

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan BUILDERS EXCHANGE BENEFIT PLAN TRUST, 1b Three-digit plan number (PN) 501, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) BUILDERS EXCHANGE BENEFIT PLAN, 2b Employer Identification Number (EIN) 47-2303889, 2c Plan Sponsor's telephone number 216-393-6300, 2d Business code (see instructions)

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**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:

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

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

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

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

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**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 159387867

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>BUILDERS EXCHANGE BENEFIT PLAN TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BUILDERS EXCHANGE BENEFIT PLAN</b>		<b>D</b> Employer Identification Number (EIN) <b>47-2303889</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**MEDICAL MUTUAL OF OHIO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>34-0648820</b>	<b>29076</b>	<b>0000</b>	<b>0</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		0
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>BUILDERS EXCHANGE BENEFIT PLAN TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BUILDERS EXCHANGE BENEFIT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>47-2303889</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

BAKER & HOSTETLER LLP

34-0082025

(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	94000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONSOLIPLEX BUILDERS LLC

61-1718036

(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 15 16	NONE	80000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEDICAL MUTUAL SERVICES

34-0648820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	17352	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>BUILDERS EXCHANGE BENEFIT PLAN TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BUILDERS EXCHANGE BENEFIT PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>47-2303889</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	20TH CENTURY CONSTRUCTION CO. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	20TH CENTURY CONSTRUCTION CO.	<b>c</b> EIN-PN 34-1337736-501
<b>a</b>	Plan name	5.0 ROOFING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	5.0 ROOFING LLC	<b>c</b> EIN-PN 85-3143467-501
<b>a</b>	Plan name	72 DEGREES AIR CONDITIONING & HEATING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	72 DEGREES AIR CONDITIONING & HEATING	<b>c</b> EIN-PN 38-2773311-501
<b>a</b>	Plan name	A3B ENTERPRISES LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	A3B ENTERPRISES LLC	<b>c</b> EIN-PN 88-1588924-501
<b>a</b>	Plan name	AADVANCED BUILDING PRODUCTS, LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AADVANCED BUILDING PRODUCTS, LLC	<b>c</b> EIN-PN 31-1577429-501
<b>a</b>	Plan name	ABRAHAM MILLER EXCAVATING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ABRAHAM MILLER EXCAVATING LLC	<b>c</b> EIN-PN 30-0461292-501
<b>a</b>	Plan name	ADVANTAGE EQUIPMENT, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE EQUIPMENT, INC.	<b>c</b> EIN-PN 34-1847794-501
<b>a</b>	Plan name	AIR QUALITY CONTROL HEATING & COOLING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AIR QUALITY CONTROL HEATING & COOLING LLC	<b>c</b> EIN-PN 88-3968249-501
<b>a</b>	Plan name	AKRON FIREPROOFING CO. INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AKRON FIREPROOFING CO. INC.	<b>c</b> EIN-PN 55-0883987-501
<b>a</b>	Plan name	AKRON SPECIAL MACHINERY BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AKRON SPECIAL MACHINERY	<b>c</b> EIN-PN 34-1255565-501
<b>a</b>	Plan name	ALBRIGHT PLUMBING INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALBRIGHT PLUMBING INC	<b>c</b> EIN-PN 33-1166727-503
<b>a</b>	Plan name	ALL COMFORT HEATING & COOLING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL COMFORT HEATING & COOLING LLC	<b>c</b> EIN-PN 20-1606606-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AMERIFAST ACQUISITIONS CO BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AMERIFAST ACQUISITIONS CO	<b>c</b> EIN-PN 85-0704719-501
<b>a</b>	Plan name ARTHUR N. ULRICH COMPANY BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ARTHUR N. ULRICH COMPANY	<b>c</b> EIN-PN 31-0685803-501
<b>a</b>	Plan name ASSOCIATED HYDRO EXCAVATING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED HYDRO EXCAVATING	<b>c</b> EIN-PN 46-2650004-501
<b>a</b>	Plan name AUGUSTA PRODUCTIONS LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AUGUSTA PRODUCTIONS LLC	<b>c</b> EIN-PN 88-0848645-501
<b>a</b>	Plan name AUTOMATIC DOOR COMPANY OF AURORA INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AUTOMATIC DOOR COMPANY OF AURORA INC.	<b>c</b> EIN-PN 34-1657615-501
<b>a</b>	Plan name AV REMODELING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AV REMODELING	<b>c</b> EIN-PN 34-1672173-501
<b>a</b>	Plan name B7 CONSTRUCTION LTD BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor B7 CONSTRUCTION LTD	<b>c</b> EIN-PN 46-3305442-501
<b>a</b>	Plan name B-C CEMENT CONTRACTORS BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor B-C CEMENT CONTRACTORS	<b>c</b> EIN-PN 34-1127389-501
<b>a</b>	Plan name BENNETT COMMERCIAL CONTRACTORS INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor BENNETT COMMERCIAL CONTRACTORS INC.	<b>c</b> EIN-PN 34-1562218-501
<b>a</b>	Plan name BLACKROCK MASONRY BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor BLACKROCK MASONRY	<b>c</b> EIN-PN 82-4645074-501
<b>a</b>	Plan name BLUFFTON PRECAST CONCRETE BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor BLUFFTON PRECAST CONCRETE	<b>c</b> EIN-PN 34-0922004-501
<b>a</b>	Plan name BOND CHEMICALS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor BOND CHEMICALS, INC.	<b>c</b> EIN-PN 34-0877586-501

