

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>OLYMPIC BENEFITS TRUST</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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>OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT</u> <u>PO BOX 1427</u> <u>OLYMPIA, WA 98507</u>	1c Effective date of plan <u>01/10/1992</u> 2b Employer Identification Number (EIN) <u>91-1543495</u> 2c Plan Sponsor's telephone number <u>360-357-3362</u> 2d Business code (see instructions) <u>525100</u>

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.	10/15/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		2600
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)		2600
6a(2) Total number of active participants at the end of the plan year	6a(2)		2552
b Retired or separated participants receiving benefits	6b		0
c Other retired or separated participants entitled to future benefits	6c		0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		2552
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e	6f		2552
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E

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

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

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

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

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

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

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

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

Receipt Confirmation Code 167288955

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OLYMPIC BENEFITS TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT		D Employer Identification Number (EIN) 91-1543495

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0621480	47341	00628	2578	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 90223	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NORTHWEST MARKETING RESOURCES **PO BOX 447**
OLYMPIA, WA 98507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90223			3

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1288947	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		1288947
b Benefit charges (1) Claims paid	9b(1)	1106670	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		1106670
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	55425	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		55425
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan OLYMPIC BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT</p>	<p>D Employer Identification Number (EIN) 91-1543495</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC SOURCE HEALTH PLANS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0245545	54976	2098145	121	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 49333</p>	<p>(b) Total amount of fees paid 2580</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HAWKS VIEW **2721 CITRUS RD STE A**
RANCHO CORDOVA, CA 95742

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1117			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ANGLER INSURANCE LLC **512 HOLLY LANE**
SHELTON, WA 98584

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2930			3

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

DURNEY INSURANCE INC 409 8TH ST
HOQUIAM, WA 98550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
887			3

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

PCF INSURANCE SERVICES OF THE WEST PO BOX 1547
MOUNT VERNON, WA 98273

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
956			3

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

PILKEY HOPPING & EKBERG INC 2102 N PEARL ST STE 102
TACOMA, WA 98406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6344			3

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

NORTHWEST MARKETING RESOURCES INC PO BOX 447
OLYMPIA, WA 98507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10533			3

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

BELL ANDERSON AGENCY INC 19401 40TH AVE W STE 440
LYNNWOOD, WA 98036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24988			3

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

ACRISURE NORTHWEST PARTNERS INSURAN PO BOX 1788
GRAND RAPIDS, MI 49501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1578			3

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

BELL ANDERSON AGENCY INC 600 SW 39TH ST STE 200
RENTON, WA 98057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2580	NEW GROUP/RETENTION BONUS	3

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1028827
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan OLYMPIC BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT</p>	<p>D Employer Identification Number (EIN) 91-1543495</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	07114519	672	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)		34307
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	34307
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		6934
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	6934
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 OLYMPIC BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT	D Employer Identification Number (EIN) 91-1543495	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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)

NORTHWEST MARKETING RESOURCES

91-1314081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	13594	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)

TRUSTED PLANS SERVICE CORPORATION

91-0780588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	62665	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)

JOHN S. CONNIFF PLLC

P.O. BOX 7933
253-759-7767
TACOMA, WA 98417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	36000	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16095	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)

LINDLEY & ASSOCIATES

1 LAKE BELLEVUE DR STE 110
BELLEVUE, WA 98005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	8402	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)

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 OLYMPIC BENEFITS TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT	D Employer Identification Number (EIN) 91-1543495

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	16221	35277
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	14848	0
(3) Other	1b(3)	0	1624
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)	65481	0
(B) All other	1c(3)(B)	119443	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	130187
(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	215993	167088
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	10097	3000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	52612	17661
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	62709	20661
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	153284	146427

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)	2574925	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2574925
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	583	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		583
(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)	7778	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7778
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	5879
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	2589165

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	2453562
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2453562
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)	65665
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	24497
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	2481
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	36000
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	13817
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	142460
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2596022

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-6857
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		270000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

OLYMPIC BENEFITS TRUST
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Olympic Benefits Trust

Members of the Board:

Opinion

We have audited the accompanying financial statements of Olympic Benefits Trust (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 a reasonable period of time.

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

October 14, 2025

OLYMPIC BENEFITS TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	<u>December 31, 2024</u>	<u>December 31, 2023</u>
CASH	\$ 35,277	\$ 16,221
INVESTMENTS, AT FAIR VALUE	130,187	184,924
RECEIVABLES		
Employer Contributions	-	14,848
Undeposited Funds Load Fees	<u>1,624</u>	<u>-</u>
TOTAL RECEIVABLES	<u>1,624</u>	<u>14,848</u>
TOTAL ASSETS	<u>167,088</u>	<u>215,993</u>
 LIABILITIES		
Accounts Payable	3,000	10,097
Deferred Revenue	<u>17,661</u>	<u>52,612</u>
TOTAL LIABILITIES	<u>20,661</u>	<u>62,709</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 146,427</u>	<u>\$ 153,284</u>

