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.)
- [ ] a single-employer plan
- [X] a DFE (specify) G

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:
- [X] 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
BUSINESS HEALTH TRUST ARRANGEMENT

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/2007

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)
BUSINESS HEALTH TRUST

P.O. BOX 6
MUKILTEO, WA 98275

2b Employer Identification Number (EIN) 36-7481494

2c Plan Sponsor's telephone number 425-771-7359

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			
	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	Filed with authorized/valid electronic signature.	10/15/2025	TONY WILLIAMS
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	16388
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	16388
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	16967
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	16967
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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 4F 4H 4Q 4T

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... [X] 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.) ..... [X] 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 158111887

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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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	12081508	10037	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
0	0

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

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

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

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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	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)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	781080
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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
LIFEMAP ASSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-6030398	97985	WA07154W	13988	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
0	0

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

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	(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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(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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	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)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	593344
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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
NATIONAL UNION FIRE INSURANCE CO OF PITTSBURGH, PA

(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
25-0687550	19445	PAI 0009132490A	21	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
349	0

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

ABD INSURANCE AND FINANCIAL SERVICE
1201 THIRD AVENUE SUITE 800
SEATTLE, WA 98101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
349			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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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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.	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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	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)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2321
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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
PREMERA BLUE CROSS

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
91-0499247	47570	200000076-88	17169	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
0	0

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.	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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	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)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	100746774
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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	9281-9614	16057	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
0	0

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.	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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	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)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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)**	7806260		
(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)**	7806260
b Benefit charges (1) Claims paid	**9b(1)**	7018134		
(2) Increase (decrease) in claim reserves	**9b(2)**	53000		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	7071134
(4) Claims charged			**9b(4)**	7071134
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)**	843076		
(H) Total retention			**9c(1)(H)**	843076
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [X] credited.)			**9c(2)**	-107950
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	288000
(3) Other reserves			**9d(3)**	623482
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
BUSINESS HEALTH TRUST ARRANGEMENT	501

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BUSINESS HEALTH TRUST	36-7481494

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

(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

(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)

ABD INSURANCE & FINANCIAL SERVICES,

27-0672528

(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?
15 16 22 23 50 53 61 70	NONE	3952433	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIMLY BENEFIT SOLUTIONS, INC.

91-1603312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 15 36 38 50 64	NONE	2662554	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEATTLE METROPOLITAN CHAMBER OF COM

91-0402330

(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?
38 49 50 61 99	TRUST SETTLOR	1472690	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

IMPACT ACCOUNTING SERVICES, LLC

45-2647626

(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 15 16 22 23 49 50 64 70	NONE	1459413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGITAL INSURANCE, INC.

58-2522668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	878233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL NORTHWEST, LLC

91-2036015

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	613673	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARKER, SMITH AND FEEK, INC.

91-0660018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	494730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARMFIELD, HARRISON & THOMAS TECH

54-0654623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	476240	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PCF INSURANCE SERVICES OF THE WEST

82-1368960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	261197	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JS EVENSON, LLC

84-3523489

(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 70	NONE	256000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BTG AND ASSOCIATES DBA BTG BENEFITS

84-3131974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	246692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRISURE NW PARTNERS INSURANCE SERV

92-1242214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	242258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SAPPER INSURANCE, LLC

84-3132250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	231680	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BELL-ANDERSON AGENCY, INC.

91-0756278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	201570	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MADDOCK & ASSOCIATES, LLC

83-2655931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	196217	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ASSUREDPARTNERS OF WA LLC

38-3942963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	194018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SPRAGUE ISRAEL GILES INSURANCE, INC

91-0683304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	139608	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WHITFIELDS UNITED INSURANCE AGENCIE

91-1366133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	128795	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MARSH USA, INC.

26-3237576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	120837	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CUMMINGS, FRASER & ASSOCIATES, LLC

68-0609841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	111080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MANNA INSURANCE GROUP, LLC

47-5506402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	86187	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BROWN & BROWN INSURANCE SERVICES, I

59-0691921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	84940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVIS WRIGHT TREMAINE, LLP

91-0839480

(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 29 50	NONE	83696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIKE JAPHET

83-1249220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	83335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

USI NORTHWEST

91-1176315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	80832	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TACOMA-PIERCE COUNTY CHAMBER

91-0434830

(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?
38 49 50 61 99	NONE	78976	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WALLINGFORD FINANCIAL AND COLLEGE P

71-0907082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	78903	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OLYMPIC CREST INSURANCE, INC.

91-1717576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	77370	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AFFILIATED SERVICES, LLC

30-0663844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	77086	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TERRILL LEWIS AND WILKE INSURANCE

91-1337671

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	76833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	74175	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GROUP SOLUTIONS NORTHWEST, LLC

91-2158338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	70521	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRO BENEFITS OF WASHINGTON, LLC

27-5039273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	70305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PAYCHEX INSURANCE AGENCY, INC.

16-1528391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	70188	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AUKEMA & ASSOCIATES, INC. (RAEL & L

94-1701048

(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 49 50 70	NONE	64329	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OAK INSURANCE SERVICES, LLC

82-2693857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	58989	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TRUEBENEFITS LLC

91-2034415

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	58002	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PILKEY HOPPING & EKBERG, INC.

91-1050022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	57834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ESSENTIAL BENEFITS, LLC

45-5125484

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	57557	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GALLAGHER BENEFITS SERVICES, INC.

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	56536	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAULT INSURANCE & INVESTMENTS, LLC

26-3980956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	52481	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADVISOR SERVICES, LLC

20-1466523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	49441	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BEHAVORIAL HEALTH SYSTEMS, INC.

63-1007625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 49 50 53 56 62	NONE	48849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B&F INSURANCE, LLC

35-2384961

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	45785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERSIDE EMPLOYEE BENEFITS, LLC

84-3461477

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	45119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PROPEL INSURANCE AGENCY, LLC

91-0830024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	44842	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

M&O AGENCIES DBA THE MAHONEY GRP

86-6050329

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	43400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HR RESOURCE, INC.

58-2671516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	41314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NORTHWEST BENEFIT SOLUTIONS

20-8940996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	41108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINANCIAL PLANNING CONCEPTS, INC.

91-0986247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	41087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODRUFF SAWYER & COMPANY

94-1625126

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	40655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BENEFIT DESIGN SERVICES, LLC

27-3460566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	39912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JW BYRNES INSURANCE, LLC

27-3008983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	39791	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILSON ALBERS AN ALERA GROUP AGENCY

82-3775054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	39218	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SCHOEDEL & SCHOEDEL, CPAS, PLLC

91-0614823

(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	38400	Yes [ ] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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

BELLINGHAM WHATCOM CHAMBER

91-0141830

(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?
38 49 50 61 99	NONE	36906	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MITCHELL, REED & SCHMITTEN INSURANC

91-1745509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	34046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

R.L. EVANS COMPANY, INC.

91-0849784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	33960	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL BENZIKRY & INSURANCE, PLLC

91-1889320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	33251	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IDEAL BENEFIT SOLUTIONS, LLC

82-5190827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	32503	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE PARTNERS GROUP, LTD.

93-1300504

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	32388	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AIREY BENEFITS COMPANY

85-1353330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	30172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEA-MOUNTAIN INSURANCE BROKER, INC.

91-1375220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	29952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OSWALD COMPANIES

34-0445620

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	29009	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BROWN & BROWN OF WASHINGTON, INC.

91-0378940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	28380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J. FRANKLAND EMPLOYEE BENEFIT SERVI

46-3291059

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	27185	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GREATER YAKIMA CHAMBER OF COMMERCE

91-1692873

(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?
38 49 50 61 99	NONE	27146	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GROUP BENEFITS, LLC

26-2229784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	24753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORMAN STRUNK DBA STRUNK FINANCIAL

20921 284TH AVE SE
MAPLE VALLEY, WA 98038-7712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	24314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PAUL RICHARDSON AGENCY

91-1190777

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	23795	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALLIS & ASSOCIATES, INC.

91-1005817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	23106	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTLEY PRICE INSURANCE, LLC

87-4625895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 56	NONE	22936	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LIBKE INSURANCE ASSOCIATES

51-0660971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	22852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE STUPEY AGENCY

91-0951334

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	22753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT INSURANCE SERVICES, INC.

701 B ST., 6TH FLOOR
SAN DIEGO, CA 92101-8156

(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?
15 16 22 23 50 53 61 70	NONE	22750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MCGREGOR INSURANCE AGENCY, INC.

91-1604082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	20611	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IMPACT CG, LLC

87-2379951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	20524	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PASSPORT UNLIMITED, INC.

91-1143040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CASCADE VALLEY INSURANCE, INC.

82-0979448

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	19673	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COORDINATED BENEFITS DBA BASON PACI

27-1158624

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	19337	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLG EMPLOYER RESOURCES

27-4743785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	18253	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ECONOMIC ALLIANCE SNOHOMISH COUNTY

91-0647005

(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?
38 49 50 61 99	NONE	17864	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DENALI BENEFITS, INC.

85-1301680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	17844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BALDERSON & HEBERT, LLC

91-1836236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	17727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BAKER INSURANCE GROUP, LLC

47-1487798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	17495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE LIGHTLE GROUP, LLC DBA RADWICK

47-4508641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	17060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSUREDPARTNERS OF WA DBA FORTUNE M

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	16412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RONALD PETERSON

24115 E OLIVE LANE
LIBERTY LAKE, WA 99019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	15835	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATTHEW D. WYATT INSURANCE AGENCY

91-1892697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	15413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARDENT BENEFITS

27-1788196

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	14598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EPIC INSURANCE SOLUTIONS, LLC

83-4203966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	14501	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFITS CONSULTING SERVICES, LLC

PO BOX 2088
ISSAQUAH, WA 98027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	14415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFITS RESOURCE GROUP, INC.

91-1910698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	13770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INSURANCE CONSULTING NW, INC.

45-0618588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	12445	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MUTUAL BENEFITS, INC.

84-1671194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	11418	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

D&D FINANCIAL SERVICES

91-1275972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	11235	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ARCHBRIGHT

91-0522849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH PAINE INC. DBA GUS PAINE INS

91-1292656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	10610	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BERG BENEFITS, INC.

91-1979703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	10431	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SPRINGER BENEFITS, LLC

87-0771186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	10056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAN RAY FINANCIAL DBA VAN WINKLE IN

83-3577132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	10050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PSG WASHINGTON, INC.