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BOVA CREATIVE BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BOVA CREATIVE	<b>c</b> EIN-PN 27-1690753-501
<b>a</b>	Plan name	BUCKEYE PIPE INSPECTION, LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BUCKEYE PIPE INSPECTION, LLC	<b>c</b> EIN-PN 46-2726823-501
<b>a</b>	Plan name	BUILDERS EXCHANGE, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS EXCHANGE, INC.	<b>c</b> EIN-PN 34-0121870-501
<b>a</b>	Plan name	CF ROOFING SERVICES LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CF ROOFING SERVICES LLC	<b>c</b> EIN-PN 86-3022076-501
<b>a</b>	Plan name	CHARLES SCHULZ BUILDING CO. INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHARLES SCHULZ BUILDING CO. INC.	<b>c</b> EIN-PN 34-0962514-501
<b>a</b>	Plan name	CIANCI ELECTRIC LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CIANCI ELECTRIC LLC	<b>c</b> EIN-PN 81-4696729-501
<b>a</b>	Plan name	CODING ADVANTAGE LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CODING ADVANTAGE LLC	<b>c</b> EIN-PN 46-3083362-501
<b>a</b>	Plan name	COLUMBIA BUILDING PRODUCTS BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA BUILDING PRODUCTS	<b>c</b> EIN-PN 34-0818657-501
<b>a</b>	Plan name	COMMERCIAL LAND MANAGEMENT SYSTEMS, LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL LAND MANAGEMENT SYSTEMS, LLC	<b>c</b> EIN-PN 26-0854838-501
<b>a</b>	Plan name	CONSOLIPLEX HOLDING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIPLEX HOLDING LLC	<b>c</b> EIN-PN 46-1778400-501
<b>a</b>	Plan name	CONSTRUCTION SUPPORT SOLUTIONS, LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCTION SUPPORT SOLUTIONS, LLC	<b>c</b> EIN-PN 26-3478840-501
<b>a</b>	Plan name	CORCORAN TILE & MARBLE, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CORCORAN TILE & MARBLE, INC.	<b>c</b> EIN-PN 34-1743907-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COUNTRYSIDE BODY & WELDING INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COUNTRYSIDE BODY & WELDING INC	<b>c</b> EIN-PN 38-3922553-501
<b>a</b>	Plan name CUSTOM REPAIRS & EXCAVATING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CUSTOM REPAIRS & EXCAVATING LLC	<b>c</b> EIN-PN 27-4580289-501
<b>a</b>	Plan name D.E. WILLIAMS ELECTRIC, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor D.E. WILLIAMS ELECTRIC, INC.	<b>c</b> EIN-PN 34-1031519-501
<b>a</b>	Plan name DC BERGER EXCAVATING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DC BERGER EXCAVATING LLC	<b>c</b> EIN-PN 20-2705361-501
<b>a</b>	Plan name DENNIS KNIGHT TRUCKING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DENNIS KNIGHT TRUCKING	<b>c</b> EIN-PN 86-2499218-501
<b>a</b>	Plan name DIRECT AIR SYSTEMS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DIRECT AIR SYSTEMS, INC.	<b>c</b> EIN-PN 47-0852624-501
<b>a</b>	Plan name DOUBLE ENTERPRISES LTD BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DOUBLE ENTERPRISES LTD	<b>c</b> EIN-PN 54-2127630-501
<b>a</b>	Plan name DRAIN OPS LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DRAIN OPS LLC	<b>c</b> EIN-PN 45-3705665-501
<b>a</b>	Plan name DRIVEN EXCAVATING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DRIVEN EXCAVATING LLC	<b>c</b> EIN-PN 84-2637427-501
<b>a</b>	Plan name ECO, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ECO, INC.	<b>c</b> EIN-PN 34-1761813-501
<b>a</b>	Plan name EDWARD KELLY & SONS INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor EDWARD KELLY & SONS INC.	<b>c</b> EIN-PN 34-0973770-501
