

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NORTHWEST AGC CHAPTERS RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OREGON - COLUMBIA CHAPTER AGC</u></p> <p><u>9450 SW COMMERCE CIRCLE</u> <u>WILSONVILLE, OR 97070</u></p>	<p>1c Effective date of plan <u>01/01/1983</u></p> <p>2b Employer Identification Number (EIN) <u>93-1059035</u></p> <p>2c Plan Sponsor's telephone number <u>800-826-6610</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ROD STANTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ROD STANTON
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5			7878
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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)			3502
	6a(2)			3426
	6b			0
	6c			3351
	6d			6777
	6e			33
	6f			6810
	6g(1)			
	6g(2)			6810
	6h			27

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2K 2A

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

9a 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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b 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 checked="" 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)

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

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

A Name of plan NORTHWEST AGC CHAPTERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OREGON - COLUMBIA CHAPTER AGC	D Employer Identification Number (EIN) 93-1059035	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

BARRAN LIEBMAN LLP

601 SW 2ND AVENUE 2300
PORTLAND, OR 97204-3159

93-1251627

(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	LEGAL COUNSEL	50220	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)

RELIANT CONSULTING AND RESEARCH

26623 LINDVOG ROAD NE
KINGSTON, WA 98346

75-2971473

(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?
	PLAN CONSULTANT	95506	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)

NWPS

4025 DELRDGE WY SW STE250
SEATTLE, WA 98106

91-2090931

(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?
	THIRD PARTY ADMINISTRATOR	527087	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"/>

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)

BJORKLUND & MONTPLAISIR

9020 SW WASHINGTON SQ RD
PORTLAND, OR 97223

93-1015766

(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?
	PAYROLL AUDITOR	9750	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)

CHARLES SCHWAB TRUST COMPANY

PO BOX 202770
AUSTIN, TX 78720

42-1558009

(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?
	INVESTMENT CUSTODIAN	73594	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PLATFORM, CPAS, LLC

6510 S MILLROCK DR.
HOLLADAY, UT 84121

88-4342576

(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	AUDITOR	38530	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.

(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:	IRON CREEK TAX & CONSULTI	b EIN:	84-3165854
c Position:	ACCOUNTANT		
d Address:	6650 SW REDWOOD LN 210 PORTLAND, OR 97224	e Telephone:	

Explanation: BJORKLUND & MONTPLAISIR WAS ACQUIRED BY PLATFORM CPAS LLP ON NOVEMBER 29, 2023.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>NORTHWEST AGC CHAPTERS RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OREGON - COLUMBIA CHAPTER AGC</u>	D Employer Identification Number (EIN) <u>93-1059035</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE STABLE VALUE TRUSY FUN</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16157091</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRUST CO TARGET RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-6083982-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12499016</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRUST CO TARGET RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-6083980-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9462835</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRUST CO TARGET RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-6083978-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29514758</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRUST CO TARGET RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-6083976-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17965750</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRUST CO TARGET RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-6083974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23104386</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRUST CO TARGET RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-6083972-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16675753</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRUST CO TARGET RETIREMENT

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

c EIN-PN 90-6083970-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21462959
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRUST CO TARGET RETIREMENT

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

c EIN-PN 27-6715091-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11488754
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRUST CO TARGET RETIREMENT

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

c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8987856
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRUST CO TARGET RETIREMENT

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

c EIN-PN 82-6194314-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4451208
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRUST CO TARGET RETIREMENT

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

c EIN-PN 87-7039453-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 463828
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRUST CO TARGET RET INCOME

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

c EIN-PN 90-6083967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4850870
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHWEST AGC CHAPTERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OREGON - COLUMBIA CHAPTER AGC	D Employer Identification Number (EIN) 93-1059035

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	308848	180962
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1490864	1655423
(2) Participant contributions	1b(2)	426368	630726
(3) Other	1b(3)	34594	38281
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1814903	2018607
(9) Value of interest in common/collective trusts	1c(9)	160496996	177085063
(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)	129616089	146493764
(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	294188662	328102826
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	180841	175943
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	180841	175943
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	294007821	327926883

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)	15787387	
(B) Participants.....	2a(1)(B)	14345029	
(C) Others (including rollovers).....	2a(1)(C)	732558	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		30864974
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)	169508	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		169508
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4553753	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4553753
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17275570
(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)		18262101
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		71125906

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33711031	
(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)		33711031
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)	527087	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	48280	
(5) Investment advisory and investment management fees	2i(5)	95506	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	50220	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	160748	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		881841
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34592872

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36533034
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2613972

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: PLATFORM CPAS LLP

(2) EIN: 88-4342576

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	259997
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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)
STINEBAUGH & COMPANY RETIREMENT PLAN	92-0166061	001
EBACON POOLED EMPLOYER PLAN	73-1681659	002

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 _____.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NORTHWEST AGC CHAPTERS RETIREMENT PLAN	B Three-digit Plan number (PN)..... ▶	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF OREGON - COLUMBIA CHAPTER AGC	D Administrator's EIN 93-1059035	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) **MULTIPLE-EMPLOYER DEFINED CONTRIBUT** (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 2G CONSTRUCTION	2b EIN 93-0719146	2c Percentage of Total Contributions for the Plan Year 0.11	2d Aggregate Account Balances Attributable to Participating Employer 2896699
2a Name of Participating Employer A 2 FABRICATION, INC.	2b EIN 93-1220906	2c Percentage of Total Contributions for the Plan Year 0.75	2d Aggregate Account Balances Attributable to Participating Employer 960727