OLYMPIC BENEFITS TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
ADDITIONS		
INVESTMENT INCOME		
Interest and Dividends	\$ 8,361	\$ 7,068
Net Appreciation of Investments	5,879	21,212
Less: Investment Expenses	<u>(2,481)</u>	<u>(70)</u>
NET INVESTMENT INCOME	11,759	28,210
CONTRIBUTIONS AND OTHER INCOME		
Employer Contributions	2,552,027	2,391,226
Load Fees	<u>22,898</u>	<u>18,944</u>
TOTAL ADDITIONS	<u>2,586,684</u>	<u>2,438,380</u>
DEDUCTIONS		
BENEFITS PAID	2,453,562	2,365,858
ADMINISTRATIVE EXPENSES		
Administration Fees	65,665	64,291
Broker Commissions	13,594	15,020
Legal Fees	36,000	36,000
Audit Fees	24,497	12,294
Miscellaneous	<u>223</u>	<u>656</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>139,979</u>	<u>128,261</u>
TOTAL DEDUCTIONS	<u>2,593,541</u>	<u>2,494,119</u>
NET (DECREASE) FOR THE YEAR	(6,857)	(55,739)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>153,284</u>	<u>209,023</u>
END OF YEAR	<u>\$ 146,427</u>	<u>\$ 153,284</u>

OLYMPIC BENEFITS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Olympic Benefits Trust (the "Plan") is a multiple employer health and welfare plan formed effective March 1, 2001, to provide fully insured group medical, dental and vision benefits through a multiple employer trust fund. The Plan does not provide retiree coverage. The Plan is designed and operated in compliance with applicable provisions of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results may differ from those estimates.

C. Contributions Receivable

Contributions receivable are recorded when invoices are issued and are presented in the statements of net assets available for benefits, net of the allowance for doubtful accounts, if any.

NOTE 3 - PLAN TERMINATION

The Trust qualifies as a complex trust under the Internal Revenue Code. As such, it is generally not subject to federal income tax at the entity level, and taxable income is allocated to the beneficiaries. Accordingly, the accompanying financial statements do not include a provision for federal income taxes, and no federal income tax was owed for the period presented.

NOTE 4 - INCOME TAX STATUS

The Trust qualifies as a complex trust under the Internal Revenue Code. As such, it is generally not subject to federal income tax at the entity level, and taxable income is allocated to the beneficiaries. Accordingly, the accompanying financial statements do not include a provision for federal income taxes, and no federal income tax was owed for the period presented.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

OLYMPIC BENEFITS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables represent the Plan’s investments at fair value, based on the inputs used to value them:

Description	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 130,187	\$ -	\$ -	\$ 130,187
	December 31, 2023			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 184,924	\$ -	\$ -	\$ 184,924

Level 1 investments include mutual funds valued based on quoted prices in an active market.

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

NOTE 6 - RISKS AND UNCERTAINTIES

Plan investments are exposed to risk factors including interest rate, market fluctuations and credit risks. Due to the risks associated with investments, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain investments held by the Plan are issued and managed by Morgan Stanley Smith Barney LLC or one of its affiliates. Transactions related to these investments qualify as party-in-interest transactions; however, they are exempt from the prohibition under ERISA.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

OLYMPIC BENEFITS TRUST
FORM 5500
SCHEDULE H, LINE 4
E.I.N. 91-1543495; PLAN NO. 501

SUPPLEMENTALS SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Olympic Benefits Trust

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year then ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

October 14, 2025

OLYMPIC BENEFITS TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1543495; PLAN NO. 501
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Funds</u>	<u>Fair Value</u>	<u>Cost</u>
4,659	MS PATHWAY CORE FIXED INCOME *	\$ 31,122	\$ 38,002
7,968	MS PATHWAY EMERGING MARKETS *	7,634	7,968
325	MS PATHWAY INFL LINKED INCOME *	2,613	3,309
1,940	MS PATHWAY INTERNATIONAL EQ *	25,318	21,576
1,192	MS PATHWAY INTL FIXED INCOME *	8,084	9,189
630	MS PATHWAY LARGE CAP EQUITY *	30,259	25,501
212	MS PATHWAY SMALL MID CAP EQ *	9,938	10,707
1,562	MS PATHWAY ULTRA SHORT FXD INC *	15,219	15,361
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 130,187</u>	<u>\$ 131,613</u>

* Party-in-Interest

OLYMPIC BENEFITS TRUST
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 91-1543495; PLAN NO. 501
JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
MS PATHWAY LARGE CAP EQUITY	\$ 147,534 -	\$ - 28,326	\$ 147,534 19,322	\$ - 9,004
MS PATHWAY ULTRA SHORT FXD INC	13,184 -	- 8,603	13,184 8,836	- (233)
MS PATHWAY SMALL MID CAP EQ	1,510 -	- 12,569	1,510 9,292	- 3,277
MS PATHWAY INTERNATIONAL EQ	1,869 -	- 12,500	1,869 12,450	- 50