<b>a</b>	Plan name EH ROBERTS COMPANY BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor EH ROBERTS COMPANY	<b>c</b> EIN-PN 34-0837818-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ENTERPRISE DOOR & SUPPLY CO. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ENTERPRISE DOOR & SUPPLY CO.	<b>c</b> EIN-PN 34-1934719-501
<b>a</b>	Plan name ES ARCHITECTURE & DEVELOPMENT BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ES ARCHITECTURE & DEVELOPMENT	<b>c</b> EIN-PN 31-1448505-501
<b>a</b>	Plan name EUCLID SPRING COMPANY, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor EUCLID SPRING COMPANY, INC.	<b>c</b> EIN-PN 34-0771311-501
<b>a</b>	Plan name EVERS STEEL CONSTRUCTION BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor EVERS STEEL CONSTRUCTION	<b>c</b> EIN-PN 61-1726240-501
<b>a</b>	Plan name EXCEL SOLUTIONS INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor EXCEL SOLUTIONS INC	<b>c</b> EIN-PN 34-1946839-501
<b>a</b>	Plan name F. BUDDIE CONTRACTING, LTD. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor F. BUDDIE CONTRACTING, LTD.	<b>c</b> EIN-PN 34-1533804-501
<b>a</b>	Plan name FEGHALI BROTHERS LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FEGHALI BROTHERS LLC	<b>c</b> EIN-PN 32-0187428-501
<b>a</b>	Plan name FENSON CONTRACTING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FENSON CONTRACTING	<b>c</b> EIN-PN 45-5029577-501
<b>a</b>	Plan name FINLEY HAULING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FINLEY HAULING	<b>c</b> EIN-PN 34-1859475-501
<b>a</b>	Plan name FIVE STAR MECHANICAL LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FIVE STAR MECHANICAL LLC	<b>c</b> EIN-PN 20-8670202-501
<b>a</b>	Plan name FOTI CONTRACTING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FOTI CONTRACTING	<b>c</b> EIN-PN 34-1972851-501
<b>a</b>	Plan name FRED AND SONS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FRED AND SONS, INC.	<b>c</b> EIN-PN 31-1564071-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>FREEDOM CONSTRUCTION SERVICES BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREEDOM CONSTRUCTION SERVICES</b>	<b>c</b> EIN-PN <b>47-5427916-501</b>
<b>a</b>	Plan name <b>GRIFFITH STAINLESS WELDING LLC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRIFFITH STAINLESS WELDING LLC</b>	<b>c</b> EIN-PN <b>20-4017603-501</b>
<b>a</b>	Plan name <b>H M MILLER CONSTRUCTION BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>H M MILLER CONSTRUCTION</b>	<b>c</b> EIN-PN <b>34-1118992-501</b>
<b>a</b>	Plan name <b>HECEI ROOF COATING SYSTEMS, INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HECEI ROOF COATING SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>27-1561486-501</b>
<b>a</b>	Plan name <b>HR SAFETY AND CONSTRUCTION SERVICES, LLC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HR SAFETY AND CONSTRUCTION SERVICES, LLC</b>	<b>c</b> EIN-PN <b>80-0542797-501</b>
<b>a</b>	Plan name <b>ICON INTERIORS INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ICON INTERIORS INC.</b>	<b>c</b> EIN-PN <b>46-1612442-501</b>
<b>a</b>	Plan name <b>INTEK CONSTRUCTION PRODUCTS, INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTEK CONSTRUCTION PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>34-1818476-501</b>
<b>a</b>	Plan name <b>INTER-CO RESTROOM &amp; LOCKER SUPPLY INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTER-CO RESTROOM &amp; LOCKER SUPPLY INC.</b>	<b>c</b> EIN-PN <b>83-2427801-501</b>
