

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 IDAHO AGC SELF-FUNDED BENEFIT TRUST
1b	Three-digit plan number (PN) ▶ 502
1c	Effective date of plan 07/16/2008
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) IDAHO AGC SELF-FUNDED BENEFIT TRUST 1649 WEST SHORELINE DR, STE 100 BOISE, ID 83702
2b	Employer Identification Number (EIN) 30-0496315
2c	Plan Sponsor's telephone number 208-344-2531
2d	Business code (see instructions) 237990

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.	10/07/2025	WAYNE HAMMON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 IDAHO BRANCH INC, THE AGC 1649 WEST SHORELINE DR., SUITE 100 BOISE, ID 83702		3b Administrator's EIN 82-0096397	
		3c Administrator's telephone number 208-344-2531	
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	2510
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)	2510
		6a(2)	2716
		6b	
		6c	
		6d	2716
		6e	
		6f	
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

4A 4D 4E

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 _____
- (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 159756158

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 IDAHO AGC SELF-FUNDED BENEFIT TRUST	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 IDAHO AGC SELF-FUNDED BENEFIT TRUST	D Employer Identification Number (EIN) 30-0496315	

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

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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)

BLUE CROSS OF IDAHO

3000 E PINE AVE
MERIDIAN, ID 83642

82-0344294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	2810302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IDAHO BRANCH INC, THE AGC

1649 WEST SHORELINE DR, STE 100
BOISE, ID 83702

82-0096397

(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	PLAN SPONSOR	546385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT INSURANCE SERVICES

PO BOX 8377
PASADENA, CA 91109

33-0785439

(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?
16	NONE	262099	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)

VIMLY BENEFIT SOLUTIONS, INC.

12121 HARBOUR REACH DR STE 105
MUKILTEO, WA 98275

91-1603312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	219458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRED A. MORETON & COMPANY

101 SOUTH 200 EAST SUITE 300
SALT LAKE CITY, UT 84111

87-0218394

(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	NONE	153022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL MOUNTAIN STATES

101 S MAIN ST
SHERIDAN, WY 82801-4223

83-0185720

(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	NONE	126987	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)

GALLAGHER BENEFIT SERVICES INC

2850 GOLF ROAD
ROLLING MEADOWS, IL 60008

36-4291971

(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?
16 22	NONE	88124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL

PO BOX 2870
BOISE, ID 83701

82-0299431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	86931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRYSTAL SUMMIT INSURANCE SERVICES

4990 VALENTY RD STE D
CHUBBUCK, ID 83202

86-1727463

(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	NONE	71622	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)

PARKER INSURANCE GROUP

2180 ROBISON DR
REXBURG, ID 83440-3320

51-6065411

(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	NONE	47362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGGINS & RUTLEDGE INSURANCE INC.

1661 SHORELINE DR SUITE 100
BOISE, ID 83702

82-0303178

(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	NONE	45719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SHANDRO GROUP INC.

3380 AMERICANA TERRACE STE 330
BOISE, ID 83706

85-1319360

(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	NONE	43122	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)

MILLIMAN, INC

1301 5TH AVE, STE 3800
SEATTLE, WA 98101

91-0675641

(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	NONE	40022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGITAL INSURANCE

200 GALLERIA PARKWAY STE 1950
ATLANTA, GA 30339

58-2522668

(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	NONE	39594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSH USA, INC.

PO BOX 4386
MISSOULA, MT 59806

26-3237576

(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	NONE	37578	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)

FREDRIKSEN BROWN INSURANCE LLC

5240 FAIRVIEW ST
BOISE, ID 83706

81-1013347

(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	NONE	31175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LARSEN LAW, PLLC

24551 BENHAVEN LAND
MIDDLETON, ID 83644

27-3524884

(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	NONE	29707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BUCKNER COMPANY OF IDAHO, LLC

6550 SOUTH MILLROCK DRIVE 300
SALT LAKE CITY, UT 84121

85-1319360

(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	NONE	29535	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)

ADVANCED BENEFITS INC.

405 W MYRTLE ST
BOISE, ID 83702

82-0514139

(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	NONE	27542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HARTWELL CORP

P.O. BOX 51019
IDAHO FALLS, ID 83405

82-0257435

(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	NONE	21682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HSBC INSURANCE LLC

591 PARK AVE SUITE 103
IDAHO FALLS, ID 83402

27-2615382

(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	NONE	20142	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)

VISION SERVICE PLAN

3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

82-0339119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	19800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE MURRAY GROUP

PO BOX 3725
COEUR DALENE, ID 83816

20-0936230

(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	NONE	15678	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KASH BROWNE & COMPANY LLC

1673 W SHORELINE DR, SUITE 160
BOSE, ID 83702

52-2350728

(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	NONE	15504	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)

POST INSURANCE SERVICES INC

2315 S COBALT POINT WAY
MERIDIAN, ID 83642

82-0413848

(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	NONE	15072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRIS CPAS, P.C.

1120 S RACKHAM WAY, SUITE 100
MERIDIAN, ID 83642

26-4022510

(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	NONE	13700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEENLY

3380 W AMERICANA TERRACE, SUITE 330
BOISE, ID 83706

99-2951287

(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	NONE	13620	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)

THE PARTNERS GROUP LTD

11850 SW 67TH AVE SUITE 100
PORTLAND, OR 97223

93-1300504

(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	NONE	12002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC FILLMORE, LLC

3922 W CROSSLEY DR
EAGLE, ID 83616

46-2286866

(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	NONE	11308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSOCIATED INSURANCE SERVICES

2676 S VISTA AVE
BOISE, ID 83705

86-1132980

(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	NONE	8204	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)

JENSCO, INC

190 SOUTH 800 WEST
BLACKFOOT, ID 83221

82-0497742

(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	NONE	7456	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 IDAHO AGC SELF-FUNDED BENEFIT TRUST	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 IDAHO AGC SELF-FUNDED BENEFIT TRUST	D Employer Identification Number (EIN) 30-0496315	

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	4439939	4538769
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	753754	2763417
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	397462	56166
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	320773	233025
(2) U.S. Government securities	1c(2)	2729127	2609822
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	1098369	1620342
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	1087005	1074960
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10826429	12896501
Liabilities			
g Benefit claims payable.....	1g	2547258	3083301
h Operating payables.....	1h	737016	904849
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	982136	907305
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4266410	4895455
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6560019	8001046

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)	27130815	
(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)		27130815
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	298893	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		298893
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	17467	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		17467
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	525436	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	472065	
(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)	91573	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27592119

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21124805	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21124805
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)	3458576	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13700	
(5) Investment advisory and investment management fees	2i(5)	18453	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	40022	
(8) Legal fees	2i(8)	29707	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1465829	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5026287
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26151092

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1441027
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: **HARRIS CPAS, P.C.**

(2) EIN: **99-0658768**

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?	☒		1500
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 _____.