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF TIN	TOTAL CONTRIBUTIONS
71000	OBT 2023 DDWA AND VSP TEMPLATE		0.0000
71001	CBSF 2013 WDS & VSP TEMPLATE		0.0000
71014	CBSF 2014-2016 WDS/VSP TEMPLAT		0.0000
71015	OBT 2024 DDWA & VSP TEMPLATE		0.0000
71052	WASHINGTON STATE DEMOCRATIC	91-1135732	0.0455
71054	THE JOHN'S REAL ESTATE CORP	91-1013797	0.0081
71056	MATHEIA SCHOOL	91-1656086	0.0133
71059	THE MAGELLAN GROUP LTD	91-1638559	0.0087
71062	LEAVITT TRUCKING INC	91-1297895	0.0057
71066	MARK SHAPIRO INSURANCE AGENCY	14-2004199	0.0435
71067	TAILWIND CAPITAL PARTNERS INC	81-1147841	0.1259
71068	SOUNDINGS OF THE PLANET INC	86-0714303	0.0867
71071	CONSOLIDATED SHIPPERS INC	91-1252706	0.0054
71072	DALEY MORROW POBLETE INC	91-1745624	0.0068
71073	MERCER ISLAND VETERINARY CLINI	91-1767450	0.0159
71074	GESTALT DIAGNOSTICS	30-0562555	0.5805
71076	PACIFIC PUBLIC AFFAIRS INC	91-1448398	0.0128
71077	PORT TOWNSEND MAINSTREET	91-1285016	0.0771
71079	JJ SAUTER TRUCKING	91-0871398	0.0164
71080	WINSLOW ANIMAL CLINIC	82-5378009	0.0461
71081	PROGRESSIVE BILLING SPECIALIST	91-2022736	0.1079
71083	ISLAND CHURCH	23-7251996	0.0083
71086	HIGH PURITY NORTHWEST INC	91-1680714	0.2259
71087	CASCADE GUARDIANSHIP SERVICES	47-4430314	0.2675
71091	UNITED INSURANCE EDUCATORS INC	91-1540629	0.1684
71092	INNOVIA FOUNDATION	91-0941053	0.0362
71094	DJR VENTURES	82-3724005	0.0257
71095	SASADA SPORTS INTERNATIONAL LL	83-1246121	0.0361
71096	MERCER ISLAND GROUP	91-1837987	0.1974
71101	NOMURA TRADING CO., LTD.	98-0341241	0.2398
71102	STETSON KOENES, PLLC	91-1693046	0.1259
71104	FAMILY MEDICINE CLINIC OF	16-1726584	0.1367
71108	M BLOCH & CO INC	91-0723602	0.2911
71110	RAINBOW CENTER	91-1859897	0.0944
71112	GIRLS ROCK MATHEMATICS, LLC.	46-0825888	0.1151
71115	MELLING MANUFACTURING	38-1872070	0.0047
71119	FOUNDATION FOR HEALTHY	91-6186093	0.0514
71124	COLLISION ANALYSIS &	45-4173332	0.0892
71125	HELPLINE HOUSE	91-0902503	0.3599
71126	MARK H. TSENG, MD	27-2412688	0.1692

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	PARTICIPATING EMPLOYER NAME	EMPLOYER TIN	APPROXIMATE PERCENTAGE OF TOTAL CONTRIBUTIONS
71127	FIRST BAPTIST CHURCH LK STEVEN	91-1458481	0.0435
71132	FAITH BAPTIST CHURCH	91-1471030	0.0867
71134	ANTHONY TRUCK REPAIR	20-1830050	0.1692
71143	ALAN TRANSPORT LLC	20-3749820	0.1028
71152	ALPENTAL GROUP INC	84-4164436	0.1692
71153	SEARCH PILOT USA INC	84-4224890	0.1541
71154	POWELL, KUZNETZ & PARKER, PS	91-2016763	0.0056
71155	ALLIED PLUMBING SERVICES GROUP	82-5202479	0.0201
71158	NW LANDSCAPE MANAGEMENT	91-1994394	0.1231
71163	CLINICAL PLACEMENTS NORTHWEST	47-1738374	0.0058
71166	NOUVEAU MEDSPAS, LLC	83-1871440	0.1231
71174	isol8, Inc.	36-4729444	0.1227
71178	OLYMPIA FARMERS MARKET	91-1184847	0.0041
71183	KULSHAN PEDIATRIC DENTISTRY	85-3791587	0.2245
71186	SAFECOVER ROOFING LLC	82-5060390	0.0312
71187	NAVIGATION THERAPY SERVICES LL	83-1652586	0.0117
71191	THE ARC OF SNOHOMISH COUNTY	91-0991444	0.1738
71198	KITCHENS COMPLETE INC	90-0113006	0.0081
71205	ALOHA DRIVING SCHOOLS, LLC	46-0707584	0.0164
71206	PERFORMANCE SPECIALTY INC	37-1958938	0.0072
71212	I-5 MOTORSPORTS,LLC	82-5244786	0.0145
71214	WALKER DEVELOPMENTS	82-4974078	0.0233
71216	ISLAND CENTER AUTO	91-1287260	0.1945
71220	THREE S CORP dba PANCAKE CHEF	91-0848439	0.0203
71221	COMMUNITY WATER SYSTEMS LLC	46-1291702	0.1970
71223	SPORTS MEDICINE NW	60-3119843	0.1315
71224	CROSS SOUND CHURCH	91-1715921	0.1319
71226	ALLSTAR LIGHTING LLC	82-2317239	0.3758
71228	EXPRESS IRON WORKS	61-1464124	0.0070
71235	SKAAR & WILCOX ENTERPRISES	92-3007245	0.3237
71241	SILOAM 1 CONSTRUCTION	90-0875869	0.1945
71262	ZITTEL'S MARINA	87-0283889	0.0136
71270	FULLER DESIGNS INC.	83-1927935	0.0055
71273	TACOMA-PIERCE COUNTY	91-0621487	0.1945
71276	CASCADE CHIROPRACTIC PS	91-2139163	0.0634
71287	MASTERS LAW GROUP, PLLC	91-2015024	0.0069
71313	OLYMPIC MEDICAL SERVICES	91-2033543	0.0137
71334	MEADOWMEER GOLF & COUNTRY CLUB	23-7129269	0.2740
71418	SAN CARLOS INC	91-1205103	0.1315
71419	CULTURAL RESOURCE CONSULTANTS	75-3044926	0.0140