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A TEAM PACIFIC ROOFING, INC.	20-8603080	0.21	698653
A.I.S. INC. DBA EXPRESS EMPLOYMENT PROFESSION	91-1636151	0.45	1490112
ABSOLUTE FLAGGING, LLC	45-4150932	0.07	375382
ACCURATE CONCRETE CUTTING, INC.	35-2385934	0.38	2126619
ADAMS, MORGENTHALER & CO., INC.	92-0082386	1.42	10845971
ADVANCED SIGN LLC	82-4741866	0.27	338864
ALASKA AGGREGATE PRODUCTS, LLC	20-4830197	1.59	2683647
ALASKA AUTO RENTAL, INC.	45-2539707	0.18	51765
ALASKA FRONTIER CONSTRUCTORS	92-0120229	1.33	5057937

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALITE CONSTRUCTION, LLC	91-1875655	0.24	844375
AMERICAN CONSTRUCTION COMPANY, INC.	91-0462492	1.42	5922514
AMERICAN LIFE, INC.	85-4353456	0.66	1938886
ANDERSON'S EROSION CONTROL, INC.	93-0699578	1.12	2280228
ASPHALT INFRASTRUCTURE, INC.	47-1252754	0.66	182
ASSOCIATED GENERAL CONTRACTORS OF ALASKA	92-0014686	0.37	979598
ASSOCIATED GENERAL CONTRACTORS OF WASHINGTON	91-0911236	2.67	16044952
AVAIL VALLEY CONSTRUCTION-ID, LLC	47-2318172	0.73	792199
AVAIL VALLEY CONSTRUCTION-WY, LLC	84-4813154	0.75	907448

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEAR ELECTRIC, INC.	92-0152759	0.08	619473
BILLETER MARINE, LLC	02-0690800	0.14	524168
BLAZY CONSTRUCTION INC.	71-0920220	1.06	2645490
BRAUN CONSTRUCTION & DESIGN LLC	20-3918605	0.23	353180
BROCKAMP & JAEGER, INC.	93-0511742	0.77	1958758
BROWN CONTRACTING, INC.	93-1206558	5.00	12579747
BUCHANAN GENERAL CONTRACTING COMPANY	91-1279654	0.15	86718
BUDINGER & ASSOCIATES, INC.	91-1684799	1.77	4413400
CASCADE CONSTRUCTION COMPANY, INC.	55-0810066	0.47	685783

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHICK OF ALL TRADES, LLC	22-3929804	0.31	891858
CITY OF NOORVIK	38-3845454	0.07	183117
CITY OF RUSSIAN MISSION	30-0458151		798
CITY OF SAVOONGA	35-2350794	0.04	93799
CITY OF TOKSOOK BAY	30-0458158	0.01	95828
CIVILWORKS NW, INC.	04-3733499	0.50	4026561
CM COMPANY, INC.	82-0336596	1.23	2664472
COLDFOOT ENVIRONMENTAL SERVICES, INC.	92-0175645	0.20	478455
COLUMBIA WESTERN MACHINERY, INC.	83-3709018	0.17	482388

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONCORD CONSTRUCTION, INC.	91-1365187	0.60	3217685
CONCRETE STRUCTURES LLC	26-2245149	0.20	422745
CONSTRUCTIV, LLC	82-3220700	0.04	35974
CONSURCO, INC.	43-1920012	0.43	770492
CORPAC CONSTRUCTION COMPANY	45-5209564	1.49	1060743
CPI ACQUISITIONS, LLC	83-1760741	0.14	179166
CRUZ CONSTRUCTION, INC.	92-0136415	4.64	12091484
D & B CONCRETE, LLC	75-3090329	0.04	12164
D3 VENTURES LLC	46-2853665	0.48	1179443

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DECALCOMANIA LLC	81-0845941	0.02	46191
DITCHES UNLIMITED, INC.	20-1247366	0.03	7680
DIVERSE WORKS, INC.	90-0210134	0.80	1039933
DOC CO. DBA SULLIVAN WATER WELLS	92-0070516	0.23	68915
DRAKE CONSTRUCTION, INC.	92-0178013	0.80	554102
DRYWALL SPECIALTIES, INC	91-1434055	1.89	5132293
EGAMI CONSTRUCTION, INC	93-1263910	0.02	232349
ELEMENT DESIGN BUILD, LLC	81-4423994	0.07	33339
ELITE CONSTRUCTION & DEVELOPMENT LLC	51-0669585	0.38	908468

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FALCON ALASKA, LLC	46-4336345	0.58	1325817
FRANKLIN PACIFIC CONSTRUCTION COMPANY	26-1402229	0.06	248591
G2B COMPANY, INC.	20-0188456	0.12	149406
GENERAL CONSTRUCTORS, LLC	82-0780377	0.10	340149
GUY NIELSON COMPANY INDUSTRIAL DIVISION INC.	82-0404862	0.62	847546
H & J CONSTRUCTION, INC.	93-1099095	0.38	703714
HALME CASCADE GENERAL CONTRACTING COMPANY	87-3583970	0.55	542689
HALME CONSTRUCTION, INC.	91-1642546	2.72	7645767
HAMILTON CONSTRUCTION COMPANY	93-0465501	11.95	53012686

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAMMER AND HAND, INC.	93-1168968	0.47	2625057
HOSS PAVING, INC.	93-1020473	0.34	2250424
HURST CONSTRUCTION, LLC	87-0718278	0.97	2045856
IDAHO BRANCH, INC. OF THE ASSOCIATED GENERAL	82-0096397	0.54	1035711
INLAND NORTHWEST AGC	91-0418655	0.26	1289619
INLAND NW AGC APPRENTICESHIP	57-1162422	0.24	424456
INTERIOR ALASKA ROOFING, INC.	92-0170710	1.25	885595
INTERLAKEN, INC.	20-1069431	0.70	1145740
JGH PLUMBING & HEATING, INC.	47-0891753	0.14	431651