<b>a</b>	Plan name <b>J &amp; D FARMS TRANSPORTATION BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J &amp; D FARMS TRANSPORTATION</b>	<b>c</b> EIN-PN <b>47-3758892-501</b>
<b>a</b>	Plan name <b>J GREEN EXCAVATING LLC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J GREEN EXCAVATING LLC</b>	<b>c</b> EIN-PN <b>84-2897221-501</b>
<b>a</b>	Plan name <b>J&amp;P CAULKING INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J&amp;P CAULKING INC.</b>	<b>c</b> EIN-PN <b>31-1121622-501</b>
<b>a</b>	Plan name <b>JIM GANGLE EXCAVATING CO., LLC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JIM GANGLE EXCAVATING CO., LLC</b>	<b>c</b> EIN-PN <b>81-4320073-501</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name JVM CAPITAL HOLDINGS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor JVM CAPITAL HOLDINGS, INC.	<b>c</b> EIN-PN 27-3514244-503
<b>a</b>	Plan name JWT&A LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor JWT&A LLC	<b>c</b> EIN-PN 05-0625168-501
<b>a</b>	Plan name K.D.H. CONSTRUCTION, LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor K.D.H. CONSTRUCTION, LLC	<b>c</b> EIN-PN 45-1967067-501
<b>a</b>	Plan name KAPTON CAULKING & BUILDING RESTORATION, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KAPTON CAULKING & BUILDING RESTORATION, INC.	<b>c</b> EIN-PN 34-1035950-501
<b>a</b>	Plan name KELLEY STEEL ERECTORS BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KELLEY STEEL ERECTORS	<b>c</b> EIN-PN 34-0832455-501
<b>a</b>	Plan name KLINE ROSTOCIL CONSTRUCTION CORPORATION BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KLINE ROSTOCIL CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 34-1319221-501
<b>a</b>	Plan name LEIBY CONSTRUCTION INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LEIBY CONSTRUCTION INC	<b>c</b> EIN-PN 34-1937133-501
<b>a</b>	Plan name LIBERTY DEVELOPMENT COMPANY BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LIBERTY DEVELOPMENT COMPANY	<b>c</b> EIN-PN 46-5209443-501
<b>a</b>	Plan name LIBERTY INDUSTRIAL SERVICES LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LIBERTY INDUSTRIAL SERVICES LLC	<b>c</b> EIN-PN 83-1001535-501
<b>a</b>	Plan name MAGIC MARKETING & GRAPHICS INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor MAGIC MARKETING & GRAPHICS INC.	<b>c</b> EIN-PN 34-1480073-501
<b>a</b>	Plan name MAHON PROPERTY MAINTENANCE LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor MAHON PROPERTY MAINTENANCE LLC	<b>c</b> EIN-PN 45-3697259-502
<b>a</b>	Plan name MAKENA CONSTRUCTION BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor MAKENA CONSTRUCTION	<b>c</b> EIN-PN 36-4773370-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>MANUFACTURERS WHOLESAL LUMBER BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MANUFACTURERS WHOLESAL LUMBER</b>	<b>c</b> EIN-PN <b>34-1410686-501</b>
<b>a</b>	Plan name <b>MARKS BUILDING COMPANY BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARKS BUILDING COMPANY</b>	<b>c</b> EIN-PN <b>34-1822515-501</b>
<b>a</b>	Plan name <b>MASTROIANNI &amp; ASSOCIATES, INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MASTROIANNI &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>34-1485730-501</b>
<b>a</b>	Plan name <b>METROPOLITAN BUILDERS INC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>METROPOLITAN BUILDERS INC</b>	<b>c</b> EIN-PN <b>34-0870440-501</b>
