086%
ECB CORP	953545919	0.219%
ECH ARCHITECTURE PS	911676911	0.064%
ECHELBARGER HOMES, INC	844316587	0.030%
ECONOMY WIRING CO. INC.	911222825	0.010%
EDIFY STUDIOS, LLC	824941312	0.045%
EERKES ARCHITECTS, PLLC	473418438	0.013%
EKB LLC	811581085	0.011%
ELDER REMODEL & CONSTRUCTION L	861141678	0.037%
ELECTRICAL SALES ASSOCIATES, I	911548635	0.066%
ELECTRICAL TECHNOLOGY, LLC	451458384	0.017%
ELECTRI-CITY INC.	911431663	0.156%
ELECTRO-COMMUNICATIONS CO.	910570228	0.222%
ELK HEIGHTS EXCAVATION LLC	275026082	0.118%
EM PRECISION, LLC	383650872	0.022%
EMERALD AIRE, INC.	911302848	0.217%
EMMANUEL HOME SERVICES, LLC	831738704	0.001%
ENERGY EXTERIORS NW, LLC	465531493	0.012%
ENERGY SAVERS, INC.	900453814	0.053%
ENVIRONMENTAL WORKS	237139744	0.009%
EUROPEAN STONE & TILE DESIGN,	453108786	0.016%
EVERGREEN INVESTMENT COMPANY L	364901727	0.019%

EVERGREEN REFRIGERATION LLC	760798146	0.222%
EVERGREEN WINDOW CLEANING LLC	272155307	0.037%
EVOLUTION ARCHITECTURE, LLC	474536723	0.218%
EXACT GLASS LLC	832955889	0.029%
EXALT SERVICES, LLC	921256911	0.016%
EXOTIC TOOL WELDING, INC	911196154	0.154%
EXTERIOR FINISHES, LLC	260798416	0.064%
EXTERIOR METALS, INC.	911475277	0.052%
F&M CONSTRUCTION AND REMODELIN	462920533	0.002%
FAIRWEATHER MASONRY	910902517	0.124%
FARMERS ELECTRIC D&C, LLC	271535855	0.241%
FARWEST PAINT MFG CO.	910216910	0.005%
FAST FLASHINGS LLC	481305801	0.064%
FED EXCAVATION, INC.	911556580	0.063%
FERRIN ELECTRIC, INC.	911646245	0.064%
FILCO COMPANY, INC.	911495981	0.128%
FINAL CUT CONSTRUCTION, LLC	862544394	0.004%
FINANCIAL CONSULTING SOLUTIONS	911417946	0.120%
FINE STRUCTURES, INC	911558573	0.030%
FINESTRA DESIGN, INC.	981251433	0.014%
FIREPLACE SUPPLY, INC.	911533065	0.007%
FIRESIDE CONTRACTING SERVICES,	454832879	0.645%
FIRST CHOICE CARPENTRY INC	800126685	0.019%
FIRST CHOICE ELECTRICAL LLC	831833050	0.006%
FIX4U	821254407	0.018%
FLOFORM COUNTERTOPS, LLC	262448268	0.760%
FORA LANDSCAPE ARCHITECTS, P.S	911369425	0.153%
FOUNDATION TO FINISH LLC	820805742	0.006%
FOUSHEE AND ASSOCIATES COMPANY	911012317	0.282%
FRADKIN FINE CONSTRUCTION INC.	911502501	0.066%
FRANK J. MARTIN COMPANY	910874025	0.150%
FRENCH LANDSCAPE IRRIGATION LL	205929038	0.010%
FRUNZ CONSTRUCTION, INC.	911732691	0.110%
FULLWILER CONSTRUCTION INC.	271992766	0.058%
G.A. JORGENSEN COMPANY INC.	911352862	0.031%
GAFFNEY CONSTRUCTION, INC	910939944	0.094%
GALAXY ELECTRIC & SOLAR LLC	252311845	0.022%
GALLAGHER PROPERTIES, LLC	820597298	0.034%
GAMUT360 GENERAL CONTRACTORS,	853355039	0.024%
GANT NYCHAY ARCHITECTURE PLLC	473816435	0.020%
GARNER COMMERCIAL INTERIOR CON	911502018	0.055%
GASCOIGNE LUMBER COMPANY	910653954	0.119%
GASLINE MECHANICAL, INC.	911634769	0.053%
GASPAR'S CONSTRUCTION, INC.	911666321	0.013%
GATES PAINTING CO, LLC	203880067	0.134%
GC ELECTRIC, LLC	825315680	0.011%
GELOTTE HOMMAS DRIVDAHL ARCHIT	911308352	0.067%