20-2040193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	9168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHAD J. PHILIP

430 N PINE ST
ELLENSBURG, WA 98926-3118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	9144	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORAN BENEFIT ADVISORS, INC - INOVA

91-1511052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	8660	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAURA LAMBORN DBA LL DESIGN & PRODU

33-2180076

(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 49 50 70	NONE	8300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LLOYD K. LYSNE II

4541 42ND ST NE
TACOMA, WA 98422-2424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	7960	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRI CITIES INSURANCE PROFESSIONALS

45-3929824

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	7787	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLEARBENEFITS, LLC

80-0866555

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	7564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PIVAR FINANCIAL GROUP, LLC

92-2204769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	7418	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFITS DIVISION, LLC

26-3884950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	7383	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PH INSURANCE SERVICES, INC.

87-1212846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	7063	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PATRICK J. CONROY INSURANCE

91-1450482

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NPB ADVISORS

46-4237107

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWEST INTERPRETERS DBA NWI GLOB

91-1789287

(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?
15 38 49 50	NONE	6732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VENTURE LIFE & HEALTH, INC.

81-1539929

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6464	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WMC BUSINESS SERVICES, LLC

20-4826909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KRISTIN MANWARING INSURANCE ASSOCIA

20-4650764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6174	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HYLANT GROUP, INC.

34-1880366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6169	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACRISURE ADVANTAGE SERVICES, LLC

27-0673528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC NW INSURANCE BROKERAGE, INC

91-1729392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LARSEN BENEFIT PROFESSIONALS, INC.

26-3924077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRIEDA P. CHIANG

7244 HOLLY HILL DR.
MERCER ISLAND, WA 98040-4355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEN DIGITAL, INC.

77-0181864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5599	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HEALTH BENEFITS WASHINGTON CORP.

81-2318644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5277	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERUS INSURANCE SERVICES LLC DBA

81-1118004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J&M BENEFITS INC. DBA FRP FINANCIAL

91-1960233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5045	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: SCHOEDEL & SCHOEDEL, CPAS, PLLC	**b** EIN:	91-0614823
c	Position: AUDITOR		
d	Address: 422 W RIVERSIDE AVE, SUITE 1420 SPOKANE, WA 99201	**e** Telephone:	509-747-2158