Financial Statements

Idaho AGC Self-Funded Benefit Trust
Includes Supplemental Information
December 31, 2024 and 2023



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Idaho AGC Self-Funded Benefit Trust
Boise, Idaho

Opinion

We have audited the financial statements of Idaho AGC Self-Funded Benefit Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial status of Idaho AGC Self-Funded Benefit Trust as of December 31, 2024 and 2023, and the changes in its financial status for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Idaho AGC Self-Funded Benefit 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 Idaho AGC Self-Funded Benefit Trust's ability to continue as a going concern for one year after the date that the financial statements are issued.





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

Auditor's 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 auditor's 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 Idaho AGC Self-Funded Benefit 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 Idaho AGC Self-Funded Benefit 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 year end) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Harrie CPAs P.C.

Meridian, Idaho
March 27, 2025

IDAHO AGC SELF-FUNDED BENEFIT TRUST
STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Benefit Obligations		
Amounts due for claims payable	\$ 649,693	\$ 614,930
Estimated medical claims incurred but not reported	3,041,669	2,487,801
Estimated vision claims incurred but not reported	5,220	5,083
Estimated dental claims incurred but not reported	<u>36,412</u>	<u>54,374</u>
Total Benefit Obligations	3,732,994	3,162,188
Assets		
Investments at fair value	5,305,124	4,914,501
Receivables		
Participating employers' contributions	2,763,417	753,754
Stop loss insurance receivable	0	311,897
Accrued interest receivable	<u>46,166</u>	<u>39,279</u>
Total Receivables	2,809,583	1,104,930
Cash and cash equivalents	4,771,794	4,760,712
Due from Idaho AGC Benefit Plan Trust	0	39,526
Prepaid expenses	<u>10,000</u>	<u>6,760</u>
Total Assets	12,896,501	10,826,429
Liabilities		
Accounts payable	237,061	122,086
Unearned plan contributions	907,305	561,061
Due to Idaho AGC Benefit Plan Trust	18,095	0
Deferred income – hour bank	<u>0</u>	<u>421,075</u>
Total Liabilities	<u>1,162,461</u>	<u>1,104,222</u>
Net Assets Available for Benefits	<u>11,734,040</u>	<u>9,722,207</u>
Excess of Net Assets Available For Benefits Over Benefit Obligations	<u>\$ 8,001,046</u>	<u>\$ 6,560,019</u>

See notes to financial statements.

IDAHO AGC SELF-FUNDED BENEFIT TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

Net Increase In Benefit Obligations

Increase (decrease) during the year attributable to:

Change in amounts due for claims payable	\$ (34,763)
Change in estimated vision claims incurred and not reported	137
Change in estimated dental claims incurred and not reported	(17,962)
Change in estimated medical claims incurred and not reported	<u>553,868</u>

Net Increase in Benefit Obligations 501,280

Net Increase In Net Assets Available For Benefits

Additions to net assets attributed to:

Plan contributions	27,130,815
Investment income:	
Net appreciation in fair value of investments	144,944
Interest and dividends	<u>316,360</u>

Total Additions 27,592,119

Deductions from net assets attributed to:

Medical claims, net of rebate	19,629,240
Medical, dental and visual administrative costs	2,917,033
Broker commissions	929,228
Dental claims	883,118
Administrative expenses	892,159
Consulting fees	251,990
Vision claims	103,637
Professional fees	<u>43,407</u>

Total Deductions 25,649,812

Net Increase in Net Assets Available For Benefits 1,942,307

Change in Excess of Net Assets Available for
Benefits Over Benefit Obligations 1,441,027

Excess of Net Assets Available For Benefits

Over Benefit Obligations, Beginning of Year 6,560,019

Excess of Net Assets Available For Benefits

Over Benefit Obligations, End of Year \$ 8,001,046

See notes to financial statements.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note A - Description of Plan

The following description of Idaho AGC Self-Funded Benefit Trust (“the Trust”) provides only general information. Participants should refer to the Trust agreement for a more complete description of the Trust’s provisions.

Nature of Operations

AGC Benefit Trust – Idaho AGC Self-Funded Benefit Trust (“the Trust”) was established July 16, 2008 and is operated in accordance with the terms of the AGC Benefit Plan (“the Plan”) described below. The Trust was formed to receive contributions to the Plan and to hold, manage, invest, and reinvest, Trust property and all income from such property as required by the Employment Retirement Income Security Act of 1974 (ERISA). ERISA also dictates the structure by which the Trust is governed and makes the Trust responsible for administering the Plan.

AGC Benefit Plan – The purpose of the AGC Benefit Plan (“the Plan”) is to provide health and welfare benefits (including, but not limited to medical, dental and vision) to eligible employees of participating member firms of the Idaho Branch, Inc., The Associated General Contractors of America, Inc. (AGC), through a multiple employer group coverage arrangement. The Plan, as described in the Plan document, outlines the definitions, procedures, and eligibility requirements used to provide benefits to plan participants. Participants should refer to the Plan document for a more complete description of the Plan’s features.

Hour Bank

The Plan maintained an hour bank for certain participants through December 31, 2023. The hour bank was designed to provide year-round health and welfare benefit coverage for employees whose construction-related work hours vary seasonally. A participant’s accumulated hour bank balance was available to provide benefits during months when payments received based on hours worked do not satisfy the hour bank charge.