GEM REAL ESTATE PARTNERS, LLC	811112667	0.218%
GENERAL STOREFRONTS, INC	911414812	0.002%
GENESEE FUEL & HEATING CO, INC	910721784	0.176%
GERRY HOMES, LLC	471483444	0.021%
GIBRALTAR, LLC	911979517	0.087%
GILLESPIE ROOFING, INC.	911334128	0.026%
GILLIARDI LOGGING & CONSTRUCTI	912018540	0.191%
GILLIS REAL ESTATE LLC	843507686	0.037%
GLACIER MOULDINGS LTD	911963130	0.001%
GLOBAL ENGINEERING & CONST LLC	912006950	0.049%
GO'C	462040678	0.007%
GOVERNMENT MOVE SERVICE, INC.	260583048	0.035%
GRANITE & MARBLE SPECIALTIES	473775073	0.106%
GRAPHITE DESIGN GROUP, LLC	455580095	0.240%
GRAVITY FLOW SYSTEMS, INC.	911947509	0.017%
GREAT WESTERN SAWMILL LLC	332123442	0.194%
GREATWORK, LLC	823983037	0.010%
GREEN BUILT NORTHWEST, LLC	472249584	0.066%
GREEN CANOPY NODE, SPC	272511065	0.153%
GREEN CITY HEATING & AIR CONDI	464399823	0.049%
GREEN FACADES, PLLC	842760791	0.020%
GREEN LATRINE INC.	475316362	0.057%
GREEN PLANET PLUMBING & SEWER	463462926	0.026%
GREENBAUM HOME FURNISHINGS, IN	910715124	0.007%
GREGCO EXCAVATING, LLC	611500944	0.035%
GREGORY, DILL & COMPANY	911518580	0.024%
GROUND EFFECTS LANDSCAPING, IN	912049629	0.148%
GROUPARCHITECT INC.	203204601	0.027%
GROVELAND CONSTRUCTION LLC	834559320	0.097%
GSF, INC	753063105	0.049%
GSRE, LLC	262034641	0.043%
GUTTER & ROOF SOLUTIONS NW	454589138	0.013%
H2D, LLC	721620135	0.015%
HAAS ARCHITECTURAL, INC	333552472	0.002%
HABITAT FOR HUMANITY OF SNO. C	911528130	0.081%
HABITAT FOR HUMANITY SEATTLE K	911342397	0.675%
HAGGARD ELECTRICAL CONTRACTING	471535781	0.896%
HAIDER REMODELING AND ROOFING	264364045	0.058%
HALME BUILDERS, INC.	912190986	0.197%
HALVERSON DESIGN BUILD, LLC	474560429	0.011%
HAMILTON URBAN PARTNERS LLC	273533704	0.112%
HAMISH ANDERSON CUSTOM HOMES,	911475820	0.062%
HAMMER DOWN INVESTMENTS INC.	841567295	0.048%
HANDCRAFT, INC	911867609	0.034%
HANSEN BROS TRANSFER & STORAGE	910857598	0.253%
HARBOR PACIFIC CONTRACTORS, IN	862095487	0.269%
HARJO CONSTRUCTION SERVICES, L	271536001	0.038%

HARLEY EXTERIORS, INC	753011107	0.165%
HARRIS CONCRETE AND CONSTRUCTI	822950944	0.005%
HARRISON DREAM GARAGE LLC	811470772	0.018%
HC HOMES INC	270193871	0.005%
HEBERT CONSTRUCTION	911356388	0.050%
HEILMAN CONSTRUCTION, LLC	453995950	0.016%
HELLO REFRIGERATION LLC	883615141	0.096%
HENRY PRODUCTS INCORPORATED	912148532	0.439%
HENRY'S TRUCKING & EXCAVATING,	911071192	0.079%
HERNANDEZ BUILDS, LLC	851010456	0.021%
HESTON DOOR SERVICE INC.	271477485	0.024%
HFS ENTERPRISES, INC.	912180734	0.003%
HI GRADE ASPHALT & SEAL COAT I	911412023	0.015%
HIGH COUNTRY CONTRACTORS, INC.	912086811	0.051%
HIGHLAND ARMS ENTERPRISES, LLC	870693322	0.526%
HILLSIDE ROOFING & GUTTERS, IN	851812596	0.007%
HIMALAYA HOMES, INC.	911080150	0.037%
HM CUSTOM, LLP	824883277	0.003%
HOEDEMAKER PFEIFFER LLC	201114248	0.122%
HOFFMAN CONSTRUCTION, INC.	911003217	0.111%
HOIST LLC	824954351	0.025%
HOLBROOK MECHANICAL AND ELECTR	991813345	0.002%
HOLLIDAY MASONRY LLC	911114844	0.018%
HOLMBERG COMPANY	910750598	0.339%
HOME COMFORT ALLIANCE, LLC	474982612	0.735%
HOME REPAIR & MAINTENANCE LLC	453053232	0.063%
HOME RUN SOLUTIONS LLC	593831333	0.059%
HORTICULTURAL ELEMENTS, INC	471188188	0.071%
HOS BROTHERS CONSTRUCTION INC	910791022	0.206%
HOUSEWORKS CONSTRUCTION COMPAN	911524344	0.041%
HOUSING HOPE	943060709	0.339%
HOXIE HUGGINS CONSTRUCTION, LL	474945866	0.014%
HTS NW, INC.	274420800	0.030%
HUB CONSTRUCTION GROUP LLC	821993265	0.012%
HUMBLE ELECTRIC, LLC	202314840	0.007%
HUSEBY HOMES, LLC	815072933	0.092%
HUTT CONSTRUCTION, INC.	203366329	0.051%
HYTECH ROOFING, INC.	911202974	0.198%
IDEOLOGY, LLC	251909337	0.031%
ILLUMINATE CONTRACTING, LLC	271688648	0.011%
IMAGICORPS, INC.	911451737	0.167%
INDEPENDENT ELECTRICAL CONTRAC	911360841	0.270%
INDUSTRIAL BOLT & SUPPLY, INC.	911070722	0.209%
INGLEWOOD CONSTRUCTION, INC.	911235437	0.011%
INLAND PACIFIC ASSOCIATED BUIL	911107063	0.027%
INNOVATIVE COMFORT SYSTEMS, IN	453121778	0.011%
INNOVATIVE DATA ACQUISITIONS L	463000375	0.107%