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JM PAINTING LLC	46-3680865	0.99	446254
JOHNNY CAT, INC.	93-1181192	0.31	1100455
KERR CONTRACTORS OF OREGON, LLC DBA KERR CONT	90-0592910	4.78	10304018
KERR MANAGEMENT COMPANY, INC.	84-1965420	1.61	10997841
KITT CONSTRUCTION & DEVELOPMENT, LLC	27-4188896	0.20	493004
KLINGER MASONRY, INC.	93-1199872	0.78	2138505
L2 INSULATION, INC.	26-2961034	0.20	105425
LORD & ASSOCIATES, INC.	93-1219162	0.08	487118
LYNN L REYNOLDS INC., DBA PHOENIX COMPANY	91-1649758	0.10	396250

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MASONRY INDUSTRY PROMOTIONAL GROUP	51-0188388	0.07	147873
MELHUS & COMPANY INC.	26-1660855	0.59	1948344
MOUNTAIN DOG SIGN COMPANY, INC.	45-2706669	0.06	21305
NANUQ, INC.	92-0172381	2.48	5398361
NATIVE VILLAGE OF TYONEK	61-1607148	0.01	32441
NEXT LEVEL CLADDING, LLC	84-4700136	0.25	444558
NORTH COUNTRY CONCRETE, INC.	45-2283332	0.72	691376
NORTHERN CONSTRUCTION AND MAINTENANCE, LLC	26-3446468	2.79	5879263
NORTHERN ENERGY SERVICES, LLC	45-1345037	3.81	6061555

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHWEST COLLEGE OF CONSTRUCTION	20-3206107	0.56	1189736
PAA RIVER CONSTRUCTION, LLC	26-0647802	1.32	2229849
PACIFIC CONSTRUCTION SOLUTIONS	47-5646931	0.18	114189
PARKIN ELECTRIC, INC.	93-0738114	0.30	1456076
PEAK CONCRETE CONSTRUCTION, LLC	81-2816258	0.31	238852
PEI, LLC	83-3084642	0.45	1299425
PIERSOL CONSTRUCTION, INC.	91-1595041	0.91	3122023
PINNACLE CONSTRUCTION, INC.	91-1804052	0.26	2951979
PLATTE HEATING & AIR CONDITIONING, INC.	91-2017474	0.05	537594

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RAY WELLS, INC.	93-0622952	0.03	760001
RED BOX REFUSE, LLC	27-3642343	0.02	23134
REIMERS & JOLIVETTE, INC.	93-0620169	0.05	587341
RINU	32-0029313	0.84	3858045
ROLLING ROCK EXCAVATING INC.	81-1004821	0.02	16499
RPR, INC. DBA RAIN PROOF ROOFING	38-3818943	0.81	1705318
RUDEEN MANAGEMENT COMPANY, INC.	91-1913496	0.30	232329
SHAMROCK CONSTRUCTION & EXCAVATING, LLC	20-4981763	0.01	11976
SILVERTREK SYSTEMS	27-2207323	0.57	546171

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Part II Participating Employer Information (Continued).

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SITE DEVELOPMENT, INC.	91-1809485	0.05	233661
SODO BUILDERS, LLC	26-2195470	0.01	511867
SPECIALIZED TRANSPORT & RIGGING, LLC	61-1722388	1.90	4283851
STANTON CONSTRUCTION, INC.	91-0916777	0.26	9873779
STATON CONSTRUCTION	93-0609882	0.88	3364393
STATON FORESTRY, LLC	87-4266624	0.04	28258
STEINHAUER PROPERTIES, INC.	91-1731331	1.39	3841277
STINEBAUGH AND COMPANY, INC.	92-0166061	0.60	1655246
STR LOGISTICS, INC.	85-2618383	0.42	245856

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSET PACIFIC GENERAL CONTRACTORS, INC.	91-1160338	0.33	844811
TRS MECHANICAL, INC.	68-0515608	0.41	1598535
TS CONSULTING LLC DBA TS CONSTRUCTION MANAGEM	47-0917829	0.37	573996
VALLEY GROWERS NURSERY & LANDSCAPING, INC.	93-1104327	0.09	621079
VALLEY PACIFIC CONSTRUCTION, INC.	93-0604961	0.06	495331
VERSATILE INDUSTRIES INC.	20-5026808	0.45	771462
VISTA TITLE & ESCROW, LLC	20-1004330	0.46	926626
VTE OF STEVENS COUNTY, LLC DBA STEVENS COUNTY	87-2920454	0.10	141007
WAYNE'S ROOFING, INC.	91-0949176	1.50	3551410

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Northwest AGC Chapters Retirement Plan

Opinion

We have audited the accompanying financial statements of Northwest AGC Chapters Retirement Plan (the "Plan"), 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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 schedules of (1) Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and (2) Schedule H, Part IV, Line 4(a) - Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules required by ERISA, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Platform CPAs, LLP