Participating hour bank employees were credited for hours paid by their employer as reported to the Trust. The hour bank for each participating employee is charged a monthly contribution at the rate of 140 hours per month, which is recognized as revenue by the Trust. Hours reported in excess of 140 accumulate in the participating employee’s hour bank, to be drawn upon in the future and are recognized as deferred revenue by the Trust.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note A - Description of Plan (Continued)

Hour Bank (Continued)

During 2024 the Trust discontinued the hour bank and refunded all contributions. During 2023 participants were refunded contributions for hours accumulated in excess of 18 months of coverage. During the years ended December 31, 2024 and 2023, refunds totaled \$421,075 and \$12,744 respectively is shown net with total plan contributions on the statement of changes in benefit obligations and net assets available for benefits.

Benefits

Medical, dental and vision benefits are provided to participants through a self-funded arrangement administered by third parties.

Contributions

Each employer remits to the Trust, on a monthly basis, the contributions that are required to adequately cover the funding of the benefit plans and the payment of contributions, including a share of the Trust's administrative expenses, for its participants and beneficiaries.

The contributions from each employer shall be paid from its general assets, but may include contributions from its employees. Failure to make required contributions when due shall constitute grounds for immediate termination of an Employer from participation in the Trust and termination of coverage under the benefit plans and coverage contracts of its participants and beneficiaries. The Trustees may bring action to collect contributions if coverage has been provided or if benefits have been paid and either no contributions or an incorrect amount of contributions has been paid. If the Trustees are successful in bringing legal action to collect contributions, the employer will owe, in addition to the contributions, interest, court costs, and attorney's fees.

To ensure proper determination of contributions and eligibility in the administration of the Trust and benefit plans, an Employer shall promptly furnish to the Trustees on demand such payroll information and data with respect to the individual participants that the Trustees may require. Payroll information and data shall be limited in nature to that minimum information necessary for the administration of the Trust and benefit plans. The Trustees, or their authorized representatives, have the right to examine the relevant payroll records of an employer with respect to the individual participants whenever an examination is deemed necessary or advisable by the trustees in connection with the administration of the Trust and the benefit plans.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The Trust's financial statements have been prepared on the accrual basis of accounting.

Cash Equivalents

The Trust considers its short-term, highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

Concentration of Credit Risk

The Plan's participants are employed by companies in the construction industry located in Idaho. All of the Plan's income is from participating employees located in Idaho.

Financial instruments that potentially subject the Trust to significant concentrations are cash and investments. Accounts at financial institutions are insured by the Federal Deposit Insurance Corporation for up to \$250,000. Investment accounts are insured by the Securities Investor Protection Corporation for up to \$500,000 total with a \$250,000 limit for cash. The Trust's uninsured cash and investment balance was \$5,055,124 and \$8,936,398 at December 31, 2024 and 2023, respectively.

Valuation of Investments

The Trust's investments are stated 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 the market participants at the measurement date. See Note E for discussion of fair value of investments.

Accounts Receivable

Accounts receivable consist of contributions due from employers. Uncollectible accounts are charged to bad debt expense as they are determined to be uncollectible. Use of this method does not result in a material difference from the valuation method required by generally accepted accounting principles.

Use of Estimates

The preparation of financial statements, in conformity with U.S. generally accepted accounting principles, requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note B - Summary of Significant Accounting Policies (Continued)

Unearned Plan Contributions

Participant contributions are recognized over the applicable coverage period. Unearned plan contributions consist of contributions received that relate to coverage in a future period.

Uncertain Tax Positions

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Trust may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for fiscal years 2024 or 2023.

The Trust files income tax returns in the U.S. federal jurisdiction. The Trust is generally no longer subject to examination by the Internal Revenue Service for years before 2021.

Reclassifications

Certain reclassifications have been made to the prior years' financial statements to conform to the current year presentation. The reclassifications had no effect on previously reported results of benefit obligations or net assets.

Subsequent Events

The Trust has evaluated all other subsequent events through March 27, 2025 which is the date the financial statements were available to be issued. Effective January 1, 2025 the Idaho AGC Benefit Plan Trust was combined with the Trust.

Note C - Rebates

During the year ended December 31, 2024, the plan received \$1,406,858 in prescription drug rebates.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note D - Investments

During the year ended December 31, 2024, the Trust's investments (including investments bought, sold, and held during the year) increased in value by \$91,574 as follows:

	<u>2024</u>		<u>2023</u>
	<u>Net Increase in Value During Period</u>	<u>Fair value at End of Year</u>	<u>Fair value at End of Year</u>
Fair value as determined by quoted market price:			
Fixed income securities	\$ 23,089	\$ 4,230,164	\$ 3,827,496
Corporate securities	<u>68,485</u>	<u>1,074,960</u>	<u>1,087,005</u>
	<u>\$ 91,574</u>	<u>\$ 5,305,124</u>	<u>\$ 4,914,501</u>

Note E - Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
Level 2	Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value instrument.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note E - Fair Value Measurements (Continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Trust's investments are held in corporate securities and municipal and corporate bonds. The corporate securities are actively traded and have been valued using unadjusted quoted prices for identical assets in active markets. The corporate securities are considered Level 1 assets. The bonds are valued based on the quoted prices for similar assets in active markets. These investments have been determined to be Level 2 assets.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Trust's investments at fair value as of December 31, 2024 and 2023.

	<u>Fair Value</u>	<u>Fair Value Measurements Using</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2024				
Fixed income securities	\$ 4,230,164	\$ 0	\$ 4,230,164	\$ 0
Corporate securities	<u>1,074,960</u>	<u>1,074,960</u>		
Total	<u>\$ 5,305,124</u>	<u>\$ 1,074,960</u>	<u>\$ 4,230,164</u>	<u>\$ 0</u>
December 31, 2023				
Fixed income securities	\$ 3,827,496	\$ 0	\$ 3,827,496	\$ 0
Corporate securities	<u>1,087,005</u>	<u>1,087,005</u>		
Total	<u>\$ 4,914,501</u>	<u>\$ 1,087,005</u>	<u>\$ 3,827,496</u>	<u>\$ 0</u>

Note F - Income Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan sponsor believes that the Plan, as amended, continues to qualify and to operate as designated. Therefore, no provision for income taxes has been included in the financial statements.