INTEGRITY HOME INTEGRATION INC	202321233	0.050%
INTEGRITY NETWORKS, INC.	810674198	0.349%
INTEGRITY REMODELING, INC	810607877	0.084%
INTERIOR WOODWORKING SPECIALIS	911606732	0.103%
INTOWN GRANITE AND MARBLE, LLC	900576698	0.047%
INTRACORP NW LLC	352610399	0.842%
IRONMILL LLC	472403830	0.001%
IRONS BROTHERS CONSTRUCTION, I	731703901	0.061%
IRONWOOD COMMERCIAL REAL ESTAT	911909894	0.027%
ISLAND CREST BUILDERS LLC	850513729	0.011%
J&S MASONRY, INC	620403473	0.003%
J.C. RICHARDS CONSTRUCTION CO.	911727894	0.035%
J.R.T. NORTHWEST LLC	273272091	0.091%
JA CARRILLO CONSTRUCTION LLC	481283871	0.082%
JACKSON DESIGN BUILD LLC	814882307	0.003%
JAFCO COMPANY, LLC	822866299	0.099%
JAKE'S D CORPORATION	270161232	0.029%
JANES COMPANY, INC.	911586724	0.158%
JAYMARC HOMES LLC	383822158	0.220%
JBC, INC.	911582173	0.096%
JC SERVICES, INC.	911935799	0.115%
JCANQ SOLUTIONS LLC	332241458	0.080%
JDR DEVELOPMENT, INC.	201775494	0.029%
JEFFREY TRITT & ASSOCIATES, LL	911211534	0.012%
JEM CONTRACTORS INC	912170082	0.039%
JKA ENTERPRISES, INC.	911893642	0.065%
JLM RESOURCES, INC.	911447451	0.111%
JMC CABINETS & INTERIORS, INC.	911389515	0.060%
JMZ CONTRACTORS LLC	474726144	0.021%
JOHN BUCHAN HOMES, LLC	272492352	0.062%
JOHNSON BRAUND, INC.	452411731	0.132%
JOHNSON OAKLIEF ARCHITECTURE &	522388422	0.055%
JOHNSTON ARCHITECTS, LLC	900258035	0.093%
JONES BOYS MAINTENANCE CO INC	911444211	0.034%
JORDAN RIVER MOVING LLC	261820599	0.005%
JR G CONCRETE DESIGN, LLC	461675535	0.030%
JS ELECTRIC, INC.	880380789	0.020%
JTEC	680579783	0.112%
JULIUS-STEWART CONSTRUCTION SE	822691503	0.017%
JUST JIM PLUMBING & HEATING IN	911586815	0.013%
KASSEL & ASSOCIATES	270765921	0.023%
KAURI INVESTMENTS LTD	200286683	0.104%
KELLERAN HOMES	461026448	0.003%
KEMLY ELECTRIC, INC.	911691846	0.143%
KETCHIKAN DRYWALL SERVICES, IN	912088080	0.244%
KG INVESTMENT PROPERTIES, LLC	912109328	0.790%
KHORRAM PROPERTIES, LLC	911841124	0.026%

KING COUNTY OFFICE OF FINANCE	916064275	0.000%
KING'S DRYWALL REPAIR, LLC	421659327	0.076%
KIRKWOOD INDUSTRIES, INC.	911460050	0.091%
KIRTLEY-COLE ASSOCIATES, LLC	201843651	0.263%
KLAHANIE ASSOCIATION	911302623	0.046%
KLEINSTEIN HAUS LLC	453365128	0.017%
KOHL CONST. & REMODELING	911872708	0.077%
KONCRETE INDUSTRIES, INC.	911449725	0.250%
KOSS CONSTRUCTION INC	463314583	0.071%
KR PROPERTIES NW, LLC	853688860	0.029%
KREKOW JENNINGS, INC.	911026296	0.449%
KTM CONSTRUCTION, LLC	834289316	0.116%
L.A.B. CONSTRUCTION LLC	980206156	0.108%
LAER ENTERPRISES, INC.	870761295	0.159%
LAKE WASHINGTON WINDOWS & EXTE	270484685	0.164%
LAKERIDGE DEVELOPMENT INC	203445380	0.035%
LAKERIDGE PAVING COMPANY LLC	911145365	0.435%
LAKESIDE ELECTRIC, INC	320600495	0.002%
LANDMARK ROOFING & SIDING, INC	454041080	0.039%
LANDSVERK QUALITY HOMES, INC.	911882683	0.082%
LASTINGNEST, INC.	911678256	0.026%
LCM BUILDERS, LLC	900935830	0.077%
LEGACY CUSTOM PAINTING LLC	910511770	0.012%
LEGACY PROPERTIES OF TACOMA	911714969	0.059%
LEONARDI LANDSCAPING, INC	911941868	0.171%
LEWDUN CONSTRUCTION, LLC	994819945	0.015%
LEWIS CONSTRUCTION GROUP, LLC	260307295	0.056%
LEXUS CONTRACTING GROUP LLC	923187530	0.019%
LIEN RESEARCH CORP	911408589	0.003%
LINK DESIGN GROUP LLC	465382328	0.034%
LINMAK CONSTRUCTION, LLC	861575908	0.024%
LIVING EARTH LANDSCAPES, LLC	912032216	0.032%
LOCKHART-SUVER, LLC	201508788	0.203%
LONG, GARY D & ELIZABETH S	911535023	0.078%
LOYAL MECHANICAL, INC	911347339	0.183%
LR DRYWALL SYSTEMS, INC.	911695860	0.092%
LUMENAL LIGHTING LLC	202853855	0.127%
LUNA INTERIORS LLC	331104592	0.016%
LUNGREN COMPANY	274448171	0.051%
LZL CONSTRUCTION, INC.	911536985	0.150%
M & R INDUSTRIES INC	861074327	0.016%
M.C. BELLAN CONSTRUCTION, INC.	911422424	0.030%
M3 DECKS AND REMODELING LLC	844610852	0.019%
MAD ENERGY NW, LLC	842905244	0.089%
MADRONA ELECTRIC LLC	474675926	0.018%
MADRONA LOG HOME REPAIR & CARE	820628918	0.039%
MADRONA REAL ESTATE SERVICES,	911760121	0.005%