Explanation: A NEW AUDITOR WAS SELECTED BY THE BOARD OF TRUSTEES AS A RESULT OF THE PRIOR AUDITOR ISSUING A NOTICE OF DISCONTINUATION OF SERVICES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	1 ON 1 FITNESS	**c** EIN-PN	45-5289865-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	180 WEALTH ADVISORS INC	**c** EIN-PN	82-1014572-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	3-TIER ALASKA	**c** EIN-PN	82-4765555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	415 COMMONS LLC	**c** EIN-PN	82-2910182-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	42 FREMONT LLC	**c** EIN-PN	82-3791684-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	4D ARCHITECTS	**c** EIN-PN	91-1385776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	88 SECONDS LLC	**c** EIN-PN	82-3345323-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A & B MACHINE AND HYDRAULICS INC	**c** EIN-PN	91-1356412-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A & W PAVING INC	**c** EIN-PN	91-1546553-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A BRAVE NEW COLLECTIVE LLC	**c** EIN-PN	47-1838371-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A. MACHIN, M.D., P.A.	**c** EIN-PN	82-5500857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A1 WELDING INC	**c** EIN-PN	91-1579361-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AABERG'S TOOL & EQUIPMENT RENTALS AND SALES	**c** EIN-PN	91-1185215-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABC ARCHITECTS A WASHINGTON CORPORATION	**c** EIN-PN	91-2190506-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABC TOWING SERVICE LLC	**c** EIN-PN	91-1566979-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABOUTGOLF GLOBAL INC	**c** EIN-PN	83-0787389-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABSCO ALARMS INC	**c** EIN-PN	91-1013499-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABUNDANT TECHNOLOGIES LLC	**c** EIN-PN	26-3944726-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACCESS UNLIMITED & SECURITY	**c** EIN-PN	77-0603591-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACCURATE AUTO BODY	**c** EIN-PN	91-1660838-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACCURATE INDUSTRIES INC	**c** EIN-PN	27-1492097-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACFEA TOUR CONSULTANTS INC	**c** EIN-PN	91-1194396-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACI COMMUNICATIONS	**c** EIN-PN	91-2002221-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADAPTX INC	**c** EIN-PN	81-4164835-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED FILTER & MECHANICAL INC	**c** EIN-PN	91-1132480-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED FIRE SYSTEMS INC	**c** EIN-PN	27-1078675-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED GOVERNMENT SERVICES INC	**c** EIN-PN	81-1564788-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED MECHANICAL / ELECTRICAL INC	**c** EIN-PN	20-4131954-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED TOOLWARE LLC	**c** EIN-PN	91-2095069-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AERO LAW GROUP	**c** EIN-PN	46-3433740-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AEROFORGE INC	**c** EIN-PN	91-0868192-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AG CONSULTING PARTNERS INC	**c** EIN-PN	27-0698714-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AGATE COVE ENTERPRISES	**c** EIN-PN	91-1124640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AGRISHOP INC	**c** EIN-PN	91-0889308-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AH DINSMORE INC	**c** EIN-PN	26-2512734-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AHMED & KANG PS	**c** EIN-PN	27-2782963-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AIR MASTERS INC	**c** EIN-PN	91-1706959-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AIREY BENEFITS COMPANY, LLC	**c** EIN-PN	85-1353330-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AIRMARK CORPORATION	**c** EIN-PN	91-1521615-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AJML LLC	**c** EIN-PN	47-3632906-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AK ACCOUNTING SERVICES LLC	**c** EIN-PN	81-0718356-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AKILI INTERACTIVE LABS INC	**c** EIN-PN	45-3990296-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALBERSON ENTERPRISES LLC	**c** EIN-PN	88-4094153-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALDERWOOD COMMUNITY CHURCH	**c** EIN-PN	37-1747158-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALDRIDGE MARKETING GROUP INC	**c** EIN-PN	20-4036654-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALEXANDER EXHIBIT	**c** EIN-PN	91-2091653-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALEXANDER GOW INC	**c** EIN-PN	91-0792374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALEXANDER HUTTON	**c** EIN-PN	91-1352625-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALL PURPOSE CARRIER LLC	**c** EIN-PN	83-1178062-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALL STAR HEATING AND AIR CONDITIONING INC	**c** EIN-PN	91-1730587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALL WHEEL DRIVE AUTO LLC	**c** EIN-PN	90-0671772-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALLIANCE 2020 INC	**c** EIN-PN	91-1374989-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALLPHAZE COMMERCIAL INTERIORS INC	**c** EIN-PN	91-1601635-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALLY INCORPORATED	**c** EIN-PN	20-2453729-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALPENGLOW DIGITAL LLC	**c** EIN-PN	82-4581122-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALPINE ASCENTS INTERNATIONAL	**c** EIN-PN	88-0263446-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AL'S ELECTRIC AND PLUMBING	**c** EIN-PN	91-2013175-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALTASOURCE GROUP LLC	**c** EIN-PN	27-1627406-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALTAVAIR LP	**c** EIN-PN	20-0303278-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMBYTH CHEMICAL COMPANY	**c** EIN-PN	27-2153460-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERICAN CABINET DOORS INC	**c** EIN-PN	91-2080616-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERICRETE FENCING LLC	**c** EIN-PN	84-4213297-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMETRA ADVISORS LLC	**c** EIN-PN	47-1593736-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMLAG & QUIBUYEN LLC	**c** EIN-PN	46-5253758-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMP SERVICES LLC	**c** EIN-PN	45-4811946-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANESTHESIA EQUIPMENT SUPPLY INC	**c** EIN-PN	91-0953176-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANIMAL HOSPITAL OF PASCO PS	**c** EIN-PN	91-1714144-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANTHONY CELLARS LLC	**c** EIN-PN	27-2319621-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANTIOCH BIBLE CHURCH	**c** EIN-PN	31-1712931-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APPVIEWX INC	**c** EIN-PN	20-1659664-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APS SURVEY & MAPPING INC	**c** EIN-PN	91-1975052-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APTEVO THERAPEUTICS	**c** EIN-PN	52-2385898-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AQUA REC'S FIRESIDE HEARTH N' HOME	**c** EIN-PN	26-0338310-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AQUASENSE	**c** EIN-PN	91-1995516-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AQUATIC ENTERPRISES INC	**c** EIN-PN	91-1993973-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARABLE CAPITAL PARTNERS	**c** EIN-PN	81-4996690-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARCHER CONSTRUCTION INC	**c** EIN-PN	91-0976975-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARELLANO HORVATH LLC	**c** EIN-PN	26-1825339-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARMSTRONG SERVICES	**c** EIN-PN	82-5506412-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ART ANDERSON ASSOCIATES	**c** EIN-PN	91-0850579-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ART BRASS AEROSPACE FINISHING INC	**c** EIN-PN	45-5471594-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARTISTIC PLASTIC SURGERY	**c** EIN-PN	61-1555366-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARTSFUND	**c** EIN-PN	91-0839644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASCENT ACCOUNTING SOLUTIONS LLC	**c** EIN-PN	81-5316827-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASENTRIA CORPORATION	**c** EIN-PN	91-1504721-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASHTON CAPITAL CORPORATION	**c** EIN-PN	91-1411168-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASPEN MANAGEMENT LLC	**c** EIN-PN	20-2011794-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASSOCIATED GLASS INC	**c** EIN-PN	91-0978590-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASTEROIDEA VENTURES LLC	**c** EIN-PN	46-2090910-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ATLAS NETWORKS	**c** EIN-PN	46-1303913-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ATLAS STAFFING INC	**c** EIN-PN	90-0716776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ATS ACCOUNTING & TAX SERVICES INC	**c** EIN-PN	91-1185780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AUGUST WINE GROUP LLC	**c** EIN-PN	91-2136244-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AURION BIOTECH	**c** EIN-PN	11-8427365-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AVANT PHYSICAL THERAPY	**c** EIN-PN	46-1509472-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AVIATION PROFESSIONAL SERVICES LLC	**c** EIN-PN	86-2166583-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AVIATION SUPPLIES & ACADEMICS	**c** EIN-PN	91-0980638-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AZTEC IMPORTS INC	**c** EIN-PN	60-3110116-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	B & B WELDING	**c** EIN-PN	91-0816294-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	B & R PLUMBING INC	**c** EIN-PN	91-1499433-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAGDON'S INC	**c** EIN-PN	91-1006239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAI TONG FAMILY LLC	**c** EIN-PN	27-1406767-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAI TONG THAI CORPORATION	**c** EIN-PN	20-2906538-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAKALA INSURANCE AGENCY INC	**c** EIN-PN	45-4102824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BALLARD BLOSSOM INC	**c** EIN-PN	91-1035139-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BALLARD CONSIGNMENT LLC	**c** EIN-PN	87-3196582-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BALLEW'S HITCH TRUCK AND RV	**c** EIN-PN	91-0857708-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BANDICOOT LLC	**c** EIN-PN	86-3765278-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BANKS LAW GROUP PLLC	**c** EIN-PN	82-1557618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BANLIN CONSTRUCTION LLC	**c** EIN-PN	90-0810742-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARGAINS GALORE THRIFT STORE	**c** EIN-PN	94-3217641-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARLAS CHIROPRACTIC	**c** EIN-PN	46-1834526-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARVERSE LLC	**c** EIN-PN	92-1047012-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BASSETTI ARCHITECTS	**c** EIN-PN	91-1089745-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BATALEON	**c** EIN-PN	20-2150079-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAYSIDE DERMATOLOGY PLLC	**c** EIN-PN	88-3472431-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BDP NETWORKS	**c** EIN-PN	43-1968148-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEAWEST FASTENERS INC	**c** EIN-PN	91-1375384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEHIND THE GAVEL LLC	**c** EIN-PN	81-1559456-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLEVUE CAPITAL	**c** EIN-PN	82-2280311-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLEVUE LIGHTING	**c** EIN-PN	87-4534279-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLEVUE YOUTH SYMPHONY ORCHESTRA	**c** EIN-PN	91-1630589-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLINGHAM ANESTHESIA ASSOCIATES, P.S.	**c** EIN-PN	91-0937043-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELS FOOD INTERNATIONAL	**c** EIN-PN	54-2068191-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELSAAS AND SMITH CONSTRUCTION INC	**c** EIN-PN	91-1058794-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEN B CHENEY FOUNDATION INC	**c** EIN-PN	91-6053760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BENEFIT DESIGN SERVICES LLC	**c** EIN-PN	27-3460566-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BENTON FRANKLIN ORTHOPEDIC ASSC	**c** EIN-PN	91-2019487-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BERESFORD BOOTH PLLC	**c** EIN-PN	30-0008684-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BESCHEN LAW PLLC	**c** EIN-PN	92-0396103-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEST TIRE	**c** EIN-PN	47-4824698-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETHEL CHURCH OF THE ASSEMBLIES OF GOD	**c** EIN-PN	91-1234328-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETHEL GARAGE INC	**c** EIN-PN	91-1309081-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETSCHART ELECTRIC INC	**c** EIN-PN	91-1255236-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BHC CONSULTANTS LLC	**c** EIN-PN	26-1363237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIG DIPPER WAX WORKS INC	**c** EIN-PN	22-3889904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIG MIKES RECYCLE LLC	**c** EIN-PN	46-1075774-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIG SKY INDUSTRIAL	**c** EIN-PN	47-1423122-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIGFOOT CONSTRUCTION SUPPLY LLC	**c** EIN-PN	84-2636230-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BILINGUAL BOOKS INC	**c** EIN-PN	91-1140427-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIRDWELL MACHINE LLC	**c** EIN-PN	20-8153991-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BJ'S II INCORPORATED	**c** EIN-PN	91-1638956-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLACKLOTUS LANDSCAPING LLC	**c** EIN-PN	27-0594259-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLANKENSHIP EQUIPMENT REPAIR	**c** EIN-PN	91-1570546-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLAZE KING INDUSTRIES INC	