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	PARTICIPATING EMPLOYER NAME	EMPLOYER TIN	APPROXIMATE PERCENTAGE OF TOTAL CONTRIBUTIONS
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71439	FALLS TERRACE	91-0815998	0.0083	
71462	HOUSING RESOURCES BAINBRIDGE	95-0068013		0.0273
71466	ARLENE OOM & COMPANY	60-2277512	0.0472	
71479	TOGETHER!	91-1465778	0.8583	
71488	ROCHESTER ORG OF FAMILIES	77-0620956		0.0091
71539	APPLEBAUM VIOLIN SHOP, INC	20-0561359		0.0708
71609	QUALITY HAY CO	91-1691497	0.0047	
71626	INTERCEPT ASSOCIATES	37-1546124	0.1839	
71656	DB GENERAL CONTRACTORS, INC	74-3189536		0.4844
71663	PERFECT SMILE ORTHODONTICS	71-0963472		0.2028
71700	PERRY SHELTON WALKER & ASSOC	91-1382642		0.0089
71707	SS GALE, INC	80-0002570	0.0892	
71721	JUDY'S INTIMATE APPAREL, INC	91-1510808		0.0713
71752	JEFFERSON ASSOCIATED COUNSEL	11-3738023		0.3177
71758	BEAN COUNTERS SERVICES INC	38-3709480		0.0056
71776	WABASH PRESBYTERIAN CHURCH	91-0859951		0.0033
71785	UNITED WAY OF LEWIS COUNTY	91-0715071		0.0024
71817	PACIFIC HOSPITAL PDA	91-1153993	0.2023	
71859	SOUND BENEFIT PLANS INC	91-1594034		0.0070
71892	KAIJA'S GARDEN STORE	93-0703289	0.0047	
71909	SOUTH SOUND GASTROENTEROLOGY	91-1639821		0.0656
71919	BREMERTON ABUNDANT LIFE	91-1131426	0.0068	
71952	KRISTIN MANWARING INSURANCE	20-4650764		0.2915
71971	SOKHA CORPORATION DBA IHOP	20-0302232		0.0211
72063	NW PROPELLER OPERATIONS INC	91-1890939		0.0104
72070	NORTHWEST MARKETING RESOURCES	91-1314081		0.0065
72089	NORTHWEST EQUIPMENT SALES INC	91-2122723		0.2077
72094	WA STATE ASSOC OF FIRE CHIEFS	91-0829023		0.0892
72110	MCOBJECT LLC	91-2132452	0.1075	
72121	HAYES MCCOLLOCH VICKERMAN CPA	85-1448132		0.4407
72210	SOUND REPROGRAPHICS	91-1751642	0.0054	
72253	GOURMET MIXES INC	91-1673519	0.0236	
72259	WESTERN VALLEY FARMS	91-1941367		0.1079
72282	DENNY'S AUTO SERVICE	47-1053941		0.1839
72284	IVERSON TIRES, INC	95-1448548	0.1499	
72291	RBS HOLDINGS LLC	20-0356763		0.2686
72299	AP PLUMBING LLC	72-1600692	0.0112	
72308	WATER SYSTEMS & PUMP SERVICE	91-1098218		0.0656
72342	WELLSPRING PHYSICAL THERAPY	81-3378013		0.0173
72359	HEFFERNAN LAW GROUP PLLC	20-5611454		0.1603

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF	
		EMPLOYER TIN	TOTAL CONTRIBUTIONS
72360	CONCRETE RECYCLERS DBA	91-1678717	0.2780
72409	CHIROPRACTIC ASSOCIATES	91-6161566	0.1128
72429	LASA	91-1470619	0.0060
72451	IMPACT PHYSICAL THERAPY	30-0192767	0.0944
72496	HEMPHILL-ONEILL COMPANY	91-0518549	0.0073
72501	PWR LAW PLLC	45-4555427	0.2401
72557	PACIFIC NW TRANSPORTATION SVCS	91-0986871	0.1131
72575	CENTER FOR INDEPENDENCE	91-1577469	0.0493

72605	ALL FOUR SEASONS INC	42-1730708	0.0048
72649	LAKELAND BUILDERS	91-1551741	0.0056
72656	TRIPLE SOURCE TRILOGY SEARCH	20-8913974	0.0656
72726	SOUND PHYSICAL THERAPY INC	93-2150500	0.1367
72797	DEEP SEA FISHERIES INC	91-1142417	0.0215
72800	ASG NORTHWEST LLC	20-2577063	0.1319
72831	RAM INVESTMENT PARTNERS LLC	45-4456263	0.0456
72874	NORTHLAKE CHRISTIAN CHURCH	91-1119080	0.0122
72877	SCANNERS LLC	55-0865291	0.1735
72880	PALOMINO FOODS LLC	91-2169301	0.0839
72889	PARKLAND EYE & VISION CLINIC	91-1944747	0.2544
72898	YEAGERS SPORTING GOODS	91-0751950	0.0336
72899	HEALTHENTIC INC	26-3285791	0.3002
72905	RIVERVIEW COMMUNITY CHURCH	91-2106227	0.1594
72909	OLIVER MACHINERY CO	91-2076797	0.0708
72919	BABICH CHIROPRACTIC	91-1697742	0.0652
72928	MIRUS PLANNING LLC	27-1362343	0.0347
72934	HOME ATTENDANT CARE INC	91-1281193	0.0149
72944	DUNKIN DIESEL SERVICE	91-1060717	0.2002
72948	CENTRALIA COMM CHURCH OF GOD	91-1009019	0.2516
72950	MT VERNON CHAMBER OF COMMERCE	91-0328603	0.0057
72951	ECONOMIC DEVELOPMENT ASSOC	91-1724682	0.2972
72959	A & L SPORTS INC	91-1086354	0.0081
72972	NEW TRENDS ENTERPRISES	47-1847980	0.0472
72985	ASSISTED CUSTOM CONSTRUCTION	91-1659935	0.0236
72988	BMI INC, dba LOPEZ CAPITAL	91-1933938	0.0970
72990	SILVER BEECH SPINNING & FIBER	91-2183770	0.0656
73014	WASHINGTON PARK DIRECT CARE	91-1082550	0.1208
73023	CORNELLS QUALITY CONSTRUCTION	91-1683423	0.1315
73024	A2-ANISOGLU ARCHITECTURE LLC	90-0545325	0.0656
73026	VAN KAMPEN & CROWE PLLC	91-2086978	0.0634
73029	ANKUTA AND COWDEN	91-1615764	0.0970