Holladay, Utah
October 14, 2025

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

Plan Name: Northwest AGC Chapters Retirement Plan

Plan Number 002

EIN: 93-1059035

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or similar party	Description of Investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<u>Common Collective Trusts</u>				
	T. Rowe Price Stable Value Fund	Common collective trust	**	\$ 16,157,091
	Vanguard Target Retirement Income Trust II	Common collective trust	**	4,850,870
	Vanguard Target Retirement 2020 Trust II	Common collective trust	**	12,499,016
	Vanguard Target Retirement 2025 Trust II	Common collective trust	**	9,462,835
	Vanguard Target Retirement 2030 Trust II	Common collective trust	**	29,514,758
	Vanguard Target Retirement 2035 Trust II	Common collective trust	**	17,965,750
	Vanguard Target Retirement 2040 Trust II	Common collective trust	**	23,104,386
	Vanguard Target Retirement 2045 Trust II	Common collective trust	**	16,675,753
	Vanguard Target Retirement 2050 Trust II	Common collective trust	**	21,462,959
	Vanguard Target Retirement 2055 Trust II	Common collective trust	**	11,488,754
	Vanguard Target Retirement 2060 Trust II	Common collective trust	**	8,987,856
	Vanguard Target Retirement 2065 Trust II	Common collective trust	**	4,451,208
	Vanguard Target Retirement 2070 Trust II	Common collective trust	**	463,828
				<u>177,085,063</u>
<u>Registered Investment Contracts</u>				
	American Funds Europacific Growth R6	Registered investment company	**	8,965,379
	Cohen and Steers Realty Institutional Shares	Registered investment company	**	5,708,481
	Conestoga Small Cap Institutional Fund	Registered investment company	**	7,833,536
	Dodge & Cox Income Fund	Registered investment company	**	5,111,899
	Fidelity Emerging Makets Index	Registered investment company	**	2,294,176
	Fidelity Small Cap Valley Index Fund	Registered investment company	**	3,926,753
	Loomis Sayles Bond CL I	Registered investment company	**	1,142,871
	T Rowe Price Instl Mid Cap Value Fund	Registered investment company	**	9,832,089
	Vanguard Growth Index Fund Institutional	Registered investment company	**	27,943,009
	Vanguard Institutional Index Fund	Registered investment company	**	34,323,298
	Vanguard Intermediate Treasury Fund Admiral	Registered investment company	**	3,817,366
	Vanguard Mid Cap Growth Index Admiral	Registered investment company	**	10,160,798
	Vanguard S&P Mid Cap 400 Index Institutional	Registered investment company	**	8,035,887
	Vanguard S&P Mid Cap 600 Index Institutional	Registered investment company	**	6,909,664
	Vanguard Value Index Institutional Shares	Registered investment company	**	10,488,557
				<u>146,493,764</u>
	Loans to participants	Interest ranges from 5.25% to 10.50%, maturing through 2028	-0-	<u>2,018,607</u>
	TOTAL			<u><u>\$323,578,826</u></u>

** Information is not required as investments are participant directed.

SCHEDULE H, PART IV, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan Name: Northwest AGC Chapters Retirement Plan

Year Ended December 31, 2024

Plan Number: 002

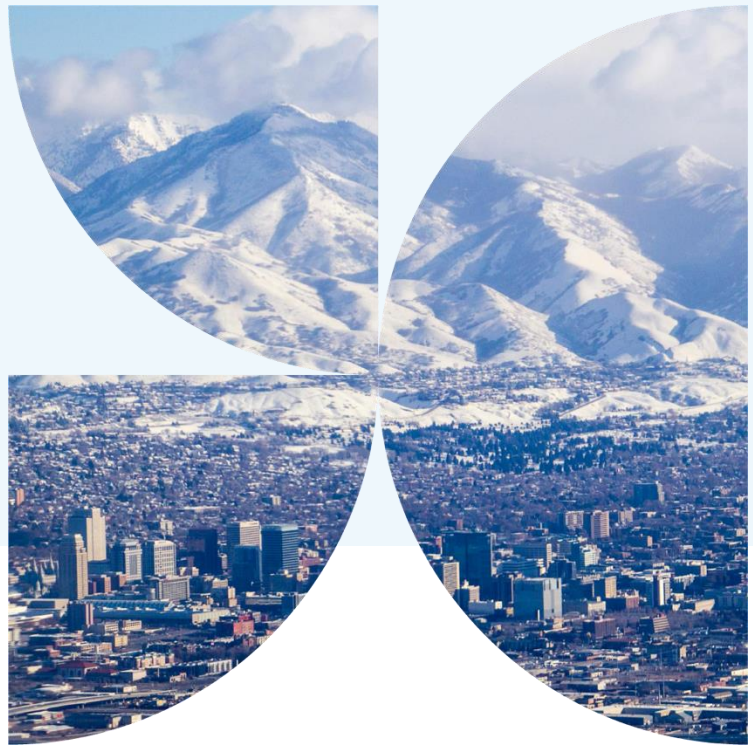
EIN: 93-1059035

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP \$259,997	Contributions Pending Correction in VFCP	

Financial Statements and Independent Auditor's Report

Northwest AGC
Chapters
Retirement Plan

December 31, 2024
and 2023



CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA	12
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year).....	13
Schedule H, Part IV, Line 4(a) - Schedule of Delinquent Participant Contributions.....	14

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Northwest AGC Chapters Retirement Plan

Opinion

We have audited the accompanying financial statements of Northwest AGC Chapters Retirement Plan (the "Plan"), 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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 schedules of (1) Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and (2) Schedule H, Part IV, Line 4(a) - Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules required by ERISA, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Platform CPAs, LLP

Holladay, Utah
October 14, 2025

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value:		
Fair value determined by quoted prices-		
Registered investment companies	\$ 146,493,764	\$ 129,616,089
Fair value otherwise determined-		
Common collective trusts	<u>177,085,063</u>	<u>160,496,996</u>
Total investments, at fair value	<u>323,578,827</u>	<u>290,113,085</u>
Receivables:		
Contributions	2,286,149	1,917,233
Investment income	38,281	34,594
Loans to participants	<u>2,018,607</u>	<u>1,814,903</u>
Total receivables	<u>4,343,037</u>	<u>3,766,730</u>
Cash	<u>180,962</u>	<u>308,847</u>
Total assets	328,102,826	294,188,662
LIABILITIES - Accounts payable	<u>(175,943)</u>	<u>(180,841)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 327,926,883</u></u>	<u><u>\$ 294,007,821</u></u>

See notes to financial statements.