MAINTCOII, LLC	834248967	0.108%
MAKENSAY REAL ESTATE SERVICES,	911577937	0.030%
MALONE'S LANDSCAPE CONTRACTING	911663827	0.190%
MANUFACTURERS AGENTS NW, INC	911530638	0.072%
MANUFACTURERS MINERAL CO	910876185	0.046%
MAPLE VALLEY ELECTRIC,INC	510530708	0.157%
MARCH-MACDONALD, INC.	911648943	0.069%
MARINE VACUUM SERVICE, INC.	911153034	0.227%
MARK MORRIS, INC.	601959530	0.051%
MARMO E GRANITO	911876581	0.058%
MARTIN LUMBER & HARDWARE, INC.	911107640	0.002%
MARYANSKI PLUMBING LLC	814740710	0.051%
MASTER BUILDERS ASSOCIATION OF	910658930	0.209%
MASTON PROPERTIES & CONSTRUCTI	263775339	0.022%
MATTILA PAINTING, INC.	911389399	0.032%
MATVEY CONSTRUCTION, INC	912092916	0.120%
MAURO ELECTRIC INC	912181179	0.012%
MAX CONCRETE, LLC	812531267	0.004%
MBI SYSTEMS INC	911111761	0.194%
MC LANDSCAPE LLC	260258155	0.015%
MCCALLUM ROCK DRILLING INC.	911418223	0.448%
MCCARTHY GENERAL CONTRACTOR IN	460605845	0.023%
MCCLELLAN TELLONE PLLC	204430289	0.033%
MCCULLOUGH ARCHITECTS INC	911565345	0.112%
MCDONOUGH & SONS, INC	911625357	0.149%
MCGINNIS ELECTRIC LLC	912011991	0.028%
MCGREGOR DOOR & HARDWARE, LLC	721545646	0.116%
MECHANICAL SOLUTIONS NW	911018198	0.083%
MEEDS ENVIRONMENTAL LLC	272128801	0.058%
MEGO CONSTRUCTION, INC.	911879737	0.023%
MEHRER DRYWALL, INC.	910756937	0.008%
MEP HOLDINGS, LLC	993088065	0.035%
MERIT HOMES INC	061666072	0.009%
METAL FOX CONSULTING	815304804	0.013%
METALFAB, INC.	910843660	0.079%
METHOD CONSTRUCTION INC.	203888686	0.009%
METHOD TRAFFIC SERVICES LLC	863343539	0.044%
METHOD, LLC	743234505	0.206%
METRIX ENGINEERS LLC	454009264	0.121%
METRO CONSTRUCTION CORP	811707594	0.006%
METROPOLITAN CONSTRUCTION, INC	911856277	0.011%
METZLER REALTY ADVISORS	911566745	0.225%
MEYER METALS LLC	461518399	0.026%
MFC SERVICE CORP.	911320902	0.735%
MFOUR CONTRACTORS LLC	472318581	0.152%
MICHAEL T. SHINN CONSTRUCTION	464025335	0.020%
MIETZNER MANAGEMENT LLC	204919056	0.004%

MIGIZI GROUP INC	461217983	0.009%
MIKE O'MALLEY PAINTING LLC	813805819	0.019%
MIKE QUINTON INSTALLATIONS, IN	911993099	0.036%
MILL CREEK LANDSCAPES, INC	821066003	0.010%
MILLENNIAL BUILDERS LLC	452462006	0.009%
MILLER BROTHERS LANDSCAPING, I	141866816	0.002%
MIOVIC REINHARDT, INC	462431739	0.096%
MIRSKY ELECTRIC, INC	911738278	0.047%
MJ NEAL ASSOCIATES, ARCHITECTS	461607872	0.073%
MJF HOLDINGS, INC.	911511777	0.023%
MJS INVESTORS, LLC	911796752	0.007%
MK INDUSTRIES LLC	824334869	0.034%
ML DESIGN LLC	461552567	0.037%
MLFP, LLC	453423942	0.004%
MODULAR ELECTRIC, INC	910859884	0.058%
MOHLER DESIGN LLC	260498953	0.029%
MONROE DOOR & MILLWORK, INC.	912008558	0.029%
MORGAN SOUND, INC.	911101769	0.078%
MORRIS MANAGEMENT, INC.	810573972	0.084%
MOUNTAIN RESTORATION & PROTECT	874820119	0.029%
MOUNTAIN STATES CONST CO	910777234	0.445%
MR. RACKS LLC	261446058	0.074%
MRJ CONSTRUCTORS, LLC	911584046	0.014%
MRN HOMES,LLC	451680135	0.096%
MT. BAKER MECHANICAL CONTRACTO	262611975	0.115%
MTT HOLDINGS, INC.	464311337	0.088%
MULLALLY FAMILY LLC	916182804	0.278%
MWWORKS, LLC	113812636	0.076%
NANCY FRITZ DESIGNS, LLC	711020602	0.010%
NATIONAL SIGN CORPORATION	910721247	0.114%
NB DESIGN GROUP, INC	912015332	0.024%
NELSON DISTRIBUTING, INC	911175876	0.616%
NELSON TREEHOUSE & SUPPLY LLC	453237280	0.145%
NEST DESIGN BUILD, LLC	208966775	0.024%
NETVISION, INC	061808793	0.158%
NEW FINISHES ELECTROSTATIC, IN	911559000	0.075%
NEW JORNADA, LLC	991620747	0.085%
NEW WEST DEVELOPMENT, LLC	334612867	0.105%
NEWLAND CONSTRUCTION COMPANY,	910489231	0.068%
NEWTON BUILDING & DEVELOPMENT,	020554106	0.029%
NIELSEN BROS. & SONS, INC.	910980992	0.051%
NIP TUCK REMODELING, LLC	364681968	0.070%
NOBLE INTERIORS & DESIGN INC	833584455	0.029%
NOBLE WOODWORK INC	821453874	0.028%
NOOKSACK VALLEY DISPOSAL	910870661	0.231%
NORDVIND SEWER SERVICE LLC	473187249	0.060%
NORPAC, INC.	911575612	0.002%