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF	
		EMPLOYER TIN	TOTAL CONTRIBUTIONS
73033	LYDEN'S SPECIALTY MACHINE	80-0092654	0.0892
73042	THORNTON MOSTUL PLLC	91-1877565	0.1128
73057	ELEVAR ADVISORS LLC	26-2223035	0.1978
73058	BLISS AND TUTTLE CPA	91-1521840	0.0221
73060	BAILEY DUSKIN PEIFFLE MARTIN	91-1017596	0.0126
73061	KILEY JUERGENS WEALTH MGMT LLC	27-0811624	0.4237
73065	SHIRTBUILDERS INC	91-1638160	0.0117
73068	JOURNEY CHURCH	91-0841446	0.1892
73069	KIDS INC	61-1559025	0.0079
73082	M & M REPAIR INC	91-1372053	0.0047
73110	ROBERSON BUILDING COMPANY	91-1036823	0.2929
73116	TICA USA INC	65-0840143	0.0974
73118	PHILLIP THOMPSON DC INC PS	27-0557874	0.0472
73124	KENT CHRISTIAN CENTER	91-0725401	0.0514
73126	ELECTRA TECHNICAL SALES INC	91-1435088	0.0895
73127	MONROE TRANSPORTATION LTD	91-1928071	0.0472

73129	SOUND PEDIATRICS PLLC	45-0647824	0.0047
73133	E. COBB ARCHITECTS INC	91-1860071	0.2401
73134	NEW ERA CONTRACT SALES INC	91-1429389	0.1431
73136	STI AMERICA INC	91-2008256	0.0713
73140	ACCUTINT OF BELLEVUE LLC	01-0939167	0.2540
73147	PHILLIPS SEAFOOD INC	91-1016849	0.0472
73154	LAW OFFICE OF BARBARA BOWDEN	91-1938269	0.1550
73159	KGY RADIO	91-0893078	0.1285
73168	BUSH POLEN & ASSOCIATES INC	91-1304293	0.0137
73170	NORTH MASON FIBER CO INC	91-1447705	0.3057
73172	KIERNEY & CHUNG MD PS	91-1343255	0.0214
73174	BELLINGHAM WHATCOM CHAMBER	91-0141830	0.0045
73187	THE NARROWS LAW GROUP	46-5356618	0.1180
73191	W INSURANCE GROUP	91-1386899	0.2329
73193	DRK DEVELOPMENT	91-1600180	0.3889
73197	PAINT LOGIC INC	91-1983226	0.0895
73203	CARRIAGE CLUB ESTATES	91-1745430	0.1311
73208	PROCESS HEATING COMPANY INC	91-0866262	0.0094
73209	PZAZZ SALON & DAY SPA	91-1663998	0.0895
73217	BELLEVUE MEDICAL PARTNERS PLLC	91-2178390	0.1427
73221	CANTERBURY INN LLC	91-1663793	0.0882
73222	CAMCO ELECTRIC INC	91-1487509	0.0093
73225	BRIDGEPORT APPRAISAL LLC	91-2075902	0.1075
73228	METRO AIR INC	91-2167588	0.0217

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF	
		EMPLOYER TIN	TOTAL CONTRIBUTIONS
73230	GRECO GENERAL CONTRACTING, LLC	61-1755057	0.1536
73231	PRICOR TECHNOLOGIES LLC	46-5472004	1.0919
73232	DANISH DESIGN KITCHENS, INC	20-4508302	0.0988
73233	TAYLOR PUBLISHING DBA	26-1614112	0.0054
73234	APIJET LLC	82-3962528	0.0381
73305	PACIFIC NW BUSINESS PRODUCTS	91-2148144	0.0656
73312	JEFFERSON COUNTY CHAMBER	91-0369835	0.0236
73321	WASHINGTON LETTUCE AND	91-1334214	0.1128
73323	AMERICAN RESORT MARKETING INC	91-1105568	0.0895
73326	ALLIANCE PRINTING INC	20-2335443	0.0944
73327	EDGEWOOD BIBLE CHURCH	91-1201056	0.0132
73330	OLDENBURG & ASSOCIATES	60-3333122	0.0472
73334	SEA FARE EXPOSITIONS INC	91-1224431	0.0154
73335	HULL FLOORING COMPANY	91-1709835	0.0708
73338	CASCADE CONSOLIDATED IND LLC	91-1715222	0.0913
73341	TOILSOME CONSTRUCTION LLC	26-1613586	0.0895
73346	THE PILATES & PHYSICAL THERAPY	91-1598263	0.0047
73350	PACIFIC DECOR LTD	20-8848001	0.0047
73354	AVITUS GROUP	47-0720973	0.0713
73355	LEATHERS INC	91-1733207	0.1652
73357	SATO CORPORATION	91-0833046	0.0155
73368	STROUSE DAVIS ARCHITECTURE	83-2915061	0.0079
73371	SOUND STORAGE MANAGEMENT	20-0562097	0.0472
73373	MERIWETHER ADVISORS LLC	46-2388301	0.1131