<b>a</b>	Plan name <b>MID STATE RESTORATION, INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MID STATE RESTORATION, INC.</b>	<b>c</b> EIN-PN <b>34-0904207-501</b>
<b>a</b>	Plan name <b>MZ-RUSSELL INC. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MZ-RUSSELL INC.</b>	<b>c</b> EIN-PN <b>82-3152113-501</b>
<b>a</b>	Plan name <b>NAYLOR PROPERTIES INC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NAYLOR PROPERTIES INC</b>	<b>c</b> EIN-PN <b>20-1867783-501</b>
<b>a</b>	Plan name <b>NL CONSTRUCTION CORP BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NL CONSTRUCTION CORP</b>	<b>c</b> EIN-PN <b>34-1644490-501</b>
<b>a</b>	Plan name <b>NORTHCOAST PROCESS CONTROLS CO. BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHCOAST PROCESS CONTROLS CO.</b>	<b>c</b> EIN-PN <b>34-1710215-501</b>
<b>a</b>	Plan name <b>NORTHERN CONSTRUCTION MANAGEMENT BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN CONSTRUCTION MANAGEMENT</b>	<b>c</b> EIN-PN <b>20-8137656-501</b>
<b>a</b>	Plan name <b>NORTHSTAR CONTRACTING, INC BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHSTAR CONTRACTING, INC</b>	<b>c</b> EIN-PN <b>27-0145620-501</b>
<b>a</b>	Plan name <b>OBERLANDERS TREE &amp; LANDSCAPING BUILDERS EXCHANGE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OBERLANDERS TREE &amp; LANDSCAPING</b>	<b>c</b> EIN-PN <b>20-3486868-501</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name OHIO INTERIOR SYSTEMS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OHIO INTERIOR SYSTEMS, INC.	<b>c</b> EIN-PN 34-1687330-501
<b>a</b>	Plan name OHIO PAVING & CONSTRUCTION BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OHIO PAVING & CONSTRUCTION	<b>c</b> EIN-PN 34-1708850-501
<b>a</b>	Plan name ON THE OTHER SIDE BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ON THE OTHER SIDE	<b>c</b> EIN-PN 80-0531894-501
<b>a</b>	Plan name O'NEILL & SON'S CONSTRUCTION, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ONEILL & SONS CONSTRUCTION, INC.	<b>c</b> EIN-PN 03-0410566-501
<b>a</b>	Plan name OPC CONTRACTING, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OPC CONTRACTING, INC.	<b>c</b> EIN-PN 45-1443140-501
<b>a</b>	Plan name OPPENHEIM CONSTRUCTION CO., INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OPPENHEIM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 20-1277661-501
<b>a</b>	Plan name PERFORMANCE PAINTING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PERFORMANCE PAINTING	<b>c</b> EIN-PN 26-3525959-501
<b>a</b>	Plan name PETTY FARMS LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PETTY FARMS LLC	<b>c</b> EIN-PN 82-2365422-501
<b>a</b>	Plan name PLUMBING ONE LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PLUMBING ONE LLC	<b>c</b> EIN-PN 26-1118547-501
<b>a</b>	Plan name PROTECT-O-SEAL INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PROTECT-O-SEAL INC	<b>c</b> EIN-PN 34-1459669-501
<b>a</b>	Plan name R.J. RUNGE COMPANY, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor R.J. RUNGE COMPANY, INC.	<b>c</b> EIN-PN 20-0614482-501
<b>a</b>	Plan name RAY ESSER & SONS INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RAY ESSER & SONS INC	<b>c</b> EIN-PN 34-1570178-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RL DAWSON BUILDING AND DESIGN LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RL DAWSON BUILDING AND DESIGN LLC	<b>c</b> EIN-PN 26-4370233-501
<b>a</b>	Plan name ROLLING & SLIDING DOORS OF DAYTON, LTD. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ROLLING & SLIDING DOORS OF DAYTON, LTD.	<b>c</b> EIN-PN 31-1762047-501