IDAHO AGC SELF-FUNDED BENEFIT TRUST

NOTES TO FINANCIAL STATEMENTS

Note G - Related Party Transaction

Idaho Branch, Inc., The Associated General Contractors of America, Inc. (AGC) performs record-keeping, accounting, administrative and marketing services for the Trust. The Trust incurred expenses of \$541,543 for these services for the year ended December 31, 2024.

At December 31, 2024 and 2023 the Trust had a receivable from the AGC in the amount of \$1,930,854 and \$561,061, respectively, for contributions.

During 2024 the Idaho AGC Benefit Plan Trust prepaid the Trust for their share of administrative expenses paid by the Trust. At December 31, 2024 the Trust owed the Idaho AGC Benefit Plan Trust \$18,095 for an overpayment. The liability owed to the Idaho AGC Benefit Plan Trust was settled on January 1, 2025 when the Idaho AGC Benefit Plan Trust combined with the Trust.

During 2023 the Idaho AGC Benefit Plan Trust reimbursed the Trust for expenses paid on its behalf. At December 31, 2023 the Trust had a receivable from the Idaho AGC Benefit Plan Trust in the amount of \$39,526.

Note H - Plan Termination

The Trust may be terminated by action of Trustees. This Trust Agreement will terminate automatically upon the occurrence of all of the following events: (a) the termination of all self-funded benefits or other benefits provided under the Trust; (b) the cessation of participation of all Employers; and (c) the distribution of all assets held in the Trust. Upon termination of the Trust, the Trustees will give written notice to the Board of Directors of the Idaho AGC.

Upon termination of the Trust, the Trustees shall make appropriate arrangements for the distribution of any remaining assets. Any assets remaining in the Trust, after payment of expenses, shall be used for the continuance of the benefits until such assets have been exhausted, unless some other disposition is required by law.

Note I - Risks And Uncertainties

The actuarial present value of estimated claims incurred but not reported is reported based on certain assumptions pertaining to enrollment, contribution tier election, membership projection, interest rates, health care inflation rates, employee demographics and other various assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Supplemental Information

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Alaska Municipal Bond	\$100,000 note, 1.182% Interest, due 12/1/26	\$ 98,522	\$ 94,046
	Abbvie INC	\$50,000 note, 3.6% interest, due 5/14/2025	48,812	49,793
	Amgen, Inc.	\$50,000 note, 3.125% interest, due 5/1/25	49,252	49,723
	Arlington, TX Taxable Pens.	\$75,000 note, 1.396% Interest, due 8/15/29	75,162	65,329
	Benton County WA	\$25,000 note, 5.86% interest, due 11/1/26	30,499	25,288
	Boeing Co	\$50,000 note, 2.8% interest, due 3/1/27	49,664	47,653
	Broadcom Inc	\$50,000 note, 4.3% interest, due 11/15/32	45,750	47,168
	Citigroup Inc	\$50,000 note, 3.4% interest, due 5/1/26	52,793	49,134
	California ST General Purpose	\$100,000 note, 4.5% interest, due 4/1/33	121,443	96,335
	Cisco Systems Inc.	\$100,000 note, 4.85% interest, due 2/26/29	101,070	100,630
	Cummins Inc.	\$100,000 note, 4.9% interest, due 2/20/29	101,297	100,620
	Corpus Christi Texas Regular	\$75,000 note, 2.487% interest, due 12/1/27	80,737	70,476

IDAHO AGC SELF-FUNDED BENEFIT TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Cuyahoga County	\$50,000 note, 3.276% interest, due 1/1/29	50,949	47,593
	Dallas Tex Waterworks	\$75,000 note, 1.93% interest, due 10/1/31	78,392	62,851
	Elli Lilly &CO	\$100,000 note, 4.5% interest, due 2/9/29	100,233	99,448
	Energy Transfer Partners L P	\$100,000 note, 3.75% interest, due 5/15/30	95,706	93,307
	Evansville ETC IN	\$60,000 note, 5.9% interest, due 7/15/26	67,288	60,033
	Fiserv Inc.	\$75,000 note, 2.25% interest, due 6/1/27	64,619	70,724
	Fresno JT Pwrs Auth	\$50,000 note, 3.73% interest, due 4/1/27	51,299	49,076
	Florida ST Brd Admin	\$50,000 note, 2.154% interest, due 7/1/30	52,023	43,100
	Geary County Kansas	\$50,000 note, 3.461% interest, due 9/1/29	51,515	49,689
	Grant County Public Utility	\$75,000 note, 2.728% interest, due 1/1/32	81,944	65,318
	Grapevine 4B Econom	\$50,000 note, 4.00% interest, due 2/5/30	50,802	47,619
	Great Lakes Water Authority	\$75,000 note, 2.315% interest, due 7/1/31	77,617	64,927

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		<u>Cost</u>	<u>Current value</u>
	Gwinnett County, GA	\$50,000 note, 3.9% interest, due 9/1/32	51,002	46,889
	Hallsburg Texas School District	\$100,000 note, 1.75% interest, due 2/15/31	100,375	84,136
	Hialeah Fla Spe	\$50,000 note, 4.231% interest, due 12/1/26	54,184	49,740
	Houston Texas Utility System	\$75,000 note, 1.822% interest, due 11/15/32	77,461	60,121
	Hyland Hills Met	\$100,000 note, 3.0% interest, due 12/15/26	75,203	68,512
	Idaho HSG Fin Grant	\$55,000 note, 6.348% interest, due 7/15/28	68,332	56,636
	Idaho HSG Fin	\$50,000 note, 7.00% interest, due 1/1/40	60,620	50,111
	John Deere Capital Corp	\$75,000 note, 4.95% interest, due 7/14/28	75,000	75,724
	JPMorgan Chase & Co	\$50,000 note, 3.2% interest, due 6/15/26	52,982	49,050
	King County Washington	\$50,000 note, 5.5% interest, due 12/1/27	56,303	50,177
	Little Miami Ohio	\$50,000 note, 3.56% interest, due 12/1/34	53,978	44,629
	McCormick & Co Inc	\$75,000 note, 3.4% interest, due 5/15/27	87,604	72,724