73375	COLUMBIA CREST FINANCIAL ADV	27-2814273	0.0281
73376	AVAUNT TECHNOLOGIES INC	91-2176190	0.0213
73377	DEDICATED WOMEN'S HEALTH	91-1844837	0.0129
73379	MORGAN STEEL & METAL WORKS	45-5137485	0.1206
73382	G & G INC	91-1557233	0.4798
73385	RENA INTERNATIONAL	91-1434975	0.1227
73387	AMES BROS INCORPORATED	91-1640993	0.1319
73388	HORIZON SCHOOL	94-3046018	0.1180
73390	OLYMPIC EQUIPMENT RENTALS INC	45-5014533	0.2075
73392	RS UNDERGROUND, INC	91-2049246	0.0149
73396	COOPERSMITH LAW & STRATEGY	91-2117790	0.1738
73397	DESIGNED GROUNDWATER SERVICES	80-0378568	0.0913
73457	BRIAN TORGERSON	27-2469643	0.0869
73459	PHILADELPHIA CHURCH	91-0746896	0.3262
73471	TRIAD PRODUCTS CORP	91-1034373	0.0944
73472	AZURE GREEN CONSULTANTS LLC	20-5174912	0.3429

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	EMPLOYER PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF TIN	TOTAL CONTRIBUTIONS
73474	MR WHO GREENS CORP	91-1938116	0.2344
73688	A BEGINNING ALLIANCE	91-1081376	0.0226
74001	J & M DIESEL, INC	91-1279934	0.4453
74002	ICOGENEX CORPORATION	91-1706621	0.0095
74003	D'ANNUNZIO CONSULTING GROUP	61-1535400	0.1626
74009	EMPIRE ELECTRIC INC	46-3425827	0.0100
74011	EXPLORER WEST MIDDLE SCHOOL	91-1705420	0.0586
74012	LABORATORY DESIGN & CONST INC	91-1747471	0.0051
74015	CW NIELSEN MFG CORP	91-0870653	0.3340
74017	HUDY PLUMBING & HEATING INC	91-1907772	0.0970
74023	GE GORDON INC DBA	91-1981352	0.1257
74024	THE CHURCH COUNCIL OF	91-0460490	0.0129
74026	CLINICAL & FORENSIC	91-1837608	0.0656
74028	INTERNATIONAL BROKERAGE INC	91-2079312	0.0892
74030	KIRKLAND GLASS & MIRROR INC	91-1163326	0.0944
74032	GEM WELDING AND FABRICATION	91-1338744	0.0693
74036	THREE RIVERS PHYSICAL THERAPY	20-1332942	0.0142
74038	EURO PRODUCTS INC	91-1602335	0.0107
74040	PATRICIA BRENNAN ARCHITECTS	91-1352138	0.0892
74042	STANLEY R SCHIFF MD PHD	91-1424331	0.0656
74048	BENECORP	45-2266872	0.0472
74056	EXCEL ELECTRIC OF TACOMA	91-1611674	0.1643
74061	AMERICAN ARTIFICIAL LIMB CO	91-0900157	0.0472
74062	SOUND PACIFIC INSURANCE INC	45-4456594	0.0892
74063	SIMPLE FLOORS	26-1226329	0.0656
74066	INTAND CORPORATION	20-4297157	0.1428
74073	KAMPBELL LEGAL PLANNING PLLC	60-3395446	0.1367
74078	FAITH FAMILY CHURCH OF THE	91-1096002	0.3709
74079	TITLE SUPPORT SERVICES INC	20-3095278	0.0944
74085	PAUL RIED FINANCIAL GROUP LLC	33-1062677	0.5987
74087	HOMWOOD TERRACE MUTUAL HOMES	38-1961127	0.1180
74092	PACIFIC EQUITY AND LOAN	83-2159068	0.2918

74095	ALTMAYERS TRANSPORTATION LLC	91-1947281	0.0708
74102	CORBEL SOLUTIONS LLC	03-0576242	0.3889
74104	RYAN CARLSON AGENCY LLC	65-1279821	0.0892
74108	DAVIS PROPERTY& INVESTMENT LLC	91-1864734	0.3593
74109	ACTIVE LIFE PHYSICAL THERAPY	51-0518543	0.2548
74112	SOUND EARTHWORKS INC	45-3279378	0.1630
74114	EINAR JOHANSON INSULATION&GLAS	91-1577449	0.3168
74117	PRO CONSULTING LLC	91-1914078	0.0302