<b>a</b>	Plan name ROWLAND PLUMBING, LTD. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ROWLAND PLUMBING, LTD.	<b>c</b> EIN-PN 34-1909386-501
<b>a</b>	Plan name S&S DUMP & DIG INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor S&S DUMP & DIG INC.	<b>c</b> EIN-PN 34-1922983-501
<b>a</b>	Plan name SABROSKE ELECTRIC, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SABROSKE ELECTRIC, INC.	<b>c</b> EIN-PN 34-4440655-501
<b>a</b>	Plan name SAM LUCENTE & SONS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SAM LUCENTE & SONS, INC.	<b>c</b> EIN-PN 31-0686491-501
<b>a</b>	Plan name SEITZ BUILDERS, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SEITZ BUILDERS, INC.	<b>c</b> EIN-PN 34-1668234-501
<b>a</b>	Plan name SEITZ DESIGN & CONSTRUCTION BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SEITZ DESIGN & CONSTRUCTION	<b>c</b> EIN-PN 34-1035565-501
<b>a</b>	Plan name SITEWORX UNLIMITED LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SITEWORX UNLIMITED LLC	<b>c</b> EIN-PN 84-2062913-501
<b>a</b>	Plan name SOUTHEASTERN ELECTRIC, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SOUTHEASTERN ELECTRIC, INC.	<b>c</b> EIN-PN 31-1098002-501
<b>a</b>	Plan name SOUTHERN CABINETRY, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CABINETRY, INC.	<b>c</b> EIN-PN 31-1512010-501
<b>a</b>	Plan name SPYKER CONTRACTING, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPYKER CONTRACTING, INC.	<b>c</b> EIN-PN 34-1767080-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name STANDARD CONTRACTING & ENGINEERING BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor STANDARD CONTRACTING & ENGINEERING	<b>c</b> EIN-PN 34-1666466-501
<b>a</b>	Plan name STERLING CAPITAL HOLDINGS, LTD BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor STERLING CAPITAL HOLDINGS, LTD	<b>c</b> EIN-PN 46-2182539-501
<b>a</b>	Plan name STOFFERS RECYCLING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor STOFFERS RECYCLING LLC	<b>c</b> EIN-PN 20-0131215-501
<b>a</b>	Plan name STOTZ HAMILTON INTERSTATE TRANSFER LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor STOTZ HAMILTON INTERSTATE TRANSFER LLC	<b>c</b> EIN-PN 34-1954784-501
<b>a</b>	Plan name SUMMIT PAINTING LLC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SUMMIT PAINTING LLC	<b>c</b> EIN-PN 20-2273295-501
<b>a</b>	Plan name THE H. E. KLEFMAN CO. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor THE H. E. KLEFMAN CO.	<b>c</b> EIN-PN 34-0333890-501
<b>a</b>	Plan name TIM COR, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor TIM COR, INC.	<b>c</b> EIN-PN 34-1270267-501
<b>a</b>	Plan name UNITED CIVIL CONTRACTORS BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor UNITED CIVIL CONTRACTORS	<b>c</b> EIN-PN 27-0079976-501
<b>a</b>	Plan name UNITED MECHANICAL CONTRACTORS BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor UNITED MECHANICAL CONTRACTORS	<b>c</b> EIN-PN 34-1014272-501
<b>a</b>	Plan name VENDRICK CONSTRUCTION, INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor VENDRICK CONSTRUCTION, INC.	<b>c</b> EIN-PN 34-1745997-501
<b>a</b>	Plan name WATER EXTRACTION TEAM INC BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor WATER EXTRACTION TEAM INC	<b>c</b> EIN-PN 26-4804180-501
<b>a</b>	Plan name WELLS TRUCKING INC. BUILDERS EXCHANGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor WELLS TRUCKING INC.	<b>c</b> EIN-PN 27-2573696-501