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	McDonalds Corp	\$75,000 note, 2.625% interest, due 9/1/29	69,070	68,275
	Morgan Stanley	\$50,000 note, 4.0% interest, due 7/23/25	50,100	49,795
	Miami-Dade Cty Wtr	\$50,000 note, 3.0% interest, due 10/1/49	54,132	38,675
	Milwaukie OR Full Faith	\$75,000 note, 2.369% interest, due 6/15/32	79,008	63,197
	Montgomery County, MD	\$50,000 note, 4.15% interest, due 5/1/30	51,253	48,449
	Nike Inc.	\$50,000 note, 2.375% interest, due 11/1/26	48,786	48,193
	Northrop Grumman Corp	\$75,000 note, 4.4% interest, due 5/1/30	75,000	73,034
	Netflix Inc	\$75,000 note, 4.875% interest, due 4/15/28	76,520	75,300
	New Jersey	\$50,000 note, 3.636% interest, due 9/1/29	53,664	47,627
	New York Transp	\$50,000 note, 3.673% interest, due 7/1/30	49,002	46,531
	Ogden City Sewer & Water Utah	\$75,000 note, 2.15% interest, due 6/15/32	77,022	61,975
	Phoenix Ariz Civic Sch District	\$100,000 note, 1.257% interest, due 7/1/27	98,486	92,579

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Port Portland ORE	\$50,000 note, 3.915% interest, due 7/1/34	53,445	44,729
	Port of Vancouver	\$50,000 note, 3.552% interest, due 12/1/32	50,818	45,159
	Port of Vancouver	\$50,000 note, 4.003% interest, due 12/1/31	52,135	47,183
	Porterville, CA	\$50,000 note, 7.25% interest, due 7/1/27	60,460	50,101
	Pulaski County ARK	\$50,000 note, 2.8% interest, due 2/1/34	49,610	41,476
	Qualcomm Inc.	\$100,000 note, 3.25% interest, due 5/20/27	98,303	97,251
	RTX Corporation	\$75,000 note, 6% interest, due 3/15/31	80,400	78,729
	San Antonio Tex Elec & Gas	\$75,000 note, 2.142% interest, due 2/1/34	75,973	59,090
	San Jose ETC CA	\$75,000 note, 4.128% interest, due 9/1/32	78,191	71,693
	San Marcos CA	\$50,000 note, 4.00% interest, due 10/1/27	52,866	49,322
	Santa Cruz County CA	\$50,000 note, 3.75% interest, due 9/1/32	55,335	46,463
	Stanley Black & Decker Inc	\$75,000 note, 6.27% interest, due 3/6/26	75,389	74,981

IDAHO AGC SELF-FUNDED BENEFIT TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 30-0496315

Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Texas Tech University	\$100,000 note, 1.753% interest, due 2/15/30	101,181	86,658
	Texas Transn Commn St	\$100,000 note, 5.178% interest, due 4/1/30	121,516	100,942
	Union Pacific Corp	\$50,000 note, 3.25% interest, due 8/15/25	49,171	49,575
	United Technologies Corp	\$50,000 note, 3.95% interest, due 8/16/25	50,260	49,736
	University of Texas Higher Ed	\$100,000 note, 4.644% interest, due 8/15/30	126,486	98,048
	Walmart Inc	\$50,000 note, 3.55% interest, due 6/26/25	53,797	49,777
	Yellowstone Cnty Mont Sch	\$75,000 note, 1.512% interest, due 6/15/27	68,233	69,810
	Yorba Linda California	\$50,000 note, 3.25% interest, due 9/1/28	<u>51,047</u>	<u>47,482</u>
	Total Fixed Income Securities		4,677,091	4,230,164
	Alphabet Inc.	200 shares corporate stock	8,461	37,860
	American Express	200 shares corporate stock	25,615	59,358
	Amgen Inc.	75 shares corporate stock	21,463	19,548

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Apple Inc.	350 shares corporate stock	5,412	87,647
	Becton Dickinson & Co	100 shares corporate stock	22,344	22,687
	Carrier Global Corp	700 shares corporate stock	24,983	47,782
	Chevron Corporation	200 shares corporate stock	18,522	28,968
	Chubb	200 shares corporate stock	17,169	41,445
	Cigna Corp	150 shares corporate stock	31,128	41,421
	Cisco Systems Inc.	600 shares corporate stock	19,694	35,520
	Cognizant Tech Corp	300 Shares Corporate stock	19,138	23,070
	Cummins, Inc.	100 shares corporate stock	25,504	34,860
	Deere & Co	100 shares corporate stock	34,651	42,370
	Fedex Corp	150 shares corporate stock	24,676	42,199
	Fiserv Inc.	200 shares corporate stock	19,420	41,084

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		<u>Cost</u>	<u>Current value</u>
	Generac Holdings Inc.	200 shares corporate stock	22,292	31,010
	Home Depot Inc.	100 shares corporate stock	22,698	38,899
	JP Morgan Chase & Co.	250 shares corporate stock	14,528	59,927
	Marathon Pete Corp.	200 shares corporate stock	10,345	27,900
	Microsoft Corp	125 shares corporate stock	6,296	52,687
	Oracle Corporation	280 shares corporate stock	20,187	46,659
	Otis Worldwide Corp	300 share corporate stock	20,752	27,783
	Paypal Holdings Inc.	230 shares corporate stock	21,734	19,631
	Pepsico Inc.	150 shares corporate stock	14,996	22,809
	Polaris Inc.	175 shares corporate stock	14,490	10,084
	Qualcomm Inc.	200 shares corporate stock	11,144	30,724
	RTX Corporation	300 shares corporate stock	22,629	34,716

IDAHO AGC SELF-FUNDED BENEFIT TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Sysco Corporation	300 shares corporate stock	23,926	22,938
	Teleflex Inc.	125 shares corporate stock	27,052	22,248
	Zimmer Biomet Holdings	200 shares corporate stock	<u>25,160</u>	<u>21,126</u>
	Total Corporate Stocks		<u>596,409</u>	<u>1,074,960</u>
	Total Investments		<u>\$ 5,273,500</u>	<u>\$ 5,305,124</u>