**c** EIN-PN	91-1527404-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLUE MOUNTAIN HEART TO HEART	**c** EIN-PN	91-1725239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLUE NEST ORGANIZING LLC	**c** EIN-PN	46-5058832-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BONANZA WORLDWIDE LLC	**c** EIN-PN	92-1641363-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOTHELL LEARNING LLC	**c** EIN-PN	88-4006521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOYS & GIRLS CLUBS OF THE OLYMPIC PENINSULA	**c** EIN-PN	91-1376766-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOYS AND GIRLS CLUB OF SPOKANE COUNTY	**c** EIN-PN	91-1983357-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRANCH PARTNERS PLLC	**c** EIN-PN	84-4597093-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRANDCRAFT	**c** EIN-PN	47-3265083-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRANDWATCH TECHNOLOGIES INC	**c** EIN-PN	91-2161445-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRIDGEWEST HOLDINGS	**c** EIN-PN	33-1221520-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRINK INVESTMENT LLC	**c** EIN-PN	91-1926280-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BROADWAY BOUND CHILDREN'S THEATRE	**c** EIN-PN	31-1732059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BROUWER'S CAF INC	**c** EIN-PN	56-2394677-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRUCE DEES & ASSOCIATES	**c** EIN-PN	91-2147699-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRUESKE ADVISORY SERVICES LLC	**c** EIN-PN	20-2998945-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRUNSWIKST LLC	**c** EIN-PN	47-1154931-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRYN MAWR PLAZA	**c** EIN-PN	91-1265661-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRY'S TV & APPLIANCES	**c** EIN-PN	91-0868862-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BT CAPITOL HILL	**c** EIN-PN	81-4646187-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUCKLEY RECYCLE CENTER INC	**c** EIN-PN	91-1715879-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUILDING CHANGES	**c** EIN-PN	91-1410450-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BULLET PROOF WELDING INC	**c** EIN-PN	83-2918311-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BURK MECHANICAL LLC	**c** EIN-PN	80-0797549-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BURNS FIRE PROTECTION SYSTEMS INC	**c** EIN-PN	33-1197996-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUSINESS SUPPORT SERVICES NORTHWEST LLC	**c** EIN-PN	91-1928809-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C & J EXCAVATING INC	**c** EIN-PN	91-1222390-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C & P PAINT LLC	**c** EIN-PN	91-1894759-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C AND C SANDWICHES I LLC	**c** EIN-PN	27-0779297-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C&K FAMILY ENTERPRISES	**c** EIN-PN	82-0782331-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAD-BASED SOLUTIONS INC	**c** EIN-PN	91-1856807-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CADENCE PREFERRED LLC	**c** EIN-PN	20-3402024-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAFFE UMBRIA	**c** EIN-PN	91-2149591-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CALLIS AND ASSOCIATES INC	**c** EIN-PN	91-1005817-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CALVARY SPOKANE	**c** EIN-PN	91-1142847-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAMBER COLLECTIVE LLC	**c** EIN-PN	27-1314359-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAMPAGNE PARTNERS LLC	**c** EIN-PN	94-3357528-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CANCER TREATMENT NAVIGATOR INC	**c** EIN-PN	47-4943481-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CANOPY PLATFORM INC	**c** EIN-PN	88-3638624-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CANVIZ LLC	**c** EIN-PN	26-2454204-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAPITAL COMMUNICATIONS INDUSTRIES INC	**c** EIN-PN	91-1152520-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAPSTONE HEALTH SERVICES INC	**c** EIN-PN	45-5037362-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARE MEDICAL CENTER	**c** EIN-PN	94-3124655-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARE MEDICAL GROUP INC PS	**c** EIN-PN	91-1696479-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARE NET OF PUGET SOUND	**c** EIN-PN	91-1226978-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARILLON PROPERTIES	**c** EIN-PN	91-1363925-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARMICHAEL CLARK PS	**c** EIN-PN	91-1230326-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARROT MEDICAL	**c** EIN-PN	26-1190409-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARSOE US INC	**c** EIN-PN	81-2874597-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARY KOPCZYNSKI & CO INC	**c** EIN-PN	91-1310671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASCADE CONCRETE PRODUCTS CO INC	**c** EIN-PN	91-0990990-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASCADE PRECISION INC	**c** EIN-PN	91-1152514-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASCADIA CONSULTING GROUP	**c** EIN-PN	91-1589555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASPER, PHILLIPS& ASSOCIATES, INC. P.C.	**c** EIN-PN	91-1370812-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASTOHN LLC	**c** EIN-PN	27-2125693-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CBI SERVICES LLC	**c** EIN-PN	36-3369071-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CBLCP LLC	**c** EIN-PN	46-0685260-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CD STRATEGIC	**c** EIN-PN	82-4394983-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CDI CUSTOM DESIGN INC	**c** EIN-PN	91-1511569-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CELSIUS CAPITAL INC	**c** EIN-PN	04-3541558-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTER ELECTRIC INC	**c** EIN-PN	45-3420575-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTERPOINT AVIATION LAW PLLC	**c** EIN-PN	26-3344969-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTRAL WASHINGTON EYE CLINIC PLLC	**c** EIN-PN	30-0117730-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTRALIA PHYSICAL THERAPY, INC, PS	**c** EIN-PN	45-5304321-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHAMBERLIN DISTRIBUTING COMPANY INC	**c** EIN-PN	91-0679979-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHAN HEALTHCARE GROUP PS	**c** EIN-PN	91-1742587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHEMSTATION SEATTLE	**c** EIN-PN	60-2198167-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHERRY STREET COFFEE HOUSE LLC	**c** EIN-PN	45-5374449-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHESS4LIFE LLC	**c** EIN-PN	20-3729558-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHESTERTON ACADEMY OF NOTRE DAME	**c** EIN-PN	84-3273982-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHI AND ASSOCIATIES PLLC	**c** EIN-PN	99-2939930-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHILD'S PLAY	**c** EIN-PN	20-3584556-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHINN GYN LLC	**c** EIN-PN	83-4205718-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHIPSTACK INC	**c** EIN-PN	92-3877651-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHOOSE 180	**c** EIN-PN	46-4242313-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHRISTOPHER JONES ARCHITECTS	**c** EIN-PN	82-5102490-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHRONUS LLC	**c** EIN-PN	36-4815374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHUN LAI HOSPITALITY LLC	**c** EIN-PN	81-2011073-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHURCH OF LIVING WATER	**c** EIN-PN	91-1074612-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHURCH ON THE RIDGE	**c** EIN-PN	68-0561721-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CIELO PROJECT	**c** EIN-PN	91-1728671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CITIZEN UNIVERSITY	**c** EIN-PN	46-4270721-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CITY OF ROYAL CITY	**c** EIN-PN	91-0777305-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLAFFEY'S CORPORATION	**c** EIN-PN	91-1732008-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLALLAM COUNTY ECONOMIC DEVELOPMENT COUNCIL	**c** EIN-PN	91-1167253-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLASSIC HOME ELECTRIC	**c** EIN-PN	84-4211967-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLOTHIER & WILLSEY LLC	**c** EIN-PN	46-2352375-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLOUDTICITY	**c** EIN-PN	82-1028561-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CNR INC	**c** EIN-PN	91-1741027-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLLABORATIVE PARTNERS INITIATIVE	**c** EIN-PN	60-4550861-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLLABRA TECHNOLOGY INC	**c** EIN-PN	91-1718846-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLUMBIA CHOIRS ASSOCIATION	**c** EIN-PN	91-1303627-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLUMBIA NORTHWEST ENGINEERING, P.S.	**c** EIN-PN	91-2091375-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLVOS CONSTRUCTION LLC	**c** EIN-PN	81-4600937-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMEDICAL	**c** EIN-PN	91-1172024-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMANDPROMPT INC	**c** EIN-PN	93-1293975-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMERCIAL FILTER SALES AND SERVICE INC	**c** EIN-PN	91-1605974-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMERCIAL LANDSCAPE SERVICES INC	**c** EIN-PN	91-1625489-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMUNITY CLINIC CONTRACTING NETWORK	**c** EIN-PN	47-3312706-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPLETE HEALTHCARE FOR WOMEN PLLC	**c** EIN-PN	45-3024799-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPONENT CONCEPTS INC	**c** EIN-PN	91-1434680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPOSITE RECYCLING TECHNOLOGY CENTER	**c** EIN-PN	47-5271830-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPUTER HALE	**c** EIN-PN	46-3747972-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CONCORD CONSTRUCTION INC	**c** EIN-PN	91-1365187-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CONNECTA-TECH LLC	**c** EIN-PN	37-2016789-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CONTINENTAL FOOD SALES LLC	**c** EIN-PN	98-4324671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COOK & BARTLETT PLLC	**c** EIN-PN	46-2929359-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COOKS AUTO REBUILD	**c** EIN-PN	91-0929178-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COOMBES DEVELOPMENT LLC	**c** EIN-PN	46-4301239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORBEL SOLUTIONS LLC	**c** EIN-PN	03-0576242-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORE ONE CONSULTING USA LTD	**c** EIN-PN	32-0547849-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORE PERFORMANCE LLC	**c** EIN-PN	91-2149613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COREUS LLC	**c** EIN-PN	87-1233776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORR CRONIN LLP	**c** EIN-PN	91-1952756-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORR DOWNS PLLC	**c** EIN-PN	47-3871527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CR FLOORS & INTERIORS INC	**c** EIN-PN	91-1372212-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CRAFT STOVE OF WESTERN WA INC	**c** EIN-PN	91-1263780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREATIVE HOUSE BRANDING LLC	**c** EIN-PN	41-3915565-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREATIVE SPROUTS PRESCHOOL AND KINDEGARTEN	**c** EIN-PN	46-2965837-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREDIT INTERNATIONAL CORP	**c** EIN-PN	20-1448138-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREEKSIDE PHYSICAL THERAPY	**c** EIN-PN	91-1905105-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CRISS-CROSS APPLESAUCE INC	**c** EIN-PN	47-2232906-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CROSS ENGINEERS INC	**c** EIN-PN	80-0516436-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CROWN DISTRIBUTING CO OF ABERDEEN INC	**c** EIN-PN	91-0921428-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CURATIVE AI INC	**c** EIN-PN	99-4027728-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CURRENCE LLC	**c** EIN-PN	46-3270920-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CUSTOM PRESCRIPTION SHOPPE	**c** EIN-PN	20-0020000-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CUT RATE AUTO PARTS	**c** EIN-PN	91-1710006-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	D CHASE CARLSON DMD PLLC	**c** EIN-PN	92-3720500-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAN FLICKINGER INC	**c** EIN-PN	91-1376952-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DANDY DIGGER & SUPPLY INC	**c** EIN-PN	84-0729661-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DATEC INC	**c** EIN-PN	91-0930538-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAVID D HAWTHORNE CPA PS	**c** EIN-PN	91-1279659-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAVIDSON KILPATRIC AND KRISLOCK PLLC	**c** EIN-PN	45-5345752-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DCL MANAGEMENT	**c** EIN-PN	30-0196581-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DEDICATED ELECTRICAL SERVICES	**c** EIN-PN	32-0469685-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DEEPSPAN INC	**c** EIN-PN	99-0671488-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELAURENTI ITALIAN & INTERNATIONAL FOODS INC	**c** EIN-PN	91-0895623-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELIGHTFUL COMMUNICATIONS	**c** EIN-PN	46-0751938-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELILLE CELLARS LLC	**c** EIN-PN	46-1592202-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELPHI PRECISION IMAGING	**c** EIN-PN	81-0988546-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELTA INTERNATIONAL TECHNOLOGIES INC	**c** EIN-PN	91-1830812-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DENICE E RASCH	**c** EIN-PN	27-1063786-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DENSHO	**c** EIN-PN	91-2164150-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DERMAHEALTH DERMACARE	**c** EIN-PN	20-4180127-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DESCO ELECTRONICS CORPORATION	**c** EIN-PN	91-0848873-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DESIGN