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment income:		
Dividends	\$ 4,553,753	\$ 3,553,079
Net appreciation in fair value of investments	18,262,101	32,581,401
Net appreciation of common collective trust	17,275,570	8,138,540
Interest income on notes receivable from participants	169,508	115,713
	40,260,932	44,388,733
Contributions:		
Participant	14,345,029	13,409,746
Employer	15,787,387	16,160,459
Rollovers	732,558	1,584,083
	30,864,974	31,154,288
Total	71,125,906	75,543,021
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefits paid to participants	33,711,031	23,144,788
Administrative expenses:		
Administration fees	527,087	601,679
Accounting fee for annual audit	27,900	26,800
Accounting fee for contribution verification	20,380	23,144
Legal	50,220	75,355
Consulting	95,506	85,225
Insurance	86,794	86,892
Investment custodian	73,594	63,598
Web design	360	360
Total administrative expenses	881,841	963,053
Total deductions	34,592,872	24,107,841
NET INCREASE	36,533,034	51,435,180
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	294,007,821	247,985,386
Transfers out to other plans	(2,613,972)	(5,412,745)
End of year	\$ 327,926,883	\$ 294,007,821

See notes to financial statements.

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following description of the Northwest AGC Chapters Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering eligible employees of participating employers, so elected in the Participation agreement designating a covered group of employees. An employer that is a member of a local chapter of the Associated General Contractors of America may adopt this plan for their employees. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Participating employers may also render services pursuant to public contracts which are subject to the Davis-Bacon Act, Service Contract Act, or a state or local government law.

Contributions – Participants may elect to contribute between 1% and 100% of eligible compensation to the Plan each year subject to dollar limitations under the Internal Revenue Code. Each participating employer may also contribute amounts to the Plan each year. Under the Plan, employer contributions are generally designated as profit sharing contributions or matching contributions.

Vesting – Participants are fully vested in their salary deferrals plus actual earnings thereon. The vesting percentage schedule for employer contributions is selected by each employer in their Joinder agreement. A participant’s vested interest will convert to 100% in the following circumstances: (1) death while an employee, (2) termination of employment due to total and permanent disability while an employee, (3) attainment of normal retirement age, or (4) Plan termination.

Loans to Participants – Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. A participant may have one outstanding loan at a time. Loans are secured by the balance of the participant’s account and bear fixed, reasonable rates of interest, as determined by the plan administrator. The maximum loan term is five years. Principal and interest are paid ratably through payroll deductions. As of December 31, 2024, the rate of interest on outstanding loans ranged from 5.25% to 10.50%.

Payment of Benefits – On termination of service, a participant is entitled to payment of their vested account balances. The form of payment can be either a lump sum equal to all or any portion of the participant’s vested account balance, or installment payments.

Forfeitures – Forfeitures may be used to reduce employer contributions, pay expenses, or reinstate a forfeiture account.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

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

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Investment Valuation and Income Recognition – The Plan’s investments are reported at fair value, except for an insurance company general account which represents a fully benefit-responsive investment contract and is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The board of trustees determines the Plan’s valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Trust’s gains and losses on investments bought and sold as well as held during the year.

Loans to Participants – Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for uncollectable loans has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Contributions Receivable – Represents the amount that employers are obligated to contribute under the terms of their Joinder Agreements for work that participants performed during the years ended December 31, employee elective deferrals from wages paid during the years ended December 31, and any employer discretionary contributions related to the year ended December 31. The Plan’s management considered all contributions receivable to be fully collectible. Accordingly, there is no allowance for expected credit losses.

Payment of Benefits – Benefits are recorded when paid.

Expenses – Administrative expenses and contributions are allocated on a cash basis to participant accounts. All expenses of maintaining the Plan are paid out of plan assets.

3. FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS - Continued

- Level 2 Inputs to the valuation methodology include
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observed for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Trust are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Trust are actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine 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 asset's fair value at December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	<u>\$ 146,493,764</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 146,493,764
Investment measured at net asset value				<u>177,085,063</u>
Total investments				<u>\$ 323,578,827</u>

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS - Concluded

The following table sets forth by level, within the fair value hierarchy, the asset's fair value at December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	<u>\$ 129,616,089</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 129,616,089
Investment measured at net asset value				<u>160,496,996</u>
Total investments				<u>\$ 290,113,085</u>

Changes in Fair Value Levels – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported on the actual date of the event or change in circumstances that caused the transfer.

The Plan's management evaluates the significant transfers, if any, between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2 or 3.

Investments Measured Using the Net Asset Value per Share Practical Expedient – The Plan invests in *T. Rowe Price Stable Value Common Trust Fund* and *Vanguard Target Retirement Common Trust Funds* for which fair value is measured using the net asset value per share as a practical expedient at December 31, 2024 and 2023. The common collective funds reported at net asset value per share practical expedient file U.S. Department of Labor Form 5500 as a direct filing entity.

T. Rowe Price Stable Value Common Trust Fund – There are no restrictions on participant-initiated withdrawals. The redemption initiated by the Plan requires to provide either 12 or 30 months' advance written notice.