**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**

<b>A</b> Name of plan <b>BUILDERS EXCHANGE BENEFIT PLAN TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BUILDERS EXCHANGE BENEFIT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>47-2303889</b>

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3137727	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	4112	0

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	3141839	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	745647	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1749128	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2494775	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	647064	0

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	59068	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		59068
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		59068

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	97352	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	94000	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	25224	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		216576
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		216576

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-157508
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		489556

**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: MALONEY + NOVOTNY LLC

(2) EIN: 34-0677006

**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
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**BUILDERS EXCHANGE BENEFIT  
PLAN TRUST**

**FINANCIAL REPORT  
(IN LIQUIDATION)**

**DECEMBER 31, 2024 and 2023**



BUILDERS EXCHANGE BENEFIT PLAN TRUST

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## Independent Auditors' Report

To the Board of Trustees of  
Builders Exchange Benefit Plan Trust  
Cleveland, Ohio

### **Opinion**

We have audited the financial statements of the Builders Exchange Benefit Plan Trust (the "Trust"), which comprise the statements of net assets in liquidation as of December 31, 2024 and 2023, and the related statement of changes in net assets in liquidation 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 net assets in liquidation of the Trust as of December 31, 2024 and 2023, and the changes in its net assets in liquidation for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the 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.

### **Emphasis of Matter – Trust Termination and Basis of Accounting**

As discussed in Note 7 to the financial statements, the Board of Trustees of the Trust approved a plan of liquidation on August 4, 2023, and determined that liquidation is imminent. As a result, the Trust has used the liquidation basis of accounting in presenting the 2024 and 2023 financial statements. Our opinion is not modified with respect to this matter.

## **Other Matter**

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and plan benefit obligations or the changes in net assets available for benefits or changes in plan benefit obligations of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") relating to the financial statements of employee benefit plans.

## **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.

## **Auditors' Responsibilities for the Audits of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it 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 one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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

## Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 our opinion, the information in the accompanying schedule is fairly stated in all material respects, in relation to the financial statements as a whole.

*Meloney + Novotny LLC*

Cleveland, Ohio  
October 13, 2025

BUILDERS EXCHANGE BENEFIT PLAN TRUST  
STATEMENTS OF NET ASSETS IN LIQUIDATION

December 31, 2024 and 2023

---

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ -	\$3,137,727
Prepays	-	<u>4,112</u>
Total assets	-	3,141,839
 <u>LIABILITIES</u>		
Accounts payable and other	-	745,647
Net reinsurance payable	-	<u>1,749,128</u>
Total liabilities	-	<u>2,494,775</u>
 NET ASSETS	 <u>\$ -</u>	 <u>\$ 647,064</u>

The accompanying notes are an integral part of these financial statements.

BUILDERS EXCHANGE BENEFIT PLAN TRUST

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION

Year Ended December 31, 2024

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ADDITIONS

Interest income \$ 59,068

DEDUCTIONS

Distributions for benefit claims paid, net of reinsurance recoveries 489,556

Operating expenses 216,576

Total deductions 706,132

DECREASE IN NET ASSETS (647,064)

NET ASSETS

BEGINNING OF YEAR 647,064

END OF YEAR \$ -

The accompanying notes are an integral part of these financial statements.

# BUILDERS EXCHANGE BENEFIT PLAN TRUST

## NOTES TO FINANCIAL STATEMENTS

### **Note 1. Description of the Trust**

The following description of the Builders Exchange Benefit Plan Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

#### General:

The Trust is intended to be a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code (the "IRC"). The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Section 1739 of the Ohio Revised Code and to pay those Plans' benefits and expenses. Employers of plans participating in this Trust (the "Plans") are members and affiliates of The Builders Exchange, Inc.

#### Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans. Such funds are utilized for the payment of premiums to Medical Mutual of Ohio ("Medical Mutual") for the provision of benefits on behalf of the Plans.

#### Distributions:

In addition to distributions for the premium payments to Medical Mutual described above, distributions are made for the payment of benefit claims. These benefit claims are paid out of the Trust, on behalf of the participating Plans, to Medical Mutual. Medical Mutual administers payment of hospital charges, medical/surgical claims and prescription coverage.