NORSK DESIGN BUILD	911749989	0.052%
NOR-TECH FIRE PROTECTION, INC.	911830285	0.058%
NORTH INDUSTRIAL, LLC	850720715	0.127%
NORTH PACIFIC INDUSTRIES INC	800352238	0.038%
NORTHSHORE PAVING LLC	911342960	0.148%
NORTHSOUND REFRIGERATION INC.	800025918	0.016%
NORTHWEST BUILDING TECH, INC.	911410393	0.120%
NORTHWEST CONSTRUCTION, INC.	911487252	0.312%
NORTHWEST CUSTOM INTERIORS INC	562500744	0.211%
NORTHWEST ERECTION & FAB, LLC	272037584	0.021%
NORTHWEST EXCAVATING & TRUCKIN	911219226	0.018%
NORTHWEST NURSERIES	911405119	0.051%
NORTHWEST PLAYGROUND EQUIPMENT	911719261	0.161%
NORTHWEST RESIDENTIAL AND COMM	900861976	0.013%
NORTHWEST ROOF SERVICE, INC.	911539578	0.036%
NORTHWEST SHOWER DOOR, LLC	364566475	0.090%
NORTHWEST WOODWORKS, LLC	922340749	0.251%
NW QUALITY REMODEL & DECK LLC	800705688	0.046%
NWCW, LLC	261640457	0.002%
NYS ENTERPRISES, INC.	911473352	0.076%
OAKPOINTE, LLC	452711974	0.007%
OBJEKTS LLC	203223725	0.120%
OLSEN ANDERSON CONSTRUCTION LL	811591798	0.040%
OMEGA SERVICES & SUPPLY, INC.	472487852	0.169%
OPTIMUS CONSTRUCTION & DEVELOP	473313708	0.014%
ORCA PACIFIC INC.	911919578	0.093%
OVERLAKE HEATING,A/C & SHEET M	200943806	0.128%
OWP LLC	274605928	0.362%
P & B CONSULTING, LLC	833732908	0.012%
PACER DESIGN BY SHARP PRODUCTS	912085843	0.033%
PACIFIC BUILDING PRODUCTS, INC	461446347	0.064%
PACIFIC CONTINENTAL CONSTRUCTI	474844653	0.004%
PACIFIC EARTH WORKS WBE LLC	832282085	0.006%
PACIFIC FIRE AND SECURITY, INC	200311168	0.002%
PACIFIC HERITAGE APPRAISAL, IN	911793157	0.109%
PACIFIC LUMBER INSPECTION BURE	910352790	0.016%
PACIFIC ONE CONSTRUCTION, INC.	911688168	0.033%
PACIFIC ONE ELECTRIC LLC	821217997	0.112%
PACIFIC PARTNERS	800817371	1.043%
PACIFIC STORMWATER SOLUTIONS,	465600574	0.055%
PACIFIC WEST LAND, LLC	203526384	0.008%
PACIFICA LANDSCAPES LLC	800904448	0.024%
PAC-RIM BUILDING SUPPLY, INC.	911276718	0.109%
PALMER CONSTRUCTION AND REMODE	753234949	0.024%
PARKER BROTHERS ELECTRIC LLC	921520073	0.060%
PARKER SERVICES, INC	464349232	0.015%
PARKSTONE INVESTMENTS, INC	710910350	0.023%

PAROLINE & ASSOCIATES INC	300407793	0.032%
PAUL ANTHONY CONSTRUCTION	262285213	0.007%
PEDERSEN'S EVENT RENTALS, LLC	912094989	0.166%
PENTHOUSE DRAPERY CLEANERS & M	911104507	0.008%
PERFORMANCE ELECTRIC INC.	270943032	0.008%
PERMABILT INDUSTRIES, INC	911189470	0.141%
PETES HOME RENEWAL SYSTEMS, IN	911742902	0.059%
PHINNEY RIDGE PAINTING	452156441	0.190%
PHOENIX CONSTRUCTION, INC.	911520182	0.031%
PILCHUCK CONSTRUCTION, LLC	263167798	0.017%
PINKY'S PLUMBING, LLC	272731431	0.199%
PLANT PEOPLE NORTHWEST LLC	475659306	0.022%
PLANTSCAPES, INC.	911222963	0.083%
PLATS FINANCIAL GROUP LLC	273038974	0.050%
PLOG ENGINEERING, PLLC	832662137	0.031%
PLUMBING GROUP, LLC	813624617	0.027%
PLYWOOD SUPPLY, INC.	910642463	0.383%
POLAR BEAR ENERGY SOLUTIONS, I	453704483	0.190%
PORT BLAKELY TREE FARMS, LP	911289012	0.509%
PORT CLYDE, LLC	364780184	0.021%
POST TENSION CABLES, INC.	911642547	0.084%
POTENTIAL ENERGY, INC.	271183033	0.053%
POWER CONVERSION, INC.	911045157	0.047%
PRECISE HEATING & COOLING	452623945	0.044%
PRECISION FABRICATORS LLC	912155632	0.033%
PREMIER HOME REPAIRS, INC.	204887519	0.060%
PREMIUM VALLEY PAINTING, INC	462203847	0.023%
PRESTIGE RESIDENTIAL CONSTRUCT	911366230	0.071%
PRIMECORE CONTRACTING LLC	462374620	0.097%
PRIORITY ONE CONTRACTOR SERVIC	800371731	0.000%
PRO DECKS NW LLC	931862879	0.008%
PRO-ACTIVE HOME BUILDERS INC.	943479042	0.014%
PRODIMS LLC	262662494	0.044%
PROGRESSIVE COMFORT SOLUTIONS,	455143654	0.013%
PRO-STAFF MECHANICAL, INC	911382337	0.008%
PSW OF SEATTLE, LLC	922338370	0.035%
PUGET SOUND BLIND CLEANERS	263589369	0.015%
PUGET SOUND PIPE & SUPPLY CO.	910979228	0.081%
PUGET SOUND SOLAR LLC	562575872	0.221%
QUALITY FENCE BUILDERS, INC	911462374	0.175%
QUERCUS LANDSCAPES, INC	450532564	0.036%
QUIGLEY TILE AND STONE INC.	043838812	0.040%
R&R ASSETS LLC	814522253	0.012%
R&R FOUNDATION SPECIALIST, LLC	823782242	0.119%
R. GLEASON PAINTING & DECORATI	911963035	0.033%
R.L. CLEARING & EXCAVATING INC	911523359	0.043%
R.W. ANDERSON, INC.	061703030	0.243%