(a) — Parties in interest as of December 31, 2024

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Alaska Municipal Bond	\$100,000 note, 1.182% Interest, due 12/1/26	\$ 98,522	\$ 94,046
	Abbvie INC	\$50,000 note, 3.6% interest, due 5/14/2025	48,812	49,793
	Amgen, Inc.	\$50,000 note, 3.125% interest, due 5/1/25	49,252	49,723
	Arlington, TX Taxable Pens.	\$75,000 note, 1.396% Interest, due 8/15/29	75,162	65,329
	Benton County WA	\$25,000 note, 5.86% interest, due 11/1/26	30,499	25,288
	Boeing Co	\$50,000 note, 2.8% interest, due 3/1/27	49,664	47,653
	Broadcom Inc	\$50,000 note, 4.3% interest, due 11/15/32	45,750	47,168
	Citigroup Inc	\$50,000 note, 3.4% interest, due 5/1/26	52,793	49,134
	California ST General Purpose	\$100,000 note, 4.5% interest, due 4/1/33	121,443	96,335
	Cisco Systems Inc.	\$100,000 note, 4.85% interest, due 2/26/29	101,070	100,630
	Cummins Inc.	\$100,000 note, 4.9% interest, due 2/20/29	101,297	100,620
	Corpus Christi Texas Regular	\$75,000 note, 2.487% interest, due 12/1/27	80,737	70,476

IDAHO AGC SELF-FUNDED BENEFIT TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Cuyahoga County	\$50,000 note, 3.276% interest, due 1/1/29	50,949	47,593
	Dallas Tex Waterworks	\$75,000 note, 1.93% interest, due 10/1/31	78,392	62,851
	Elli Lilly &CO	\$100,000 note, 4.5% interest, due 2/9/29	100,233	99,448
	Energy Transfer Partners L P	\$100,000 note, 3.75% interest, due 5/15/30	95,706	93,307
	Evansville ETC IN	\$60,000 note, 5.9% interest, due 7/15/26	67,288	60,033
	Fiserv Inc.	\$75,000 note, 2.25% interest, due 6/1/27	64,619	70,724
	Fresno JT Pwrs Auth	\$50,000 note, 3.73% interest, due 4/1/27	51,299	49,076
	Florida ST Brd Admin	\$50,000 note, 2.154% interest, due 7/1/30	52,023	43,100
	Geary County Kansas	\$50,000 note, 3.461% interest, due 9/1/29	51,515	49,689
	Grant County Public Utility	\$75,000 note, 2.728% interest, due 1/1/32	81,944	65,318
	Grapevine 4B Econom	\$50,000 note, 4.00% interest, due 2/5/30	50,802	47,619
	Great Lakes Water Authority	\$75,000 note, 2.315% interest, due 7/1/31	77,617	64,927

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		<u>Cost</u>	<u>Current value</u>
	Gwinnett County, GA	\$50,000 note, 3.9% interest, due 9/1/32	51,002	46,889
	Hallsburg Texas School District	\$100,000 note, 1.75% interest, due 2/15/31	100,375	84,136
	Hialeah Fla Spe	\$50,000 note, 4.231% interest, due 12/1/26	54,184	49,740
	Houston Texas Utility System	\$75,000 note, 1.822% interest, due 11/15/32	77,461	60,121
	Hyland Hills Met	\$100,000 note, 3.0% interest, due 12/15/26	75,203	68,512
	Idaho HSG Fin Grant	\$55,000 note, 6.348% interest, due 7/15/28	68,332	56,636
	Idaho HSG Fin	\$50,000 note, 7.00% interest, due 1/1/40	60,620	50,111
	John Deere Capital Corp	\$75,000 note, 4.95% interest, due 7/14/28	75,000	75,724
	JPMorgan Chase & Co	\$50,000 note, 3.2% interest, due 6/15/26	52,982	49,050
	King County Washington	\$50,000 note, 5.5% interest, due 12/1/27	56,303	50,177
	Little Miami Ohio	\$50,000 note, 3.56% interest, due 12/1/34	53,978	44,629
	McCormick & Co Inc	\$75,000 note, 3.4% interest, due 5/15/27	87,604	72,724

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	McDonalds Corp	\$75,000 note, 2.625% interest, due 9/1/29	69,070	68,275
	Morgan Stanley	\$50,000 note, 4.0% interest, due 7/23/25	50,100	49,795
	Miami-Dade Cty Wtr	\$50,000 note, 3.0% interest, due 10/1/49	54,132	38,675
	Milwaukie OR Full Faith	\$75,000 note, 2.369% interest, due 6/15/32	79,008	63,197
	Montgomery County, MD	\$50,000 note, 4.15% interest, due 5/1/30	51,253	48,449
	Nike Inc.	\$50,000 note, 2.375% interest, due 11/1/26	48,786	48,193
	Northrop Grumman Corp	\$75,000 note, 4.4% interest, due 5/1/30	75,000	73,034
	Netflix Inc	\$75,000 note, 4.875% interest, due 4/15/28	76,520	75,300
	New Jersey	\$50,000 note, 3.636% interest, due 9/1/29	53,664	47,627
	New York Transp	\$50,000 note, 3.673% interest, due 7/1/30	49,002	46,531
	Ogden City Sewer & Water Utah	\$75,000 note, 2.15% interest, due 6/15/32	77,022	61,975
	Phoenix Ariz Civic Sch District	\$100,000 note, 1.257% interest, due 7/1/27	98,486	92,579