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	EMPLOYER PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF TIN	TOTAL CONTRIBUTIONS
74122	MILL CREEK FAMILY MEDICINE INC	51-0535217	0.2077
74125	NURTURING EXPRESSIONS	83-0413734	0.3026
74128	CONCORD ENGINEERING INC	46-1648854	0.0726
74129	MALAVOTTE & ASSOCIATES SERVICE	91-1828558	0.1075
74131	STARCOM COMPUTER CORP INC	91-1154989	0.1416
74133	STEVE R FELLER, DPM DBA CUSTER	91-1311750	0.0079
74135	MIGIZI GROUP INC	46-1217983	0.2031
74137	POWDER COATING INC	91-1641090	0.2173
74141	BROOKSTONE DEVELOPMENT INC	42-1569193	0.0603
74144	BAINBRIDGE ISLAND LAND TRUST	91-1439338	0.1796
74146	CIRCLE SYSTEMS, INC	32-0266067	0.0048
74147	INNER FENCE HOLDINGS INC	27-2505699	0.1319
74148	FIRST NATIONAL FLEET AND LEASE	84-1692081	0.4246
74149	DUMB EYES LLC DBA CIVILIZATION	84-1718031	0.2263
74150	SAHALEE MAINTENANCE ASSOC.	91-0948556	0.2711
74151	BALLARD ORNAMENTAL IRONWORKS	91-1658725	0.0944
74154	BAINBRIDGE HEATING & AIR, LLC	45-3844579	0.0771
74156	SEATTLE INFECTIOUS DISEASE	46-1914622	0.1128
74158	BAUS SYSTEMS LLC	91-1943759	0.1908
74159	SYNTHESIS ARCHITECTS PLLC	26-4725844	0.0212
74164	REB ENTERPRISES LLC	71-1008337	0.1174
74166	ORANGE LV STUDIOS, LLC	30-0807408	0.0823
74167	KATHARINE CHRISTIAN DMD PLLC	47-1313684	0.0514
74168	PACIFIC BUSINESS SYSTEMS INC	91-1672395	0.2027
74169	AGING WISDOM INC	26-0267628	0.2510
74170	MADRONA DERMATOLOGY	47-2270039	0.1541
74173	INTEGRATIVE COUNSELING SERVICE	83-0485360	0.0070
74174	DIERKS HOLDING INC	81-2211515	0.0151
74180	MUNSON AND RUDE PS	91-0861326	0.1945
74182	MONROE CHRISTIAN SCHOOL	91-0653991	0.7204
74193	SCHEIBMEIR KELLY & NELSON PS		0.0295
74194	LEITOR INC	91-1560316	0.1435
74196	VREELAND LAW PLLC	45-2828530	0.0038
74198	APOLLO AMUSEMENT INC	91-1704300	0.0771
74200	CHOICE CARPENTRY	99-3201853	0.2662
74202	DICKMAN HINES LUMBER	91-1299359	0.2605
74203	JOHN WAYNE CONSTRUCTION	91-0027945	0.0169
74206	YOUNGONE CORPORATION	91-1569608	0.1431
74212	TILT TECHNOLOGY INC	47-2115151	0.0342
74215	STERLING CONSULTANTS LLC	46-5065190	0.0867

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	EMPLOYER PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF TIN	TOTAL CONTRIBUTIONS
74218	MAZZONE LAW FIRM	47-1195702	0.1688
74219	JOHN SCHRAM INC	20-8594926	0.1231
74225	A/C ELECTRICAL INC	77-0620142	0.0867
74226	WEST CAMPUS FOOT ANKLE CLINIC	47-2185848	0.0823
74227	PACIFIC POWERSHIFTS	91-1629872	0.3779
74233	SALON VODA LLC	46-3452142	0.0214
74235	AEROFAB NDT	46-2683414	0.0672
74239	INLAND ELEVATOR LLC	27-3697017	0.1285
74240	NATIONAL GIRLS COLLABORATIVE	47-1608990	0.0196
74246	HOUSING DEVELOPMENT CONSORTIUM	94-3073588	0.4057
74249	ROBYN FRY DVM PLLC EDMONDS VET	47-4305601	0.0047
74252	SCATTER CREEK ANIMAL CLINIC	85-2484822	0.1541
74254	BOB BJORNEBY'S FW COLLISION	91-1922310	0.1798
74256	LAKESIDE CHRISTIAN CHURCH	91-0793579	0.1738
74257	SILVER SUPERSTORE LLC	91-2078766	0.1416
74263	DANIEL W GOTTLIEB MD PS	91-1290612	0.0944
74264	HV ENGINEERING INC	91-1711852	0.4054
74266	RRJ COMPANY LLC	91-1869699	0.2792
74267	ZEITGEIST KUNST & KAFFEE INC	91-1759614	0.0771
74269	WM M YEDOR INC	91-1782310	0.0895
74275	HMC MANAGEMENT	91-0719343	0.1180
74280	CARE CONTROLS INC	91-1540930	0.2414
74282	MOUNT RAINIER UROLOGY INC PS	27-1386596	0.1364
74284	A & R HOODS/PRESSURE WASHING	91-4212803	0.0693
74285	KITSAP REAL ESTATE GROUP		0.0970
74288	CR CLEARVIEW LLC	47-4237763	0.2421
74292	AMAZING GRACE LUTHERAN CHURCH	91-0936373	0.2124
74294	BITTIUM USA INC	91-1746142	0.0096
74295	ECO RESOURCE GROUP LLC	91-1940347	0.0514
74300	KMEW USA INC DBA CERA CLAD	82-0639493	0.4488
74309	UNITED WAY OF SKAGIT COUNTY	91-0755705	0.1180
74310	TEMPLE BETH EL	91-6016911	0.2140
74311	MR J KITCHEN GOURMET, INC	91-1006975	0.0771
74313	DIBIT MEASURING TECHNIQUE USA	56-2305428	0.2002
74315	GENERAL INSURANCE SERVICES INC	91-1523380	0.0163
74320	GOLDSIM TECHNOLOGY GROUP, LLC	80-0089442	0.1227
74321	ROCK SOLID FOOTINGS LLC		0.0652
74323	SKAGIT VALLEY HOSPITALITY	91-1335750	0.3435
74329	RESPONSE TECHNOLOGY INC	91-0840357	0.0070
74332	VISUAL IMAGRY INC	88-0319249	0.0118