R.W. ENTERPRISES	204963596	0.003%
R.W. SCOTT CONSTRUCTION CO	911038390	0.151%
RAFN COMPANY	911024947	0.095%
RAINCAP CONSTRUCTION, INC.	261286188	0.048%
RAINIER CUSTOM HOMES, INC.	911951474	0.072%
RAISER EXCAVATION LLC	883641002	0.020%
RANGE ELECTRIC COMPANY, LLC	862474671	0.115%
RAUGHT ENTERPRISES INC	911481398	0.013%
RAVENHILL CONSTRUCTION, INC.	911602329	0.065%
RC PAINTING & SONS, INC.	263111173	0.276%
RD HOMES, LLC	273491361	0.018%
REALTY WEST PROPERTIES, INC.	840647750	0.037%
RED-E TRUCKING, INC.	911120029	0.008%
REDSIDE PARTNERS LLC	731654260	0.268%
REFINO SERVICES, LLC	271869676	0.091%
REFLECTION INDUSTRIES, INC.	911298908	0.031%
REGENCY WEST REMODELING, LLC	272487165	0.003%
REINHART ELECTRIC & SERVICE, I	911438605	0.026%
RELIABLE BUSINESS CONCERNS, IN	911356649	0.074%
RELiance MANUFACTURING CORPORA	910934493	0.139%
RENEWAL CONSTRUCTION, INC.	912100653	0.056%
RETAIL CONSTRUCTION ASSOCIATES	812140097	0.075%
REX CONSTRUCTION CORP	412069064	0.054%
REYNOLDS LANDSCAPE COMPANY LLC	911987533	0.061%
RGN CONSTRUCTION, LLC	912075402	0.053%
RHH CONSTRUCTION LLC	453619972	0.017%
RHO ARCHITECTS, PLLC	204244413	0.014%
RICH BROTHERS CONSTRUCTORS, IN	870691365	0.037%
RICH LANDSCAPING INC	911341416	0.078%
RILEY & SONS INC.	911543360	0.084%
RIVERINE DESIGN, LLC	833885951	0.012%
RIVERTON CONTRACTORS, INC.	911214013	0.060%
RJ CLARK, LLC	912174043	0.056%
RJ DAY INVESTMENT COMPANY, LLC	205742252	0.039%
RKC CONSTRUCTION, INC	320176049	0.043%
RMCL, LLC	842237152	0.222%
ROBBINS AND CO. HOUSE MOVING,	911247413	0.009%
ROBINETT HOMES, LLC	680502561	0.028%
ROBINSON PLUMBING, INC.	910854666	0.040%
ROCK SOLID LANDSCAPES, LLC	753019633	0.042%
ROCKIN' D.W. CONSTRUCTION INC	912111632	0.054%
ROCKWELL ELECTRIC, INC	262506793	0.031%
ROGAN HOMES, LLC	812649629	0.021%
ROSS & ASSOC ENVIRONMENTALCONS	911539862	0.299%
RR REDMOND INC.	911610747	0.072%
RSSA, INC	911938784	0.016%
RUDD DEVELOPMENT COMPANY INC.	911633959	0.027%

RYAN BALAS LLC	824289798	0.008%
RYAN'S CUSTOM PLUMBING INC	831975542	0.007%
RYATT CONSTRUCTION, LLC	464579404	0.247%
S & B INC.	910995212	0.062%
S & J CREASEY BULLDOZING, INC.	911525870	0.021%
S & S ROOFING, LLC	270480633	0.048%
SAAD CUSTOM HOMES	910979843	0.001%
SACO CONSTRUCTION CORP	201391173	0.062%
SAGE HOMES NORTHWEST, LLC	260719749	0.192%
SALTAIRE CONSTRUCTION LLC	273092801	0.083%
SAM'S PAINTING COMPANY, LLC	921500727	0.003%
SAWHORSE REVOLUTION	453131515	0.030%
SCF GENERAL CONTRACTORS, LLC	911996676	0.025%
SCHAEFER CONSTRUCTION, INC.	811507038	0.002%
SCHNEIDER HOMES, INC.	910971220	0.328%
SCHOENER'S INTERIORS LLC	202717080	0.003%
SCHULTE CONSTRUCTION	912163221	0.060%
SCI INFRASTRUCTURE, LLC	912087893	0.075%
SEA CON, LLC	912014742	0.312%
SEA-AIRE, INC.	911102354	0.066%
SEATOWN ELECTRIC PLUMBING HEAT	472202707	0.708%
SEATTLE BOILER WORKS, INC	910554974	0.147%
SEATTLE DOORS AND CLOSETS, LLC	821656733	0.044%
SEATTLE IRON & METALS CORPORAT	910402970	0.133%
SEATTLE MOBILE BUILDERS LLC	834253153	0.012%
SEATTLE STYLE REMODEL & LANDSC	272911678	0.026%
SECREST CONSTRUCTION LLC	810780566	0.059%
SECURITY SOLUTIONS NORTHWEST,	911122841	0.457%
SELECT HOMES, INC.	911435735	0.034%
SELEY PAINTING SERVICES, INC	911125180	0.056%
SERIES SEVEN INC.	911661880	0.092%
SERPANOK CONSTRUCTION INC	300129588	0.062%
SERVICE SOLUTIONS, LLC	912162224	0.064%
SESSLER, INC.	910840123	0.213%
SHAMROCK METAL SYSTEMS	550810454	0.029%
SHAWN COLE CONSTRUCTION, INC.	912006484	0.012%
SHELL EXCAVATING, INC.	481268457	0.015%
SHKS ARCHITECTS, INC.	911805916	0.172%
SHOWTIME HOME RENOVATION LLC	845006911	0.028%
SHW ARCHITECTURE CO	270528399	0.025%
SIDE PRO, INC.	911999144	0.313%
SILVERTECH LLC	810924636	0.068%
SITE WORKSHOP, LLC	912085743	0.018%
SKAAR CONSTRUCTION INC	911041285	0.043%
SKB ARCHITECTS, INC	680550849	0.172%
SKYLINE SYSTEMS, INC	862690436	0.192%
SMARTCAP CONSTRUCTION, LLC	842319032	0.124%