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		<u>Cost</u>	<u>Current value</u>
	Port Portland ORE	\$50,000 note, 3.915% interest, due 7/1/34	53,445	44,729
	Port of Vancouver	\$50,000 note, 3.552% interest, due 12/1/32	50,818	45,159
	Port of Vancouver	\$50,000 note, 4.003% interest, due 12/1/31	52,135	47,183
	Porterville, CA	\$50,000 note, 7.25% interest, due 7/1/27	60,460	50,101
	Pulaski County ARK	\$50,000 note, 2.8% interest, due 2/1/34	49,610	41,476
	Qualcomm Inc.	\$100,000 note, 3.25% interest, due 5/20/27	98,303	97,251
	RTX Corporation	\$75,000 note, 6% interest, due 3/15/31	80,400	78,729
	San Antonio Tex Elec & Gas	\$75,000 note, 2.142% interest, due 2/1/34	75,973	59,090
	San Jose ETC CA	\$75,000 note, 4.128% interest, due 9/1/32	78,191	71,693
	San Marcos CA	\$50,000 note, 4.00% interest, due 10/1/27	52,866	49,322
	Santa Cruz County CA	\$50,000 note, 3.75% interest, due 9/1/32	55,335	46,463
	Stanley Black & Decker Inc	\$75,000 note, 6.27% interest, due 3/6/26	75,389	74,981

IDAHO AGC SELF-FUNDED BENEFIT TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**

EIN: 30-0496315

Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	<u>Cost</u>	<u>Current value</u>
	Texas Tech University	\$100,000 note, 1.753% interest, due 2/15/30	101,181	86,658
	Texas Transn Commn St	\$100,000 note, 5.178% interest, due 4/1/30	121,516	100,942
	Union Pacific Corp	\$50,000 note, 3.25% interest, due 8/15/25	49,171	49,575
	United Technologies Corp	\$50,000 note, 3.95% interest, due 8/16/25	50,260	49,736
	University of Texas Higher Ed	\$100,000 note, 4.644% interest, due 8/15/30	126,486	98,048
	Walmart Inc	\$50,000 note, 3.55% interest, due 6/26/25	53,797	49,777
	Yellowstone Cnty Mont Sch	\$75,000 note, 1.512% interest, due 6/15/27	68,233	69,810
	Yorba Linda California	\$50,000 note, 3.25% interest, due 9/1/28	<u>51,047</u>	<u>47,482</u>
	Total Fixed Income Securities		4,677,091	4,230,164
	Alphabet Inc.	200 shares corporate stock	8,461	37,860
	American Express	200 shares corporate stock	25,615	59,358
	Amgen Inc.	75 shares corporate stock	21,463	19,548

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Apple Inc.	350 shares corporate stock	5,412	87,647
	Becton Dickinson & Co	100 shares corporate stock	22,344	22,687
	Carrier Global Corp	700 shares corporate stock	24,983	47,782
	Chevron Corporation	200 shares corporate stock	18,522	28,968
	Chubb	200 shares corporate stock	17,169	41,445
	Cigna Corp	150 shares corporate stock	31,128	41,421
	Cisco Systems Inc.	600 shares corporate stock	19,694	35,520
	Cognizant Tech Corp	300 Shares Corporate stock	19,138	23,070
	Cummins, Inc.	100 shares corporate stock	25,504	34,860
	Deere & Co	100 shares corporate stock	34,651	42,370
	Fedex Corp	150 shares corporate stock	24,676	42,199
	Fiserv Inc.	200 shares corporate stock	19,420	41,084

IDAHO AGC SELF-FUNDED BENEFIT TRUST
Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)
For the Year Ended December 31, 2024

EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		<u>Cost</u>	<u>Current value</u>
	Generac Holdings Inc.	200 shares corporate stock	22,292	31,010
	Home Depot Inc.	100 shares corporate stock	22,698	38,899
	JP Morgan Chase & Co.	250 shares corporate stock	14,528	59,927
	Marathon Pete Corp.	200 shares corporate stock	10,345	27,900
	Microsoft Corp	125 shares corporate stock	6,296	52,687
	Oracle Corporation	280 shares corporate stock	20,187	46,659
	Otis Worldwide Corp	300 share corporate stock	20,752	27,783
	Paypal Holdings Inc.	230 shares corporate stock	21,734	19,631
	Pepsico Inc.	150 shares corporate stock	14,996	22,809
	Polaris Inc.	175 shares corporate stock	14,490	10,084
	Qualcomm Inc.	200 shares corporate stock	11,144	30,724
	RTX Corporation	300 shares corporate stock	22,629	34,716

IDAHO AGC SELF-FUNDED BENEFIT TRUST**Schedule H, Line 4i - Schedule of Assets (Held at Year End) (Continued)****For the Year Ended December 31, 2024**EIN: 30-0496315
Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Sysco Corporation	300 shares corporate stock	23,926	22,938
	Teleflex Inc.	125 shares corporate stock	27,052	22,248
	Zimmer Biomet Holdings	200 shares corporate stock	<u>25,160</u>	<u>21,126</u>
	Total Corporate Stocks		<u>596,409</u>	<u>1,074,960</u>
	Total Investments		<u>\$ 5,273,500</u>	<u>\$ 5,305,124</u>

(a) — Parties in interest as of December 31, 2024

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION**IDAHO AGC SELF-FUNDED BENEFIT TRUST****EIN: 30-0496315****PN: 502**

NAME OF EMPLOYER	EIN	PERCENTAGE
Acoustic Specialties, Inc.	820277129	1.49%
Advanced Sign LLC	824741866	1.83%
Advantage Machine & Hydraulic	820469671	0.16%
AFG, Inc.	454229917	1.02%
All Valley Fire Insp & Serv	462239433	0.46%
Alpine Heating And A/C	820513731	0.19%
Alta Science & Engineering	822151961	1.26%
American Fabrication	820417066	1.21%
American Mechanical Corp	202395603	0.12%
Americool Heating & Cooling, LLC	815349220	0.59%
AMS, Inc.	820391832	0.87%
Aqua Terra Restoration	820523765	0.49%
Ascorp, Inc.	820449929	0.37%
Ashley Glass, Inc.	820326603	0.32%
Beniton Construction	841375176	0.84%
Bideganeta Construction	841415158	0.57%
Big Wood Cabinets & Stone Company	810804667	0.07%
Blane Robbins Electric	820537150	0.30%
BLS, LLC	832975924	0.81%
Blue Sky Construction, LLC	261757354	2.63%
Bluelake Utility Services	821197144	1.52%
Boise Appliance	841408373	0.75%
Boise Crane, Equipment & Trucking, Inc.	461492247	0.39%
Boise Rigging Supply	820289743	1.43%
Braun - Jensen, Inc.	30583571	0.23%
Burggraf Enterprises LLC	820498997	0.03%
Burks Excavation Corporation of Idaho	464658833	0.42%
Burns Concrete, Inc.	820425733	1.53%
Buss Mechanical Services, Inc.	820529310	2.58%
C & B Quality Trailers	820440379	3.31%
CCI Transport & Crane	820476681	0.12%
Central Cove Construction, LLC	844965319	0.19%
Central Paving	820381232	1.63%
Clear Zone Construction LLC	832626639	0.33%
Clima-Tech Corporation	820420730	2.69%
Cloverdale Plumbing	260479638	0.92%
CM Company, Inc.	820336596	1.36%