STONE LLC	**c** EIN-PN	83-1097331-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DEWEY SCIENTIFIC	**c** EIN-PN	82-5482214-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DHP ENGINEERING PS	**c** EIN-PN	45-4919210-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIBBLE STREET DESIGN COMPANY LLC	**c** EIN-PN	46-3172532-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIERKS TECHNOLOGY INC	**c** EIN-PN	82-2543504-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIGBI CONSULTING LLC	**c** EIN-PN	84-4658547-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIGITAL ARTS AND SCIENCES	**c** EIN-PN	85-4314486-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DISS ENTERPRISES LLC	**c** EIN-PN	27-3554468-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIVERSE SERVICES LLC	**c** EIN-PN	93-3705654-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOCKSIDE CANNABIS	**c** EIN-PN	47-1751272-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOHJ LLC	**c** EIN-PN	81-1452741-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DONCASTER INVESTMENTS NV INC	**c** EIN-PN	91-0926220-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOT INNOVATION	**c** EIN-PN	81-3911111-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOTDOTDOT INC	**c** EIN-PN	87-2075459-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOUBLE J ELECTRICAL SERVICE LLC	**c** EIN-PN	46-3954934-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOVETAIL THERAPEUTICS INC	**c** EIN-PN	92-3875781-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DR C FAMILY DENTISTRY	**c** EIN-PN	86-3251231-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DR RON MCHARGUE DDS PLLC	**c** EIN-PN	46-1169963-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DREAMLAND FOODS	**c** EIN-PN	60-4228273-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DRIFTING LOTUS INC	**c** EIN-PN	82-1240680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DRS WEST WEST & WEST PS	**c** EIN-PN	91-0991157-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DUALOS LLC	**c** EIN-PN	26-2044400-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DUWAMISH SHIPYARD INC	**c** EIN-PN	91-0205335-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DYNO BATTERY	**c** EIN-PN	91-1538660-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DYSPORTS LLC	**c** EIN-PN	83-2089369-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EAGAN ROSE INC	**c** EIN-PN	24-1299756-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EARTHBOUND CORPORATION	**c** EIN-PN	56-2411148-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EARTHGEN	**c** EIN-PN	27-5411173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EAST SEATTLE PARTNERS LLC	**c** EIN-PN	82-3115770-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE ACADEMY	**c** EIN-PN	60-2157596-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE LEGAL ASSISTANCE PROGRAM	**c** EIN-PN	91-1471384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE VOCATIONAL SERVICES INC	**c** EIN-PN	84-1629670-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASY METRICS INC	**c** EIN-PN	46-2833115-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASY STREET RECORDS CORPORATION	**c** EIN-PN	74-3035711-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASYXAFS	**c** EIN-PN	47-4819267-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ECHOMARK INC	**c** EIN-PN	88-3138477-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ECLIPSE MARKETING GROUP INC	**c** EIN-PN	91-0904492-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ECOCHEM INC	**c** EIN-PN	45-4138558-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EDGE DELTA INC	**c** EIN-PN	83-1887237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EDUCATIONAL PROGRAMS IN HOME LIVING	**c** EIN-PN	91-1138681-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EKARIA LLP	**c** EIN-PN	76-0742006-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELDER LOGISTICS	**c** EIN-PN	27-3140593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELEMENTAL NW LLC	**c** EIN-PN	45-4135760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELEVAT INC	**c** EIN-PN	82-2829497-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELEVATED SYSTEMS LLC	**c** EIN-PN	85-4329086-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELOQUENT CORPORATION	**c** EIN-PN	83-2419208-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMEDIA CORPORATION	**c** EIN-PN	91-1686544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMERGENCY PHYSICIANS SERVICES	**c** EIN-PN	91-1382522-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMERY REDDY PLLC	**c** EIN-PN	20-3774633-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMPIRICAL FINANCIAL SERVICES LLC	**c** EIN-PN	27-2114998-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENCORE VISION INC	**c** EIN-PN	74-3092277-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENETICS NETWORKS LLC	**c** EIN-PN	91-2094114-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENGINEERS-NORTHWEST, INC, P.S.	**c** EIN-PN	91-0908245-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENTERPRISE INSTALLATION INC	**c** EIN-PN	91-1784201-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENVELOPE CONVERTING SERVICE INC	**c** EIN-PN	91-1514907-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENVISION TELEPHONY INC	**c** EIN-PN	91-1661458-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERAN J GUTKIN DMD PS	**c** EIN-PN	27-0820629-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERIC T WAGAR DMD PLLC	**c** EIN-PN	81-1957328-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERICKSON FURNITURE CO INC	**c** EIN-PN	91-1466945-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ETHNIC CULTURAL EXCHANGE	**c** EIN-PN	84-4638673-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVANGELICAL CHINESE CHURCH OF SEATTLE	**c** EIN-PN	23-7005497-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN CAPITAL MANAGEMENT	**c** EIN-PN	91-1962899-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN CHILDREN'S ASSOCIATION	**c** EIN-PN	91-1450148-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN METAL WORKS	**c** EIN-PN	16-1718901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN SOCIAL IMPACT	**c** EIN-PN	86-2954398-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN STATE ELECTRIC INC	**c** EIN-PN	91-1633357-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERYONE FOR VETERANS	**c** EIN-PN	81-4462476-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVIDENCE BASED TREATMENT CENTERS OF SEATTLE, PLLC	**c** EIN-PN	48-1265923-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EXIT 83 CONSULTING LLC	**c** EIN-PN	20-8709337-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EZ DENTAL CLINIC INC	**c** EIN-PN	91-1754253-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	F&M ADMISTRATIVE SERVICES	**c** EIN-PN	03-3164671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAIRWOOD GOLF & COUNTRY CLUB	**c** EIN-PN	91-0827225-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAITH BAPTIST CHURCH	**c** EIN-PN	91-1150901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FALKIN ASSOCIATES	**c** EIN-PN	91-0983882-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAMILIES OF COLOR SEATTLE	**c** EIN-PN	47-4257834-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAMILY FOOT AND ANKLE CARE INC PS	**c** EIN-PN	20-1145213-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAMILYWORKS	**c** EIN-PN	91-1757277-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FARWEST OPERATING LLC	**c** EIN-PN	82-1794763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAST CATS LLC	**c** EIN-PN	20-1345481-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAST PENNY SPIRITS	**c** EIN-PN	87-3806339-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FCP INSIGHT INC	**c** EIN-PN	47-4613807-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	F-DUB SERVICES	**c** EIN-PN	62-6018848-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FEMME AND THEM PLLC	**c** EIN-PN	83-4594760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIDELIS INC	**c** EIN-PN	26-2872045-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIDELITY TITLE COMPANY	**c** EIN-PN	91-0958307-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIG. 1 PATENTS PLLC	**c** EIN-PN	98-5378966-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FINAL STRIKE GAMES INC	**c** EIN-PN	90-1507453-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIR LANE MEMORIAL PARK & FUNERAL HOME	**c** EIN-PN	27-9002625-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIRMANI & ASSOCIATES INC	**c** EIN-PN	91-1662875-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FITZ TOWING	**c** EIN-PN	20-3348145-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIVEBY SOLUTIONS INC	**c** EIN-PN	27-1746049-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLAMESPRAY NORTHWEST	**c** EIN-PN	91-2157306-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLATSTICK PUB LLC	**c** EIN-PN	46-4405225-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLEX PHYSICAL THERAPY PS	**c** EIN-PN	74-3041081-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLOORING SOLUTIONS LLC	**c** EIN-PN	61-1732680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLYNN PACKAGING	**c** EIN-PN	91-1396210-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOCUS & WIN LLC	**c** EIN-PN	45-2715945-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOOD FACILITY ENGINEERING INC	**c** EIN-PN	60-1965329-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORBES ANDERSON PLLC	**c** EIN-PN	47-5010417-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOREMOST CONSTRUCTION INC	**c** EIN-PN	83-4712569-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORMA CONSTRUCTION COMPANY	**c** EIN-PN	91-1319904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORMS ON FIRE INC	**c** EIN-PN	45-5495141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORUM SOLUTIONS LLC	**c** EIN-PN	47-3262033-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOUR PONDS LLC	**c** EIN-PN	81-3372222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOUR SEASONS CONCRETE CONSTRUCTION	**c** EIN-PN	47-3658084-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOX BALLARD PLLC	**c** EIN-PN	84-2081102-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOX'S GEM SHOP INC	**c** EIN-PN	91-0790655-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FR MCABEE	**c** EIN-PN	91-0311408-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRANK AND CHERI NELSON LLC	**c** EIN-PN	27-0281217-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRAZIER MANAGEMENT LLC	**c** EIN-PN	91-1678546-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FREE BY THE SEA AT SUNSET VIEW FREEDOM CENTERS	**c** EIN-PN	45-3974231-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FREY BUCK PS	**c** EIN-PN	93-2376881-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRIENDLY EARTH INTERNATIONAL INC	**c** EIN-PN	81-0938154-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRIENDS OF THE CHILDREN SEATTLE	**c** EIN-PN	91-2047030-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FROBRIGHT SALSARY LLC	**c** EIN-PN	27-1943309-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRONTIER AUTO CENTER INC	**c** EIN-PN	91-1750328-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRONTIER PEST CONTROL LLC	**c** EIN-PN	80-0467053-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FUKUDA DENSHI USA, INC	**c** EIN-PN	91-1725100-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FULL SPEED AHEAD INC	**c** EIN-PN	95-4660521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	G & L BARK & SUPPLY INC	**c** EIN-PN	91-1977109-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GABEL'S CUSTOM REFINISHING & UPHOLSTERY INC	**c** EIN-PN	91-1638186-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GALLAGHER CONSTRUCTION LLC	**c** EIN-PN	32-0435258-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GALLIVAN GALLIVAN AND O'MELIA LLC	**c** EIN-PN	01-0725561-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GALLOWAY LAW GROUP PLLC	**c** EIN-PN	27-0289880-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GALVANIC GAMES	**c** EIN-PN	47-3670762-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GARAGISTE INC	**c** EIN-PN	47-2231281-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEMINUS TECHNOLOGY DEVELOPMENT LLC	**c** EIN-PN	20-1171544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GENWEST SYSTEMS INC	**c** EIN-PN	91-1336969-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEOPIER NORTHWEST INC	**c** EIN-PN	20-2841437-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEORGE A ELMENHURST DC PS	**c** EIN-PN	91-0836874-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GERBER ENGINEERING INC	**c** EIN-PN	91-1880442-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GERE AUTO REPAIR LLC	**c** EIN-PN	27-5454599-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEYER COBURN HUTCHINS LLC	**c** EIN-PN	99-0347963-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIBSON & SON ROAD BUILDING INC	**c** EIN-PN	45-0492892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIGS 4 U LLC	**c** EIN-PN	46-4354168-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GILI PROPERTIES LLC	**c** EIN-PN	47-5597980-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIL'S ALUMINUM & SHELL CORE SHOP LLC	**c** EIN-PN	02-0749636-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIS RESIDENTIAL CONSTRUCTION LLC	**c** EIN-PN	38-3937001-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GLACIER ENVIRONMENTAL SERVICES INC	**c** EIN-PN	91-1468714-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GLOBAL MACHINE WORKS INC	**c** EIN-PN	91-1874679-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GLOBAL OUTLIER GAMING INC	**c** EIN-PN	88-3688209-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GN NORTHERN INC	**c** EIN-PN	91-1657914-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOLD CREEK COMMUNITY CHURCH	**c** EIN-PN	91-1671602-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOLDFINCH PARTNERS	**c** EIN-PN	83-4420824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOOD GUYS HEATING AIR AND ELECTRICAL	**c** EIN-PN	93-2136889-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOODBILL INC	**c** EIN-PN	87-3980293-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GRAF INVESTMENTS INC	**c** EIN-PN	