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	EMPLOYER PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF TIN	TOTAL CONTRIBUTIONS
74335	MAIN LINES INC	91-1680271	0.0892
74338	WESTERN VENTURES CONSTRUCTION	91-1203965	0.0704
74339	JIAMAPA CONSULTING	46-4084826	0.1652
74343	PORT TOWNSEND SCHOOL OF ARTS	47-3067617	0.1038
74346	KENT D BRUCE CO, LLC	91-1870291	0.3629
74347	AUBURN FOREIGN CAR INC	91-1184961	0.2459
74350	CENTRALIA FUR AND HIDE, INC	45-4002603	0.0392
74351	CAVIEZEL WEALTH MANAGMENT	82-3569072	0.1431
74358	PACIFIC FACILITY SERVICES LLC	37-1849249	0.0124
74359	CLARK RESIDENCE INC	20-8068517	0.0070
74360	INSURE WITH BOB, INC	20-8054695	0.0913
74364	WEST COAST AUTO GLASS	26-0701519	0.2678
74366	NORTHWEST NEUROPSYCHOLOGY	91-1533428	0.1541
74367	SEATTLE PACIFIC REALTY INC	91-1043530	0.0970
74369	ISLAND ELDER CARE	81-1787569	0.1285
74371	ALL-AMERICAN ROOFING PRODUCTS	83-0853282	0.0892
74373	CF USA INC	47-3429899	0.0023
74632	ARLINGTON RV & WELDING SUPPLY	91-2014491	0.1040
75020	THURSTON COUNTY CHAMBER	91-0346205	0.0615
75021	SIPE THERAPY GROUP, INC. PS	26-1551076	0.1478
75023	DIAMOND TECHNOLOGY INNOVATIONS	71-0975197	0.2884
75024	THE WHITENER GROUP LLC	46-0688956	0.0308
75025	LYNCH CREEK FARM LLC	60-2654896	0.1011
75026	DURNEY INSURANCE, INC.	46-1173953	0.0338
75027	CHOICE REGIONAL HEALTH NETWORK	91-1704039	0.1111
75028	ROSSMAN ENTERPRISES INC.	81-4943463	0.0729
75029	PILKEY-HOPPING & EKBERG, INC	91-1050022	0.1357

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: THURSTON COUNTY CHAMBER BENEFITS PLAN

TRUST EIN: 2911-1543495

PLAN NUMBER: 501

PLAN YEAR: 01/01/2024 - 12/31/2024

CASE #	EMPLOYER PARTICIPATING EMPLOYER NAME	APPROXIMATE PERCENTAGE OF TIN	TOTAL CONTRIBUTIONS
	RUN TOTAL	1,221,750.12	

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan OLYMPIC BENEFITS TRUST	1b Three-digit plan number (PN) ▶ 501
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) OLYMPIC BENEFITS TRUST DAVID P SCHAFFERT PO BOX 1427 OLYMPIA, WA 98507	1c Effective date of plan 01/10/1992 2b Employer Identification Number (EIN) 91-1543495 2c Plan Sponsor's telephone number 360-357-3362 2d Business code (see instructions) 525100

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		10/14/2025	DAVID Schaffert
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2025	DAVID Schaffert
	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

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

Form 5500 (2024)
v. 240311

OLYMPIC BENEFITS TRUST
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 91-1543495; PLAN NO. 501
JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
MS PATHWAY LARGE CAP EQUITY	\$ 147,534 -	\$ - 28,326	\$ 147,534 19,322	\$ - 9,004
MS PATHWAY ULTRA SHORT FXD INC	13,184 -	- 8,603	13,184 8,836	- (233)
MS PATHWAY SMALL MID CAP EQ	1,510 -	- 12,569	1,510 9,292	- 3,277
MS PATHWAY INTERNATIONAL EQ	1,869 -	- 12,500	1,869 12,450	- 50

OLYMPIC BENEFITS TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1543495; PLAN NO. 501
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Funds</u>	<u>Fair Value</u>	<u>Cost</u>
4,659	MS PATHWAY CORE FIXED INCOME *	\$ 31,122	\$ 38,002
7,968	MS PATHWAY EMERGING MARKETS *	7,634	7,968
325	MS PATHWAY INFL LINKED INCOME *	2,613	3,309
1,940	MS PATHWAY INTERNATIONAL EQ *	25,318	21,576
1,192	MS PATHWAY INTL FIXED INCOME *	8,084	9,189
630	MS PATHWAY LARGE CAP EQUITY *	30,259	25,501
212	MS PATHWAY SMALL MID CAP EQ *	9,938	10,707
1,562	MS PATHWAY ULTRA SHORT FXD INC *	15,219	15,361
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 130,187</u>	<u>\$ 131,613</u>

* Party-in-Interest