Vanguard Target Retirement Common Trust Funds II – In 2023 the Plan transferred all target retirement funds from mutual funds to common collective trust funds. There are no restrictions on participant-initiated withdrawals. Certain large redemptions initiated by the Plan requires to provide advance written notice. The amounts that require advance notification range from \$1,000,000 to \$10,000,000.

4. INSURANCE COMPANY GENERAL ACCOUNTS

Key Guaranteed Portfolio Fund ("KGPF") was a general account product offered through Great-West Life & Annuity Insurance Company ("GWL&A"). Participant principal and interest were fully guaranteed by the entire general account assets of GWL&A. The contract met the fully benefit-responsive investment contract criteria and therefore was reported at contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. During 2023, all investments in KGPF were liquidated at contract value.

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

6. TAX STATUS

The IRS has issued a determination letter informing the Plan sponsor that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's legal counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRS and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan's management does not believe the Plan has engaged in any activities that would result in income taxation and, as a result, has concluded that as of December 31, 2024, there are no uncertain position taken or expected to be taken that would require recognition of an income tax liability or other disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax period in progress and the Plan's management believes the Plan is no longer subject to income tax examination for years prior to 2021.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the sponsor has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no differences between the Form 5500 and the financial statements as of December 31, 2024 and 2023 and for the year ended December 31, 2024.

9. LATE CONTRIBUTIONS

As disclosed in the Plan's Form 5500, certain employee deferrals were not remitted to the Plan within the time frame required by the Department of Labor. The Trustees will determine the amount of related lost earnings and participating employers will remit these amounts to participants' accounts subsequent to year end.

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

10. RECENTLY ADOPTED ACCOUNTING GUIDANCE

Accounting In June 2016, the FASB issued guidance (FASB ASC 326) Allowance for Credit Losses. The Plan adopted the standard effective January 1, 2023. The impact of the adoption was not material to the financial statements.

11. SUBSEQUENT EVENTS

Management of the Plan has evaluated events and transactions occurring after December 31, 2024 through October 14, 2025, the date the financial statements were available for issuance, for potential recognition or disclosure in the financial statements and concluded that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

**SUPPLEMENTAL SCHEDULES
REQUIRED BY ERISA**

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

Plan Name: Northwest AGC Chapters Retirement Plan

Plan Number 002

EIN: 93-1059035

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or similar party	Description of Investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<u>Common Collective Trusts</u>				
	T. Rowe Price Stable Value Fund	Common collective trust	**	\$ 16,157,091
	Vanguard Target Retirement Income Trust II	Common collective trust	**	4,850,870
	Vanguard Target Retirement 2020 Trust II	Common collective trust	**	12,499,016
	Vanguard Target Retirement 2025 Trust II	Common collective trust	**	9,462,835
	Vanguard Target Retirement 2030 Trust II	Common collective trust	**	29,514,758
	Vanguard Target Retirement 2035 Trust II	Common collective trust	**	17,965,750
	Vanguard Target Retirement 2040 Trust II	Common collective trust	**	23,104,386
	Vanguard Target Retirement 2045 Trust II	Common collective trust	**	16,675,753
	Vanguard Target Retirement 2050 Trust II	Common collective trust	**	21,462,959
	Vanguard Target Retirement 2055 Trust II	Common collective trust	**	11,488,754
	Vanguard Target Retirement 2060 Trust II	Common collective trust	**	8,987,856
	Vanguard Target Retirement 2065 Trust II	Common collective trust	**	4,451,208
	Vanguard Target Retirement 2070 Trust II	Common collective trust	**	463,828
				<u>177,085,063</u>
<u>Registered Investment Contracts</u>				
	American Funds Europacific Growth R6	Registered investment company	**	8,965,379
	Cohen and Steers Realty Institutional Shares	Registered investment company	**	5,708,481
	Conestoga Small Cap Institutional Fund	Registered investment company	**	7,833,536
	Dodge & Cox Income Fund	Registered investment company	**	5,111,899
	Fidelity Emerging Makets Index	Registered investment company	**	2,294,176
	Fidelity Small Cap Valley Index Fund	Registered investment company	**	3,926,753
	Loomis Sayles Bond CL I	Registered investment company	**	1,142,871
	T Rowe Price Instl Mid Cap Value Fund	Registered investment company	**	9,832,089
	Vanguard Growth Index Fund Institutional	Registered investment company	**	27,943,009
	Vanguard Institutional Index Fund	Registered investment company	**	34,323,298
	Vanguard Intermediate Treasury Fund Admiral	Registered investment company	**	3,817,366
	Vanguard Mid Cap Growth Index Admiral	Registered investment company	**	10,160,798
	Vanguard S&P Mid Cap 400 Index Institutional	Registered investment company	**	8,035,887
	Vanguard S&P Mid Cap 600 Index Institutional	Registered investment company	**	6,909,664
	Vanguard Value Index Institutional Shares	Registered investment company	**	10,488,557
				<u>146,493,764</u>
	Loans to participants	Interest ranges from 5.25% to 10.50%, maturing through 2028	-0-	<u>2,018,607</u>
	TOTAL			<u><u>\$323,578,826</u></u>

** Information is not required as investments are participant directed.

SCHEDULE H, PART IV, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan Name: Northwest AGC Chapters Retirement Plan

Year Ended December 31, 2024

Plan Number: 002

EIN: 93-1059035

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP \$259,997	Contributions Pending Correction in VFCP	