SMOKEY POINT CUSTOM CABINETS,	911320134	0.003%
SMOKEY POINT ELECTRIC, INC.	260461028	0.006%
SNAP-TEX NORTHWEST, INC.	911462061	0.090%
SNOFALLS PLUMBING LLC	465519022	0.031%
SNOHOMISH VALLEY ROOFING, INC.	911976226	0.057%
SNYDER GENERAL CONSTRUCTION LL	464571496	0.021%
SOBELLA CONSTRUCTION, LLC	873745789	0.011%
SOILFREEZE, INC.	272315583	0.064%
SOLID GROUND ENGINEERING, LLC	933227693	0.049%
SOLTERRA GLOBAL, LLC	814089822	0.088%
SOUND DETAIL & INTERIORS	471338056	0.191%
SOUND DOOR SERVICES LLC	273782337	0.012%
SOUND HOME IMPROVEMENTS, INC	911704743	0.077%
SOUND OIL CO.	910713177	0.075%
SOUND PAINTING SOLUTIONS LLC	900883120	0.072%
SOUND SAFETY PRODUCTS CO., INC	910981770	0.199%
SOUND SEISMIC, LLC	911979466	0.098%
SOUND WATERPROOFERS, INC.	463169013	0.241%
SOUTHEND HEATING AND AIR INC	331541491	0.041%
SPECIALTY FOREST PRODUCTS HOLD	823731412	0.089%
SPECIALTY PUMP AND PLUMBING IN	320276291	0.046%
SPEES, LLC	474919830	0.172%
SPEIDEL INTERNATIONAL	911122326	0.067%
SPENCER, LLC	043826746	0.040%
SPRINGBROOK NURSERY & TRUCKING	870768348	0.247%
STANLEY ROOFING COMPANY	910756042	0.129%
STAR RENTALS, INC.	910424810	2.912%
STATE ROOFING, INC.	911077757	0.117%
STATEMENTS TILE & STONE, INC.	331223707	0.096%
STECKLER CONSTRUCTION, INC.	911339559	0.052%
STEFAN HANSMIRE, LLC	831241602	0.055%
STEWART FIRE PROTECTION LLC	453482116	0.003%
STILLY VALLEY PLUMBING, LLC	452034243	0.046%
STM CONCRETE INC	821157769	0.047%
STRAIGHT UP ELECTRICAL LLC	883753431	0.008%
STRATA, INC.	910899390	0.007%
STREAMLINE INTEGRATION, INC.	270386786	0.012%
STUDIO19 ARCHITECTS, LLC	272775607	0.003%
SU DEVELOPMENT MLP	911527477	0.292%
SUMMIT DRYWALL, INC.	911763410	0.518%
SUNDANCE ENERGY SVCS. INC	911638053	0.162%
SUPERIOR CONTENTS LLC	821632366	0.001%
SUPERIOR CUSTOM CABINETS	911222901	0.092%
SUPERIOR SEPTIC SERVICE LLC	273789301	0.030%
SUPERIOR SOLE WELDING & FABRIC	911737662	0.093%
SURETY INSURANCE REPAIR, INC.	911380634	0.031%
SUYAMA PETERSON DEGUCHI, PLLC	911236595	0.063%

SUZANNE ZAHR, INC	830443487	0.002%
SWENSON SAY FAGET, INC.	911670281	0.356%
SWIFT TOOL COMPANY INC.	911086623	0.032%
SYSTEM INCORPORATED	911121649	0.029%
SYSTEM TECH WASHINGTON, INC.	464386982	0.116%
SYSTEMATIC SUPPLY LLC	473239202	0.014%
T & S DEVELOPMENT PROPERTIES,	910959441	0.036%
T.D.R. MASONRY LLC	880759383	0.028%
T2, LLC	990622865	0.020%
TALBOT EXCAVATING COMPANY LLC	481258215	0.006%
TANNER CONSTRUCTION LLC	187626025	0.005%
TAYLOR'S EXCAVATORS, INC	911756691	0.358%
TCHC LLC	873613384	0.072%
TD ALSKOG, INC	810895718	0.031%
TEND SERVICES INC	275024389	0.003%
TENHULZEN PAINTING, INC.	943486425	0.086%
TENHULZEN RESIDENTIAL, LLC	460944824	0.113%
TENNYSON HOMES CONSTRUCTION, I	300872978	0.035%
TERRA ASSOCIATES, INC.	911261631	0.009%
TERRA'S CONSTRUCTION LLC	800574083	0.026%
TERRENE CLEARINGHOUSE LLC	320473239	0.202%
TERRY & TAMMY JACOBSEN INC.	465211409	0.005%
TEUTSCH PARTNERS LLC	911878293	0.052%
THE BEST PRACTICE CONSTRUCTION	841874950	0.022%
THE BIG DOOR COMPANY	264793781	0.042%
THE COFFMAN GROUP, LLC	455319510	0.012%
THE DESIGN COLLECTIVE INC	261179911	0.004%
THE EVANS COMPANY	910778556	0.227%
THE FARRIS CORPORATION	911740530	0.118%
THE GREEN WAY HEATING & AIR CO	850964606	0.023%
THE HARDWARE STORE, INC.	910844370	0.108%
THE HENSON COMPANY INC	912051080	0.000%
THE INTEGRATED GROUP, INC.	710905410	0.043%
THE MCKINNEY GROUP, INC	270102920	0.008%
THE PEOPLE COME FIRST GROUP	853733149	0.170%
THE POOL COMPANY, INC.	911785340	0.186%
THE ROBSON CO., INC.	911698728	0.024%
THE SCHUSTER GROUP, INC.	911454235	0.045%
THE SHELTER STORE, LTD.	911975088	0.002%
THE SMARTCAP GROUP, INC	465654647	0.094%
THE SOLTNER GROUP ARCHITECTS,	203062015	0.024%
THE THOMPSON COMPANIES INC	993114208	0.003%
THERMAL PIPE SHIELDS	453556474	0.159%
THOMASWERKS, INC.	271295164	0.254%
THOMCO CONSTRUCTION, INC.	911423192	0.037%
THORNBERG CONSTRUCTION CO. INC	911665544	0.028%
TIMBERLAND HOMES, INC	911109610	0.030%