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION**IDAHO AGC SELF-FUNDED BENEFIT TRUST****EIN: 30-0496315****PN: 502**

NAME OF EMPLOYER	EIN	PERCENTAGE
Cold Summit LLC	853847760	0.71%
Concrete Placing	820309604	1.29%
Crawford Door Sales Of Id, Inc	820529711	0.25%
Crea Construction Inc.	820520729	0.71%
Crescent Silver, LLC	364720306	0.62%
Curtis Clean Sweep	820146481	0.28%
Dan Lafferty Construction	820442795	0.57%
Datum Tech Solutions	352654885	0.26%
Disaster Response	273854811	0.94%
Doherty Electric	412032933	0.81%
Eagle Rock Blasting, Inc.	820487160	0.08%
Electrical Eng. Co.	200530541	0.07%
Ferguson Concrete	815380066	0.44%
Forever Green	820499405	0.03%
Franz Witte	820513604	1.33%
Frasier Transport, Inc.	820483678	1.07%
G2B Company Inc.	200188456	0.72%
Gale Lim Construction	300463789	0.89%
GBI Insulation, Inc.	841430532	0.85%
Guho Corp	820464536	0.56%
Guy Nielson Co.	820404682	0.46%
Harrington And Company	870225829	0.43%
HC Company, Inc.	470852875	1.24%
High Country Heating, Inc.	820498744	0.50%
Hobson Fabricating Corp	820251720	0.69%
Holeshot Plumbing	331011395	1.80%
Idaho Electric Signs, Inc.	820403724	0.33%
Idaho Stage Construction	852718808	0.01%
Idaho Wholesale/Scotts Lock	841855469	0.13%
Industrial Construction, Inc.	820447105	0.04%
Interior Systems, Inc.	820373280	3.28%
Intermountain Communication	820442981	0.48%
Intermountain Erectors Inc.	820481422	1.37%
J & M Sanitation	820467848	0.67%
JAG Tool & Equip. Rental	841428461	0.11%
JC Constructors, Inc	820513130	0.94%
Jerome Bowen Construction	841392289	0.11%

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION**IDAHO AGC SELF-FUNDED BENEFIT TRUST****EIN: 30-0496315****PN: 502**

NAME OF EMPLOYER	EIN	PERCENTAGE
Johnny On The Spot	205621684	0.32%
K&G Construction	204954151	0.70%
King Concrete Construction	201255348	0.91%
Kowallis & Richards	820214122	0.06%
Kreizenbeck, LLC	201868231	0.24%
L2 Insulation, Inc.	262961034	0.31%
Larsen Electric, LLC	204078504	0.47%
Lewis Corporation	820525173	1.10%
Ludlow Co, DbA Heath Specialty Precast, LLC	873294989	0.17%
Mabey's Pallet & Lumber	820456691	0.08%
Master Environmental	208162094	0.53%
Mathews Plumbing & Heating, Inc.	820262518	0.44%
McGowan Rice, Inc.	873580470	0.14%
Mickelsen Construction	820510976	0.54%
Mountain Companies	862432388	2.59%
Mountain Steel Fabrication	820529679	0.77%
Musgrove Engineering	820445117	1.04%
Norbryhn Equipment Company	820448574	0.32%
Northwest Interiors, LLC	870769120	2.57%
Pacific Technologies, Inc.	820458906	0.20%
Paige Mechanical Group, Inc.	201923844	1.81%
Paradise Excavation & Const.	820470514	0.34%
Partner Steel Co.	874307323	0.34%
Power Plus Inc.	820457791	0.16%
Powerhouse Electric Inc.	202151361	4.36%
Premier Aggregates	364717093	1.38%
Priority Electric, Inc.	800915511	0.89%
Pro-Pac Interiors	262719717	0.74%
QRS Consulting, LLC	922110566	1.69%
Quality Machine Products, Inc	820367649	1.31%
Rocky Mountain Amusements-Larson Int'l	923253342	0.42%
Rocky Mountain Construction Group	820527649	0.86%
Rocky Mountain Underground	844397821	0.19%
Rocky Mtn Supply	820507900	0.44%
Schmidt Const. Co., Inc.	431975614	0.68%
Shanco Heating and Air	814517054	0.31%
Showalter Const Co	820486344	1.24%

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION**IDAHO AGC SELF-FUNDED BENEFIT TRUST****EIN: 30-0496315****PN: 502**

NAME OF EMPLOYER	EIN	PERCENTAGE
Snake River Trailers Works, Inc.	200962312	2.02%
Spartan Steel, LLC	475415762	0.26%
Steadman Construction, Inc.	820508021	0.08%
Steel Connections Inc.	261626758	0.20%
Straight Shooter Plumbing and Rooter, LLC	874673530	0.25%
STS Electric, LLC	454149761	0.15%
Summit Electrical Contractors	201588628	0.14%
Summit Wall Systems, Inc.	800626335	1.03%
Superior Steel Products	820484250	0.83%
T. A. Dibble Excavation	820476598	0.40%
Tamarack Grove Engineering	260706709	0.74%
Technical Air Products	200052170	0.08%
Timberlake Construction LLC	20676074	0.59%
TRC Fabrication LLC	202592918	1.67%
Upstream Plumbing, LLC	260411485	0.03%
Western Idaho Cabinets	820465119	0.17%
YMC, Inc.	820420466	0.63%