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

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

- 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 the DFVC program
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan NORTHWEST AGC CHAPTERS RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OREGON - COLUMBIA CHAPTER AGC</p> <p>9450 SW COMMERCE CIRCLE</p> <p>WILSONVILLE OR 97070</p>	<p>1c Effective date of plan 01/01/1983</p> <p>2b Employer Identification Number (EIN) 93-1059035</p> <p>2c Plan Sponsor's telephone number 800-826-6610</p> <p>2d Business code (see instructions) 238900</p>	

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

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

SIGN HERE	<i>Rod Stanton</i>	10/14/2025	ROD STANTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Rod Stanton</i>	10/14/2025	ROD STANTON
	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

Multiple Employer Plan Participating Employer Information

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

EIN = 93-1059035

PN = 002

2G Construction	93-0719146	0.11%	2,896,699.83
A 2 Fabrication, Inc.	93-1220906	0.75%	960,727.45
A Team Pacific Roofing, Inc.	20-8603080	0.21%	698,653.11
A.I.S. Inc. dba Express Employment Professionals	91-1636151	0.45%	1,490,112.78
Absolute Flagging, LLC	45-4150932	0.07%	375,382.18
Accurate Concrete Cutting, Inc.	35-2385934	0.38%	2,126,619.13
Adams, Morgenthaler & Co., Inc.	92-0082386	1.42%	10,845,971.90
Advanced Sign LLC	82-4741866	0.27%	338,864.92
Alaska Aggregate Products, LLC	20-4830197	1.59%	2,683,647.70
Alaska Auto Rental, Inc.	45-2539707	0.18%	51,765.85
Alaska Frontier Constructors	92-0120229	1.33%	5,057,937.41
Alite Construction, LLC	91-1875655	0.24%	844,375.63
American Construction Company, Inc.	91-0462492	1.42%	5,922,514.65
American Life, Inc.	85-4353456	0.66%	1,938,886.00
Anderson's Erosion Control, Inc.	93-0699578	1.12%	2,280,228.29
Asphalt Infrastructure, Inc.	47-1252754	0.66%	182.99
Associated General Contractors of Alaska	92-0014686	0.37%	979,598.38
Associated General Contractors of Washington	91-0911236	2.67%	16,044,952.20
Avail Valley Construction-ID, LLC	47-2318172	0.73%	792,199.09
Avail Valley Construction-WY, LLC	84-4813154	0.75%	907,448.46
Bear Electric, Inc.	92-0152759	0.08%	619,473.96
Billeter Marine, LLC	02-0690800	0.14%	524,168.52
Blazy Construction Inc.	71-0920220	1.06%	2,645,490.76
Braun Construction & Design LLC	20-3918605	0.23%	353,180.61
Brockamp & Jaeger, Inc.	93-0511742	0.77%	1,958,758.39
Brown Contracting, Inc.	93-1206558	5.00%	12,579,747.79
Buchanan General Contracting Company	91-1279654	0.15%	86,718.33
Budinger & Associates, Inc.	91-1684799	1.77%	4,413,400.47
Cascade Construction Company, Inc.	55-0810066	0.47%	685,783.97
Chick of All Trades, LLC	22-3929804	0.31%	891,858.39
City of Noorvik	38-3845454	0.07%	183,117.36
City of Russian Mission	30-0458151	0.00%	798.71
City of Savoonga	35-2350794	0.04%	93,799.79
City of Toksook Bay	30-0458158	0.01%	95,828.52
CivilWorks NW, Inc.	04-3733499	0.50%	4,026,561.09
CM Company, Inc.	82-0336596	1.23%	2,664,472.15
Coldfoot Environmental Services, Inc.	92-0175645	0.20%	478,455.14
Columbia Western Machinery, Inc.	83-3709018	0.17%	482,388.70
Concord Construction, Inc.	91-1365187	0.60%	3,217,685.29
Concrete Structures LLC	26-2245149	0.20%	422,745.18
Constructiv, LLC	82-3220700	0.04%	35,974.94
Consurco, Inc.	43-1920012	0.43%	770,492.00
Corpac Construction Company	45-5209564	1.49%	1,060,743.14
CPI Acquisitions, LLC	83-1760741	0.14%	179,166.78