91-1184943-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER REDMOND TRANSPORTATION MANAGEMENT ASSOCIATION	**c** EIN-PN	91-1745088-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER SEATTLE CHAMBER OF COMMERCE	**c** EIN-PN	91-0402330-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER SEATTLE PARTNERS	**c** EIN-PN	82-5212762-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER YAKIMA CHAMBER OF COMMERCE	**c** EIN-PN	91-0480620-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREEN BARON INC	**c** EIN-PN	91-1318161-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREEN VAULT SYSTEMS LLC	**c** EIN-PN	81-1562179-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREENBANK DEVELOPMENT	**c** EIN-PN	26-1538956-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREENWOOD HOME	**c** EIN-PN	91-1051769-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GRINDLINE SKATEPARKS INC	**c** EIN-PN	75-3041527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROUNDS FOR CHANGE	**c** EIN-PN	38-3676477-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROVES & CO INC	**c** EIN-PN	91-1374092-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GRUNEWALD GUILD	**c** EIN-PN	91-1126086-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GT RESIDENTIAL CONTRACTING LLC	**c** EIN-PN	56-2651568-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GUDMUNDSON COMPANY PAINTING CONTRACTORS	**c** EIN-PN	91-1079035-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GUIDE CARE INC	**c** EIN-PN	88-1770142-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GUIDE PROPERTY MANAGEMENT	**c** EIN-PN	84-3636672-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	H & H STEEL ERECTORS LLC	**c** EIN-PN	20-8016399-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAASE LANDSCAPE INC	**c** EIN-PN	91-1744763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HANS SOLO SUPPORT SERVICES LLC	**c** EIN-PN	82-5408107-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HANSEN BOAT COMPANY	**c** EIN-PN	91-1033618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HANSEN FAMILY DENTAL PLLC	**c** EIN-PN	20-8255093-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAPTX INC	**c** EIN-PN	81-4098289-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAROLDS PLUMBING	**c** EIN-PN	83-1770141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HARRY'S GOOD TIMES LLC	**c** EIN-PN	93-3109173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HATCH & KIRK	**c** EIN-PN	91-0688261-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAYRE MCELROY & ASSOCIATES LLC	**c** EIN-PN	20-4600854-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HCON INCORPORATED	**c** EIN-PN	82-4390058-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEALTHY FUTURE PEDIATRICS	**c** EIN-PN	41-2159013-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEATTRANSFER CO	**c** EIN-PN	91-1094244-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HENRY GALLERY ASSOCIATION INC	**c** EIN-PN	23-7052537-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HERE LLC	**c** EIN-PN	85-2135867-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEVERLEY SERVICES LLC	**c** EIN-PN	26-3439693-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEWITT ARCHITECTS INC	**c** EIN-PN	02-0551791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEY LLC	**c** EIN-PN	26-4349253-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGH ROAD WOODWORKS LLC	**c** EIN-PN	20-2944464-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHLAND VETERINARY HOSPITAL	**c** EIN-PN	82-1685463-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHLANDS BUILDERS GROUP LLC	**c** EIN-PN	47-1259474-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHMARK ENTERPRISES LLC	**c** EIN-PN	45-3064952-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHMARK INVESTMENTS LLC	**c** EIN-PN	20-2150500-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOFFMAN MANUFACTURING	**c** EIN-PN	45-4154406-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOGLUND'S TOP SHOP INC	**c** EIN-PN	91-1964436-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOH INDIAN TRIBE	**c** EIN-PN	91-0887990-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOHIMER WEALTH MANAGEMENT LLC	**c** EIN-PN	83-2676110-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOLA PAOLA LLC	**c** EIN-PN	81-5146114-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOMER SMITH INSURANCE	**c** EIN-PN	91-1137321-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOPE FOURSQUARE CHURCH	**c** EIN-PN	94-2949638-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOPE PRACTICE MANAGEMENT	**c** EIN-PN	27-2126710-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HORECO INC	**c** EIN-PN	77-0602463-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOT TUB BOAT RENTALS SEATTLE LLC	**c** EIN-PN	81-1920474-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOUSING CONNECTOR	**c** EIN-PN	84-2100263-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HSBCAD NORTH AMERICA	**c** EIN-PN	84-3837644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUDSON TAYLOR ENTERPRISE LLC	**c** EIN-PN	90-0928595-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUEBNER DOOLEY & MCGINNES PS	**c** EIN-PN	91-1529999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUMANITIES WASHINGTON	**c** EIN-PN	51-0191115-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUMBERTO WU LLC	**c** EIN-PN	82-3312967-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HURLEY ENGINEERING CO OF TACOMA INC	**c** EIN-PN	91-0264690-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HYDROGEN LLC	**c** EIN-PN	91-2147402-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HY-GRADE GLASS INC	**c** EIN-PN	91-1357150-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HYLA MIDDLE SCHOOL	**c** EIN-PN	91-1589173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IGNITE WORLDWIDE	**c** EIN-PN	26-2947725-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IGNITION VENTURES MANAGEMENT II LLC	**c** EIN-PN	26-0880630-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IMPACT LOGISTICS GROUP INC	**c** EIN-PN	85-2101141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IN FULL FEATHER LLC	**c** EIN-PN	47-2575119-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INCITY PROPERTIES	**c** EIN-PN	27-1609574-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INDEPENDENT CLINICS OF WASHINGTON	**c** EIN-PN	91-1614056-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INET PORTALS LLC	**c** EIN-PN	26-2741642-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INFOMINE USA INC	**c** EIN-PN	65-1283139-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INITIO SOFTWARE INC	**c** EIN-PN	87-3917394-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INLAND CAPITAL LLC	**c** EIN-PN	26-4460694-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INLAND EMPIRE DRYWALL COMPANY	**c** EIN-PN	91-0712555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INLAND TECHNOLOGY SOLUTIONS LLC	**c** EIN-PN	86-3411568-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INNOVA ARCHITECTS INC	**c** EIN-PN	45-2123495-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INNOVATIVE SALON PRODUCTS INC	**c** EIN-PN	91-1652316-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTEGRAL FABRICATIONS LLC	**c** EIN-PN	27-4418216-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTEGRITY ENERGY SERVICES	**c** EIN-PN	91-2181368-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTELLITECTURE CORP	**c** EIN-PN	20-4568638-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTERLAKE CHILD CENTER & LEARNING CENTER	**c** EIN-PN	91-1186874-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTERLOCK INDUSTRIES INC	**c** EIN-PN	91-1896904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTEUM COMPANY	**c** EIN-PN	91-2086965-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTIMAN THEATRE	**c** EIN-PN	23-7328597-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INVICTUS GLOBAL SERVICES INC	**c** EIN-PN	84-3604849-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INVICTUS SURGICAL INCORPORATED	**c** EIN-PN	99-1642384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IPP, PC	**c** EIN-PN	20-0473221-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IRON MOUNTAIN QUARRY LLC	**c** EIN-PN	91-1411911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IRONWOOD MANUFACTURING COMPANY	**c** EIN-PN	91-2174054-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ISLAND GROWN FARMERS COOPERATIVE	**c** EIN-PN	91-2089207-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J & J GOLF LLC	**c** EIN-PN	26-1395202-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J & L ENTERPRISES	**c** EIN-PN	91-1736404-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J JONES & ASSOCIATES	**c** EIN-PN	90-0860305-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J&K CONNECTORS LLLP	**c** EIN-PN	91-1933162-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JACK MOUNTAIN MEATS LLC	**c** EIN-PN	03-0097262-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JACK'S BBQ	**c** EIN-PN	46-4914421-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JACOBSON JARVIS & CO PLLC	**c** EIN-PN	91-2011386-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JAMES G MURPHY COMPANY	**c** EIN-PN	91-0901239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JASSMARKETING LLC	**c** EIN-PN	81-2997352-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JAYRAY ADS & PR	**c** EIN-PN	91-0883067-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JB NEUFELD	**c** EIN-PN	26-4726552-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JBS PAINTING & DESIGN INC	**c** EIN-PN	83-1088879-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JENSEN LEE CONSTRUCTION INC	**c** EIN-PN	46-3051444-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JEREVA INC	**c** EIN-PN	91-1413541-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JET CITY HOLDINGS	**c** EIN-PN	46-1007515-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JL ENTERPRIZES	**c** EIN-PN	20-1111128-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JMK & ASSOCIATES	**c** EIN-PN	46-1695079-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOBSCAN CORPORATION	**c** EIN-PN	47-3194059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JODESHA BROADCASTING INC	**c** EIN-PN	91-1712118-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHANSEN CONSTRUCTION COMPANY	**c** EIN-PN	14-1929116-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHNNY'S FINE FOODS INC	**c** EIN-PN	91-1889569-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHNSON & SHUTE, PS	**c** EIN-PN	91-1394728-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHNSTON ARCHITECTS	**c** EIN-PN	80-0258035-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JONAS JENSEN STUDIOS INC	**c** EIN-PN	91-1174752-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOURNEY SCHOOL LYNNWOOD	**c** EIN-PN	47-4958694-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JPLS GREEN LAKE LLC	**c** EIN-PN	86-3166946-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JUNK BOYS INC	**c** EIN-PN	91-1958646-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAHLER GLEN COMMUNITY ASSOCIATION	**c** EIN-PN	90-0241509-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAIKAI KIKI USA LLC	**c** EIN-PN	99-3009008-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KALEIDOSCOPE SCHOOL	**c** EIN-PN	91-1911248-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAOSAMAI THAI RESTAURANT	**c** EIN-PN	81-1073617-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KARAVADA LLC	**c** EIN-PN	81-1321454-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KARMICHAEL DELIVERY INC	**c** EIN-PN	60-1373401-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KARNAK CC LLC	**c** EIN-PN	87-1025150-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KATHRYN J MORRISON	**c** EIN-PN	20-1675527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAWABE MEMORIAL HOUSE	**c** EIN-PN	91-0853790-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEITHLY ELECTRIC COMPANY	**c** EIN-PN	91-1466893-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KENNELLY KEYS MUSIC & DANCE INC	**c** EIN-PN	91-0898944-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEN'S POOL SERVICE INC	**c** EIN-PN	91-1737344-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEPION INC	**c** EIN-PN	27-1406527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEY TRUCKING INC	**c** EIN-PN	91-1248933-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KHAJAVI-HARVEY PLLC	**c** EIN-PN	85-0672819-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KHWC INC	**c** EIN-PN	46-4487860-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KILEY JUERGENS WEALTH MANAGEMENT LLC	**c** EIN-PN	27-0811624-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KILGORE TEC PRODUCTS INC	**c** EIN-PN	91-1898679-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KINETIC BUILDERS	**c** EIN-PN	46-1162017-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KINETIC WEST	**c** EIN-PN	82-0778909-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KINGS TREES INCORPORATED	**c** EIN-PN	90-0107911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KIRKLAND GLASS & MIRROR INC	**c** EIN-PN	91-1163326-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KITSAP PODIATRY PLLC	**c** EIN-PN	26-1685055-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KITSAP RV LLC	**c** EIN-PN	47-4053640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KIWICO LLC	**c** EIN-PN	20-2035071-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KMEW USA INC	**c** EIN-PN	82-0639493-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KNABE ENTERPRISES LLC	**c** EIN-PN	80-0459480-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KO INVESTMENT GROUP INC	**c** EIN-PN	26-1269342-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KOM CONSULTING PLLC	**c** EIN-PN	20-3656432-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KONTENT PARTNERS	**c** EIN-PN	20-4780478-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KORRIO INC	**c** EIN-PN	26-4323995-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KOVARIK AND KIM PLLC	**c** EIN-PN	80-0038878-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KRCI LLC	**c** EIN-PN	56-2561670-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KUNATH KARREN RINNE & ATKIN LLC	**c** EIN-PN	27-1509451-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KUPPINGERCOLE