#### Operating Expenses:

All administrative fees are paid by the Trust or the participating Plans at the option of the trustees of the Trust.

### **Note 2. Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Trust:

#### Basis of Presentation:

The accompanying financial statements for the years ended December 31, 2024 and 2023 are prepared on a liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America due to the impending termination of the Trust (see Note 7). Under the liquidation basis, the Trust measures and presents its assets and liabilities at the amount of cash or other consideration that the Trust expects to collect or pay during the course of liquidation. The Trust is also required to accrue the costs and income that it expects during the liquidation.

BUILDERS EXCHANGE BENEFIT PLAN TRUST  
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 2. Summary of Significant Accounting Policies (Continued)**

Net Reinsurance Receivable (Payable):

Net reinsurance receivable (payable) represents the net of amounts recoverable by the Plans for claims paid (including stop loss recoveries) and amounts recoverable for administrative expenses under the quota share reinsurance agreement offset by the amounts payable for premiums ceded under the quota share and stop loss agreements.

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the trust administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Distributions for the Payment of Benefits:

Distributions for the payment of benefit claims and premiums are recorded when processed and approved for payment to Medical Mutual.

Subsequent Events:

The Trust has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

**Note 3. Cash**

The Trust holds its temporary cash with a national financial institution which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

**Note 4. Reinsurance**

The participating Plans were subject to a quota share reinsurance agreement with Medical Mutual, to cede 90% of the Plan's health business for the year ended December 31, 2024.

During 2024, the participating Plans were subject to a stop loss reinsurance agreement with Medical Mutual for medical and prescription drug coverage. The specific and aggregate stop loss threshold per covered person is \$250,000 and 125% of policy year claims, respectively, under Medical Mutual for the year ended December 31, 2024. The total amount of reinsurance recovered due to stop loss was \$113,684 for the year ended December 31, 2024.

BUILDERS EXCHANGE BENEFIT PLAN TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 5. Related Party/Party-in-Interest Transactions**

The Trust has entered into an administrative services contract with Medical Mutual, whereby Medical Mutual performs enrollment and billing functions, administers payment of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. Total fees paid from the Trust to Medical Mutual for these services amounted to \$17,352 for 2024. These transactions qualify as party-in-interest.

Through an amendment to the quota share reinsurance agreement, stop loss reinsurance agreement and administrative services contract effective June 30, 2024, all remaining claims liability to the Trust were deemed to be fully satisfied and Medical Mutual accepted liability for any remaining claims.

The Trust has appointed Consoliplex Builders LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex Builders LLC for 2024 were \$80,000.

**Note 6. Tax Status**

The Trust established to hold the participating Plans' net assets is qualified pursuant to Section 501(c)(9) of the IRC. In December 2019, the Internal Revenue Service finalized regulations under IRC Section 512(a)(3)(E)(i) which specified that net investment income earned by a VEBA is taxable as unrelated business income. These regulations became effective on January 1, 2020. Accordingly, any net investment income earned by the Trust from January 1, 2020, and forward, will be subject to federal income taxes. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In addition, the participating Plans and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The trust administrator believes that the Plans are being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

**Note 7. Plan and Trust Termination**

On August 4, 2023, the Board of Trustees of the Trust adopted a motion to proceed with steps necessary to wind down operation of the Trust by December 31, 2023 and to relinquish its Certificate of Authority to the Ohio Department of Insurance ("ODI"). The Plan notified ODI of its intention to cease operations on August 15, 2023.

In October 2024, the Trustees entered into an agreement with Medical Mutual effective June 30, 2024, under which Medical Mutual took financial responsibility for paying all remaining, properly-payable Plan claims. After paying administrative costs and the final settlement to Medical Mutual, there was a surplus of \$497,374 that was returned to The Builders Exchange, Inc. to cover their initial surplus contribution as described in the Trust agreement.

SUPPLEMENTAL SCHEDULE

BUILDERS EXCHANGE BENEFIT PLAN TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended December 31, 2024

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Outsourced services	\$ 97,352
Legal fees	94,000
Other	<u>25,224</u>
Total operating expenses	<u>\$216,576</u>