Cruz Construction, Inc.	92-0136415	4.64%	12,091,484.42
D & B Concrete, LLC	75-3090329	0.04%	12,164.06
D3 Ventures LLC	46-2853665	0.48%	1,179,443.37
Decalcomania LLC	81-0845941	0.02%	46,191.60
Ditches Unlimited, Inc.	20-1247366	0.03%	7,680.60
Diverse Works, Inc.	90-0210134	0.80%	1,039,933.10
Doc Co. DBA Sullivan Water Wells	92-0070516	0.23%	68,915.23
Drake Construction, Inc.	92-0178013	0.80%	554,102.74
Drywall Specialties, Inc	91-1434055	1.89%	5,132,293.97
Egami Construction, Inc	93-1263910	0.02%	232,349.06
Element Design Build, LLC	81-4423994	0.07%	33,339.32
Elite Construction & Development LLC	51-0669585	0.38%	908,468.16
Falcon Alaska, LLC	46-4336345	0.58%	1,325,817.26
Franklin Pacific Construction Company	26-1402229	0.06%	248,591.17
G2B Company, Inc.	20-0188456	0.12%	149,406.21
General Constructors, LLC	82-0780377	0.10%	340,149.38
Guy Nielson Company Industrial Division Inc.	82-0404862	0.62%	847,546.31
H & J Construction, Inc.	93-1099095	0.38%	703,714.33
Halme Cascade General Contracting Company	87-3583970	0.55%	542,689.06
Halme Construction, Inc.	91-1642546	2.72%	7,645,767.96
Hamilton Construction Company	93-0465501	11.95%	53,012,686.43
Hammer and Hand, Inc.	93-1168968	0.47%	2,625,057.31
Hoss Paving, Inc.	93-1020473	0.34%	2,250,424.72
Hurst Construction, LLC	87-0718278	0.97%	2,045,856.21
Idaho Branch, Inc. of the Associated General Contractors of America, Inc. dba Idaho AGC	82-0096397	0.54%	1,035,711.33
Inland Northwest AGC	91-0418655	0.26%	1,289,619.98
Inland NW AGC Apprenticeship	57-1162422	0.24%	424,456.16
Interior Alaska Roofing, Inc.	92-0170710	1.25%	885,595.07
Interlaken, Inc.	20-1069431	0.70%	1,145,740.46
JGH Plumbing & Heating, Inc.	47-0891753	0.14%	431,651.91
JM Painting LLC	46-3680865	0.99%	446,254.86
Johnny Cat, Inc.	93-1181192	0.31%	1,100,455.26
Kerr Contractors of Oregon, LLC dba Kerr Contractors	90-0592910	4.78%	10,304,018.72
Kerr Management Company, Inc.	84-1965420	1.61%	10,997,841.15
Kitt Construction & Development, LLC	27-4188896	0.20%	493,004.88
Klinger Masonry, Inc.	93-1199872	0.78%	2,138,505.93
L2 Insulation, Inc.	26-2961034	0.20%	105,425.42
Lord & Associates, Inc.	93-1219162	0.08%	487,118.36
Lynn L Reynolds Inc., dba Phoenix Company	91-1649758	0.10%	396,250.23
Masonry Industry Promotional Group	51-0188388	0.07%	147,873.67
Melhus & Company Inc.	26-1660855	0.59%	1,948,344.23
Mountain Dog Sign Company, Inc.	45-2706669	0.06%	21,305.68
Nanuq, Inc.	92-0172381	2.48%	5,398,361.56
Native Village of Tyonek	61-1607148	0.01%	32,441.91
Next Level Cladding, LLC	84-4700136	0.25%	444,558.89
North Country Concrete, Inc.	45-2283332	0.72%	691,376.06
Northern Construction and Maintenance, LLC	26-3446468	2.79%	5,879,263.69
Northern Energy Services, LLC	45-1345037	3.81%	6,061,555.54
Northwest College of Construction	20-3206107	0.56%	1,189,736.13
Paa River Construction, LLC	26-0647802	1.32%	2,229,849.02
Pacific Construction Solutions	47-5646931	0.18%	114,189.45

Parkin Electric, Inc.	93-0738114	0.30%	1,456,076.86
Peak Concrete Construction, LLC	81-2816258	0.31%	238,852.59
PEI, LLC	83-3084642	0.45%	1,299,425.95
Piersol Construction, Inc.	91-1595041	0.91%	3,122,023.02
Pinnacle Construction, Inc.	91-1804052	0.26%	2,951,979.22
Platte Heating & Air Conditioning, Inc.	91-2017474	0.05%	537,594.06
Ray Wells, Inc.	93-0622952	0.03%	760,001.41
Red Box Refuse, LLC	27-3642343	0.02%	23,134.93
Reimers & Jolivette, Inc.	93-0620169	0.05%	587,341.11
RINU	32-0029313	0.84%	3,858,045.16
Rolling Rock Excavating Inc.	81-1004821	0.02%	16,499.35
RPR, Inc. dba Rain Proof Roofing	38-3818943	0.81%	1,705,318.51
Rudeen Management Company, Inc.	91-1913496	0.30%	232,329.23
Shamrock Construction & Excavating, LLC	20-4981763	0.01%	11,976.48
Silvertrek Systems	27-2207323	0.57%	546,171.35
Site Development, Inc.	91-1809485	0.05%	233,661.29
SODO Builders, LLC	26-2195470	0.01%	511,867.12
Specialized Transport & Rigging, LLC	61-1722388	1.90%	4,283,851.23
Stanton Construction, Inc.	91-0916777	0.26%	9,873,779.21
Staton Construction	93-0609882	0.88%	3,364,393.55
Staton Forestry, LLC	87-4266624	0.04%	28,258.20
Steinhauer Properties, Inc.	91-1731331	1.39%	3,841,277.00
Stinebaugh and Company, Inc.	92-0166061	0.60%	-
STR Logistics, Inc.	85-2618383	0.42%	245,856.62
Sunset Pacific General Contractors, Inc.	91-1160338	0.33%	844,811.76
TRS Mechanical, Inc.	68-0515608	0.41%	1,598,535.98
TS Consulting LLC dba TS Construction Management	47-0917829	0.37%	573,996.95
Valley Growers Nursery & Landscaping, Inc.	93-1104327	0.09%	621,079.22
Valley Pacific Construction, Inc.	93-0604961	0.06%	495,331.81
Versatile Industries Inc.	20-5026808	0.45%	771,462.98
Vista Title & Escrow, LLC	20-1004330	0.46%	926,626.33
VTE of Stevens County, LLC dba Stevens County Title and Escrow	87-2920454	0.10%	141,007.01
Wayne's Roofing, Inc.	91-0949176	1.50%	3,551,410.34
Weaver Brothers, Inc.	92-0070255	0.93%	8,676,024.05
Wellens General Contractors, Inc.	20-3338913	0.36%	330,076.15
Western Rock Resources, LLC	84-3613166	0.25%	472,267.16
White Oak Construction, Inc.	93-1232520	0.42%	421,521.16