TIMBERWORX CONSTRUCTION GROUP	854072734	0.011%
TLM, INC.	911099686	0.194%
TOEPFER CONSTRUCTION CO, LLC	911572833	0.010%
TOM ASTROF CONSTRUCTION INC.	911960972	0.044%
TOTEM STEEL, INC.	911530948	0.054%
TPJ, INC.	680504729	0.075%
TRACY'S QUALITY PAINTING, INC.	911852397	0.039%
TRAILSIDE HOMES, LLC	471570074	0.085%
TRANSWESTERN REAL ESTATE SERVI	911033600	0.261%
TRAVERS ELECTRIC, INC.	202383181	0.069%
TREECYCLE LLC	223975411	0.092%
TREIBER BUILDING LLC	824882237	0.021%
TRESTLE PROPERTY SERVICES, LLC	471467439	0.258%
TRI POWER CONSTRUCTION LLC	203292329	0.028%
TRINITY PARTNERSHIP PROPERTY M	814929086	0.120%
TRIO RESIDENTIAL LLC	800917039	0.094%
TRIPLE BOTTOM LINE CONSTRUCTIO	831130653	0.014%
TRIPLE SIXTEEN LANDSCAPING, LL	010764886	0.029%
TRI-STATE PLUMBING, INC.	910928314	0.238%
TRITEC HOMES, INC.	911649343	0.007%
TRM SERVICES, INC.	272012932	0.087%
TRUE CONTRACTING, LLC	274622132	0.069%
TUBS TO GO! INC.	470915594	0.046%
TURNER EXHIBITS, INC	911413491	0.007%
TURNSTONE HOLDINGS, LLC	333662274	0.055%
TURNURE TELECOM, LLC	611461370	0.037%
TWC DEVELOPMENT LLC	203656034	0.002%
TYEE SURVEYORS LLC	352320710	0.039%
TYPE A FINISHES LLC	824124929	0.046%
UDC INTERNATIONAL, INC	911955305	0.035%
UDO J. REICH, INC	911610411	0.026%
UNDERGROUND NET LLC	843474130	0.105%
UNIPLEX CONSTRUCTION LLC	462967981	0.133%
UNITED DRYWALL INC	834224288	0.113%
UNITED DRYWALL PLUS CORPORATIO	990581859	0.029%
UNITED MARKETING, INC	910882896	0.420%
UNITED SEATTLE, LLC	823184633	0.077%
URESCO CONSTRUCTION MATERIALS,	910844220	0.401%
V & R INTERIOR PLUS, INC.	463791959	0.004%
V. VAN DYKE, INC	911055396	0.023%
VAN HOOFF CONSTRUCTION LLC	273790839	0.020%
VAN OVERBEKE CONSTRUCTION, INC	202590698	0.029%
VASHON CONSTRUCTION LLC	844593793	0.012%
VASHON MERCANTILE COMPANY	910990203	0.068%
VEHICLE EQUIPMENT INSTALLATION	753070890	0.013%
VENTANA CONSTRUCTION LLC	481300639	0.021%
VERDE DESIGN STUDIO LLC	202517051	0.030%

VERTICAL CONSTRUCTION GROUP LL	271079740	0.039%
VERTICAL OPTIONS, LLC	453237793	0.160%
VEVIK CONSTRUCTION LLC	831938908	0.002%
VINNIE & SONS PLUMBING, LLC	201271234	0.065%
VOLT ELECTRIC, LLC	810810158	0.039%
WALKER REBAR INC.	465499124	0.121%
WASHINGTON ALARM INC.	910671938	0.318%
WASHINGTON CEDAR & SUPPLY CO	910826766	0.778%
WASHINGTON HOLDINGS MGT CO LLC	320030002	0.672%
WASHINGTON WATER RESTORATION,	261921464	0.101%
WATERTITE PLUMBING HEATING AND	871721367	0.006%
WATTERSON EXCAVATING, INC	562538498	0.194%
WAVEGUIDE NETWORKS INC	721540209	0.019%
WB CONSTRUCTION, INC.	710971684	0.189%
WCW PUGET SOUND RENOVATIONS LL	853143672	0.013%
WE DO DIRT, LLC	820748421	0.098%
WEAVER CONSTRUCTION LLC	081226328	0.051%
WEBER + THOMPSON ARCHITECTS LL	911431446	0.319%
WEIDNER PROPERTY MANAGEMENT	261483797	8.049%
WESTCOAST CONTRACTING, LLC	820849051	0.013%
WESTCOAST PAINTING, LLC	721525439	0.235%
WESTCOTT HOMES, LLC	562394199	0.142%
WESTERN VAN LINES, INC	911077230	0.091%
WEZEE'S PLUMBING, INC	392071274	0.021%
WF GENERAL CONTRACTORS LLC	822976222	0.011%
WHD GROUP, INC.	874383692	0.035%
WHEELHOUSE ELECTRIC LLC	851093674	0.018%
WHOLESALE FLOORING SERVICES, L	263856742	0.027%
WICKMAN CONSTRUCTION, LLC	208229206	0.004%
WIDDIS DRYWALLING LLC	923192198	0.011%
WILDCARD LLC	470994180	0.027%
WILLIAM E. BUCHAN, INC.	910762672	0.070%
WILSON MILLER & COMPANY LLC	812215291	0.016%
WILSON TILE AND MARBLE, INC	911797525	0.031%
WINDOWS, DOORS & MORE INC	911609268	0.296%
WINDSOR CONSTRUCTION COMPANY	911542059	0.177%
WINDWARD ENVIRONMENTAL, LLC	912006378	0.149%
WINE VALLEY SIDING SUPPLY, INC	010773842	0.153%
WINFIELD HOMES LLC	270673684	0.004%
WOOD AND STOANE LLC	921702280	0.018%
WOODLAND GREENS GJJ LLC	264519115	0.199%
WOODLAND MOD, LLC	862057880	0.009%
WOODMAN CONSTRUCTION INC.	911250922	0.356%
WOODTONE INDUSTRIES USA, INC.	911664021	0.301%
WOODWAY WOODWORKS & CABINET, I	911541399	0.031%
WORDEN MASONRY	911253330	0.015%
WPI REAL ESTATE SERVICES, INC	911346455	0.079%

YADON CONSTRUCTION SPECIALTIES	911222430	0.096%
YEN DESIGN, INC	800879791	0.043%
ZVARA CONSULTING, INC.	911947851	0.013%
		100.00%