INC	**c** EIN-PN	32-0519863-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LABKEY CORPORATION	**c** EIN-PN	20-8266728-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAGO DE PLATA VILLA LLC	**c** EIN-PN	91-1030543-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKE SAWYER CHRISTIAN CHURCH	**c** EIN-PN	91-1076499-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKE SHORE ELECTRIC INC	**c** EIN-PN	91-1245167-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKE WASHINGTON YOUTH SOCCER ASSOCIATION	**c** EIN-PN	23-7182665-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKEMONT VILLAGE VETERINARY	**c** EIN-PN	91-1926835-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKEVIEW MORTGAGE INC	**c** EIN-PN	91-2183490-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAND DEVELOPMENT CONSULTANTS INC	**c** EIN-PN	91-2184193-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LASSEN PEAK INC	**c** EIN-PN	84-3732519-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAUREL OAKS	**c** EIN-PN	98-1882132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAW OFFICE OF HEATHER Z BLISS INC PS	**c** EIN-PN	26-2496053-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAWTON PRINTING INC	**c** EIN-PN	91-0633228-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAYERS SANDWICH CO LLC	**c** EIN-PN	84-2545355-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LE PANIER INC	**c** EIN-PN	91-1211081-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEADERSHIP KITSAP FOUNDATION	**c** EIN-PN	91-1628975-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEAPTHOUGHT USA CORPORATION	**c** EIN-PN	88-1292582-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEGACY MASTER MARINE LLC	**c** EIN-PN	87-2030956-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LESLIE & CAMPBELL INC	**c** EIN-PN	91-1488071-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEVEL 5 INC	**c** EIN-PN	85-2863999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEW RENTS INC	**c** EIN-PN	91-0346370-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY AT HOME DIALYSIS LLC	**c** EIN-PN	47-4106708-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY BANK	**c** EIN-PN	26-2666473-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY LAKE SEWER & WATER DISTRICT	**c** EIN-PN	91-0973640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBKE INSURANCE ASSOCIATES INC	**c** EIN-PN	51-0660971-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIFE IN BALANCE PHYSICAL THERAPY AND PILATES LLC	**c** EIN-PN	46-2394680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIFE SKILLS CENTER	**c** EIN-PN	91-1459949-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIFETIME ADVOCACY PLUS	**c** EIN-PN	91-6060920-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIGHTER CAPITAL	**c** EIN-PN	36-4738875-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LILYPAD BUSINESS SERVICES & CONSULTING LLC	**c** EIN-PN	81-2487717-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIMITED PRODUCTIONS INC	**c** EIN-PN	91-1808773-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LINCOLN BAY COMPANY	**c** EIN-PN	20-2437455-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LINDA WERNER & ASSOCIATES INC	**c** EIN-PN	91-1938674-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LITTLE GREEN LIGHT LLC	**c** EIN-PN	26-0579543-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIVE AWARE LABS INC	**c** EIN-PN	93-2633840-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOCAL DEVELOPMENT COUNCIL	**c** EIN-PN	91-1415210-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOGIS SOLUTIONS	**c** EIN-PN	43-2119536-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOGIX COMPUTER CONSULTING INC	**c** EIN-PN	27-2808196-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LONG LIVE THE KINGS	**c** EIN-PN	91-1353982-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LONG SHADOWS VINTNERS LLC	**c** EIN-PN	91-2180110-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOTUS UNITED LLC	**c** EIN-PN	46-3670944-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOWER VALLEY MACHINE SHOP INC	**c** EIN-PN	26-2377848-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUND FAUCETT LLC	**c** EIN-PN	82-5158502-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUND OPSAHL LLC	**c** EIN-PN	45-4463441-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUTHERAN SCHOOL ASSOC OF GREATER SEATTLE	**c** EIN-PN	91-6007722-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUX POT SHOP	**c** EIN-PN	88-3026120-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LYNNWOOD ALC LLC	**c** EIN-PN	99-1736673-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LYONS PAINTING & DESIGN LLC	**c** EIN-PN	83-0474840-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACDONALD HOAGUE AND BAYLESS INC	**c** EIN-PN	91-0883875-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACDONALD MEAT COMPANY INC	**c** EIN-PN	83-1484141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACHIAS MATERIALS LLC	**c** EIN-PN	45-2393585-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACHINE WORKS INC	**c** EIN-PN	30-0993743-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MADSEN ENTERPRISE INC	**c** EIN-PN	26-0462322-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNA LIFTING PRODUCTS	**c** EIN-PN	91-1901401-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNADRIVE CORPORATION	**c** EIN-PN	91-1957320-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNOLIA BEHAVIOR THERAPY	**c** EIN-PN	27-4519866-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNOLIA HARDWARE COMPANY	**c** EIN-PN	91-1038299-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNOLIA MEDICAL TECHNOLOGIES	**c** EIN-PN	45-3839245-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAINSPRING WEALTH ADVISORS LLC	**c** EIN-PN	46-3409753-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MALTBY CHRISTIAN ASSEMBLY OF GOD	**c** EIN-PN	91-1221110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MANEATER LLC	**c** EIN-PN	47-3315463-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MANIFEST DATA LABS INC	**c** EIN-PN	92-1037239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARINE SURVEYS & ASSESSMENTS COOPERATIVE	**c** EIN-PN	91-1759250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARK LEE BARRETT DC LLC	**c** EIN-PN	46-1712831-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARKHAM INVESTIGATION AND PROTECTION	**c** EIN-PN	80-0453908-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAR-KU INC	**c** EIN-PN	20-4573746-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARTIN NELSON & COMPANY INC	**c** EIN-PN	91-0611495-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARY JONES LLC	**c** EIN-PN	84-3138790-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MASTERS AUTOMOTIVE CORP	**c** EIN-PN	91-1739867-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MATZKE SALES INC	**c** EIN-PN	36-4672542-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAVRIK MARINE INC	**c** EIN-PN	61-1580184-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAYFLOWER PARK HOTEL	**c** EIN-PN	60-2055050-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAYURI FOOD & VIDEO	**c** EIN-PN	91-2148571-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEDIA INDEX PUBLISHING	**c** EIN-PN	91-1155172-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEDIGURU INC	**c** EIN-PN	86-2801380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEECO MANUFACTURING COMPANY	**c** EIN-PN	91-1371080-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERCER ISLAND ALC LLC	**c** EIN-PN	99-1445333-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERCHANT AI INCORPORATED	**c** EIN-PN	82-4787059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERCURY COMMERCIAL CLEANING INC	**c** EIN-PN	60-2259399-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERIDIAN CAPITAL LLC	**c** EIN-PN	20-0516594-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERRICK, HOFSTEDT & LINDSEY PS	**c** EIN-PN	91-1124673-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MESH DIGITIAL SERVICES INC	**c** EIN-PN	84-3702448-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	METAL ROLLFORMING SYSTEMS INC	**c** EIN-PN	91-1621793-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	METRICSTORY INCORPORATED, DBA AMPD	**c** EIN-PN	47-2864459-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEYDENBAUER INVESTMENTS INCORPORATED	**c** EIN-PN	47-2463700-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MG FARMING GROUP	**c** EIN-PN	87-1755400-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MICRO CHEM LABORATORIES	**c** EIN-PN	91-1021779-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MICROFORENSICS LLC	**c** EIN-PN	84-4232856-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIDWOOD INC	**c** EIN-PN	26-2689011-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MILL MARKET CO	**c** EIN-PN	99-0591849-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIND BODY SPIRIT MASSAGE, ELLIE ESTEVES LMP LLC	**c** EIN-PN	84-4977431-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MINNOW TECHNOLOGIES INC	**c** EIN-PN	82-0989278-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIX SANDERS THOMPSON PLLC	**c** EIN-PN	27-2725116-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MLB INC	**c** EIN-PN	91-1777530-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MODUMETAL INC	**c** EIN-PN	35-2271999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOLINA HUGHES ENTERPRISES LLC	**c** EIN-PN	83-3167061-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOMENTUM INC	**c** EIN-PN	20-3335228-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MONTLAKE BICYCLE SHOP INC	**c** EIN-PN	26-1185164-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOSS GREEN INC	**c** EIN-PN	91-1597811-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTIVE SEARCH INC	**c** EIN-PN	47-5328391-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTORS AND CONTROLS CORP	**c** EIN-PN	91-1046563-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTOXOXO LLC	**c** EIN-PN	92-1356167-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MR. DETAIL AUTO SALON LLC	**c** EIN-PN	27-4705829-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MT. JOY GROUP INC	**c** EIN-PN	88-1359722-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MTI WORLDWIDE LOGISTICS CORPORATION	**c** EIN-PN	91-1578857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MUNSON & RUDE PS	**c** EIN-PN	91-0861326-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MUSANG SEATTLE	**c** EIN-PN	82-2380706-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MUTUUS STUDIO	**c** EIN-PN	81-3782880-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MYOTRONICS NOROMED INC	**c** EIN-PN	91-0861917-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MYSTERIES INC	**c** EIN-PN	83-2881800-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	N2UITIVE INC	**c** EIN-PN	20-5513474-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NACON GAMING	**c** EIN-PN	84-4724254-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NAMLOC CORPORATION	**c** EIN-PN	46-3746017-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NAVIX ENGINEERING INC	**c** EIN-PN	20-8524450-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEELEY CONSTRUCTION COMPANY	**c** EIN-PN	91-0759164-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEUMEIER ENGINEERING INC	**c** EIN-PN	91-1518573-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEURAL ENTERPRISES INC	**c** EIN-PN	85-4150593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEW ERA HR SOLUTIONS INC	**c** EIN-PN	26-0425772-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEW TACOMA CEMETERIES	**c** EIN-PN	91-0434820-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEWMAN LLP	**c** EIN-PN	81-2642123-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEXT BIOMETRICS INC	**c** EIN-PN	30-0501388-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NICHOLSON DRILLING INC	**c** EIN-PN	91-1351043-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NICK JR LLC	**c** EIN-PN	81-2805827-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NIELSEN COMMERCIAL INC	**c** EIN-PN	83-2458480-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NIEMEN GLASS OF WASHINGTON	**c** EIN-PN	91-1071706-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NLS HOLDINGS LLC	**c** EIN-PN	83-3853035-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NO FINISH LINE INC	**c** EIN-PN	46-4547212-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOB HILL WATER ASSOCIATION	**c** EIN-PN	91-0490710-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOI DOWNTOWN SEATTLE LLC	**c** EIN-PN	47-3780450-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOI ISSAQUAH, LLC DBA BAI TONG THAI RESTAURANT	**c** EIN-PN	46-2024433-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NON-FERROUS METALS INC	**c** EIN-PN	91-0577637-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH COUNTY CHRIST THE KING COMMUNITY CHURCH	**c** EIN-PN	91-2079920-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH HELPLINE	**c** EIN-PN	91-1475182-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH OLYMPIC PENINSULA RESOURCE CONSERVATION & DEVELOPMENT	**c** EIN-PN	91-2157738-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH PACIFIC HOLDINGS CO	**c** EIN-PN	26-3326099-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHERN LIGHTS CAPITAL GROUP LLC	**c** EIN-PN	20-4911701-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHSHORE COMMUNITY CHURCH	**c** EIN-PN	91-0889142-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHSTAR SEA FOODS INC	**c** EIN-PN	33-1080901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWAY CONSTRUCTION INC	**c** EIN-PN	27-1560953-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST ARBORICULTURE LLC	**c** EIN-PN	57-1144079-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST CHOIRS	**c** EIN-PN	23-7409990-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST ELECTRIC & SOLAR LLC	**c** EIN-PN	45-3179382-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST HEAVY REPAIR LLC	**c** EIN-PN	88-0971110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST INTERTRIBAL COURT SYSTEM	**c** EIN-PN	91-1112286-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST MARINE & SPORT	**c** EIN-PN	91-1869475-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL	**c** EIN-PN	91-1199237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST PROPANE LLC	**c** EIN-PN	91-2173253-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST RENEWABLE ENERGY GROUP LLC	**c** EIN-PN	27-1129258-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST SHIPPERS	**c** EIN-PN	91-1510425-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST STRIPING & SEALING LLC	**c** EIN-PN	27-4709238-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST TRANSPORT INC	**c** EIN-PN	91-1713572-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST WHOLESALE FLORIST INC	**c** EIN-PN	91-0743305-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOTEBLEU DESIGN INC	**c** EIN-PN	26-4807267-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NRG FIRE CONSULTING LLC	**c** EIN-PN	24-4694631-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NRG SERVICES LLC	**c** EIN-PN	81-0917744-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NUMERICA PERFORMING ARTS CENTER	**c** EIN-PN	91-1185129-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NU-RAY METAL PRODUCTS	**c** EIN-PN	91-1226680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NW SPORTS NET LLC	**c** EIN-PN	90-0946942-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OAKRIDGE HOMES INC	**c** EIN-PN	36-5032726-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OASIS FREIGHT TRANSPORT LLC	**c** EIN-PN	82-0787860-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OCKERMAN AUTOMATION CONSULTING	**c** EIN-PN	91-2157826-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIA EMERGENCY SERVICES PLLC	**c** EIN-PN	91-1740659-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIA PHYSICAL THERAPY & INDUSTRIAL REHAB	**c** EIN-PN	51-0420545-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIC COMMUNITY OF HEALTH	**c** EIN-PN	81-4591222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIC MAINTENANCE LLC	**c** EIN-PN	90-1911580-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ON THE GO MOVING LLC	**c** EIN-PN	27-3985576-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONCORESPONSE	**c** EIN-PN	47-5120470-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONDINE RESEARCH LABORATORIES INC	**c** EIN-PN	20-1038652-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONE ACCORD LLC	**c** EIN-PN	91-2029306-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONEREDMOND FOUNDATION	**c** EIN-PN	46-0535220-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ON-HOLD CONCEPTS INC	**c** EIN-PN	91-1405585-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONPOINT REAL ESTATE	**c** EIN-PN	46-2428887-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OPPORTUNITY ZONE DEVELOPMENT LLC	**c** EIN-PN	83-3310367-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ORANGE COMMERCIAL CREDIT INC	**c** EIN-PN	91-1517850-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ORCA BAY CAPITAL CORPORATION	**c** EIN-PN	91-1616824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OROVILLE TONASKET IRRIGATION DISTRICT	**c** EIN-PN	91-1013301-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OSP SLING INC	**c** EIN-PN	91-1036427-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OSSIA INC	**c** EIN-PN	10-0912381-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OUTDOOR PRODUCTS INC	**c** EIN-PN	91-1668482-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OUTPAC DESIGNS INC	**c** EIN-PN	52-2262418-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OVERLAKE EYECARE PS	**c** EIN-PN	91-2082470-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OWENS DAVIES PS	**c** EIN-PN	91-0958195-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	P & J MACHINING INC	**c** EIN-PN	91-1201268-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACELINE ANESTHESIA PLLC	**c** EIN-PN	26-3297358-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC ASSET ADVISORS INC	**c** EIN-PN	91-1931791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC COMMERCIAL EQUIPMENT INC	**c** EIN-PN	91-0890645-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC CREST TIRES	**c** EIN-PN	87-3474041-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC ENGINEERING & DESIGN PLLC	**c** EIN-PN	91-1704130-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC EQUITY AND LOAN LLC	**c** EIN-PN	83-2159806-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC INTEGRATED HANDLING	**c** EIN-PN	91-1453532-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC MOTOR COMPANY INC	**c** EIN-PN	91-0897261-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC NORTHWEST ALTERNATIVE PEER GROUPS	**c** EIN-PN	85-1062043-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC NORTHWEST SOCCER CLUB	**c** EIN-PN	20-8611780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC NW PERIODONTICS	**c** EIN-PN	81-0613593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC ORTHOTIC LABORATORY	**c** EIN-PN	81-3298593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC RIM CR LLC	**c** EIN-PN	91-1953703-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC SEAFOOD PROCESSORS ASSOCIATION	**c** EIN-PN	91-0131370-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC STANDARD CORPORATION	**c** EIN-PN	91-1546277-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC TERMINALS	**c** EIN-PN	27-2785763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC TRIM INC	**c** EIN-PN	91-1601400-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACLAND - SEATTLE, P.C.	**c** EIN-PN	20-8487470-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PAI LIFE SCIENCES INC	**c** EIN-PN	20-1909431-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PANGALLO & ASSOCIATES CPAS	**c** EIN-PN	20-3168330-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PANGEO INC	**c** EIN-PN	91-1991216-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PANTERA LAGO ESTATES	**c** EIN-PN	91-1024424-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PARAGON SEARCH GROUP	**c** EIN-PN	26-3588494-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PARCION PRIVATE WEALTH LLC	**c** EIN-PN	84-3490759-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PARKER REMICK LLC	**c** EIN-PN	60-4539351-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PATRIOT ROOFING LLC	**c** EIN-PN	45-4206993-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PAUKERT & TROPPMANN PLLC	**c** EIN-PN	26-4242760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEDIATRIC DENTAL ASSOCIATES	**c** EIN-PN	26-1717331-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEDIATRIC OPTOMETRY AND VISION THERAPY	**c** EIN-PN	86-2471380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEGASUS GLOBAL HOLDINGS INC	**c** EIN-PN	30-0070644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENDLETON-GILCHRIST FUNERAL HOMES	**c** EIN-PN	91-1047280-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENINSULA BOTTLING	**c** EIN-PN	91-0814386-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENNY ARCADE INC	**c** EIN-PN	48-1304890-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEOPLEPATH INC	**c** EIN-PN	27-0965527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEOPLE'S MEMORIAL ASSOCIATION	**c** EIN-PN	68-0621888-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERFECTION TIRE NO 6 INC	**c** EIN-PN	60-0681179-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERFORMANCE WHEEL LLC	**c** EIN-PN	90-0170988-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERRAULT FARMS INC	**c** EIN-PN	91-0880026-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERRY SHELTON WALKER & ASSOCIATES PLLC	**c** EIN-PN	91-1382642-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PETERSEN CPA AND ADVISORS PLLC	**c** EIN-PN	26-1262413-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PETERSEN HASTINGS INVESTMENT MANAGEMENT	**c** EIN-PN	91-0751941-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PETSAVERS	**c** EIN-PN	91-1741239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PFPS1 LLC	**c** EIN-PN	81-3440763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PHISHCLOUD INC	**c** EIN-PN	83-1220132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PHYSIOSTRENGTH, LLC	**c** EIN-PN	82-1275747-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PHYTEC AMERICA LLC & SUBSIDIARY PHYTOOLS	**c** EIN-PN	91-1708075-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIERCE COUNTY FIRE DISTRICT #5	**c** EIN-PN	91-1226135-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE BREWING COMPANY	**c** EIN-PN	99-3226091-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE MARKET CHILD CARE & PRESCHOOL	**c** EIN-PN	91-1148078-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE MARKET SENIOR CENTER	**c** EIN-PN	91-1034838-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE PLACE FISH MARKET INC	**c** EIN-PN	91-1038606-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PILLAR PRODUCT DESIGN GROUP, LLC	**c** EIN-PN	26-4087913-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PINNACLE LUMBER & PLYWOOD	**c** EIN-PN	91-1960358-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIONEER CONSTRUCTION SERVICES LLC	**c** EIN-PN	92-3847604-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIONEER SQUARE BRANDS	**c** EIN-PN	82-2240749-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIONEER SQUARE LABS III INC	**c** EIN-PN	92-1422162-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIROSHKY BAKING COMPANY LLC	**c** EIN-PN	46-3722170-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIROSHKY PIROSHKY BAKERY LLC	**c** EIN-PN	26-1190630-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PITCH CPA, LLC	**c** EIN-PN	47-4660901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PLANTS NORTHWEST INC	**c** EIN-PN	91-1359868-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PLUREXA LLC	**c** EIN-PN	88-3557951-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PNW AUTOMOTIVE CONSULTING LLC	**c** EIN-PN	82-3875365-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PNW ROOTS BEHAVIOR THERAPY AND COUNSELING LLC	**c** EIN-PN	83-2215535-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POCKETINET COMMUNICATIONS INC	**c** EIN-PN	91-2057055-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POCOCK RACING SHELLS	**c** EIN-PN	82-3531270-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PODWORKS CORPORATION	**c** EIN-PN	45-4692681-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POLHAMUS HEATING AND AIR CONDITIONING	**c** EIN-PN	91-1810070-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POLPAT LLC	**c** EIN-PN	46-5036799-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POMEROY GRAIN GROWERS INC	**c** EIN-PN	91-0369100-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POOL TO SPA SERVICES LLC	**c** EIN-PN	91-2117988-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PORTX INC	**c** EIN-PN	88-2612858-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POT O'GOLD INC	**c** EIN-PN	91-1335384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POWDER VISION INC	**c** EIN-PN	91-1805940-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POWER SYSTEMS CONSULTANTS	**c** EIN-PN	83-0439344-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRAGMATYXS INC	**c** EIN-PN	91-1696891-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRECISION BIOMETRICS INC	**c** EIN-PN	94-3113328-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRECISION SPRING & STAMPING	**c** EIN-PN	91-0786795-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREMIER BREAKROOM SOLUTIONS LLC	**c** EIN-PN	83-0545802-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREMIER COLLISION SERVICES INC	**c** EIN-PN	20-8248273-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREMIER HEALTH / WOMEN'S HEALTH AND OBSTETRICS PLLC	**c** EIN-PN	99-0700592-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREVAIL WEALTH MANAGEMENT LLC	**c** EIN-PN	45-5524411-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRINT NW	**c** EIN-PN	91-2149639-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRISM GRAPHICS	**c** EIN-PN	91-2041302-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRMX LLC	**c** EIN-PN	84-2340012-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRO ROOFING NW INC	**c** EIN-PN	68-0664114-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROCESS SOLUTIONS CORPORATION	**c** EIN-PN	85-0849971-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROFESSIONAL MEDICAL CORP	**c** EIN-PN	91-2008666-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROFESSIONAL TRAVEL SERVICE INC	**c** EIN-PN	91-0892904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROGRESSIVE MACHINE	**c** EIN-PN	91-1502664-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROMPT.IO INC	**c** EIN-PN	46-5077202-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROVIDENCE CLASSICAL CHRISTIAN SCHOOL	**c** EIN-PN	91-1677725-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROVOKE SOLUTIONS LLC	**c** EIN-PN	33-1221520-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRS GROUP INC	**c** EIN-PN	20-0387870-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PT PRO	**c** EIN-PN	20-5079345-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND FOOD HUB COOPERATIVE	**c** EIN-PN	60-3608416-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND PHYSICIANS PLLC	**c** EIN-PN	91-1692040-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND PILOTS	**c** EIN-PN	91-1170751-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGH CAPITAL MANAGEMENT	**c** EIN-PN	91-1522082-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURE LINE SEEDS LLC	**c** EIN-PN	82-0206554-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURPLE FORCE	**c** EIN-PN	27-3951596-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURPLE HAVEN INC	**c** EIN-PN	45-3306178-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QA ASSOCIATES LLC	**c** EIN-PN	82-4315169-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QCC QUALITY CONTROLS CORPORATION	**c** EIN-PN	91-2017879-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QNORTHWEST LLC	**c** EIN-PN	27-4155754-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUAIL RUN	**c** EIN-PN	26-0523282-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUANTUM CONSULTING ENGINEERS	**c** EIN-PN	81-0573090-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUEST MINISTRIES	**c** EIN-PN	91-2071099-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUEST PHYSICAL THERAPY LLC	**c** EIN-PN	27-2534605-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUICK & EASY CONCRETE DELIVERY INC	**c** EIN-PN	92-0900806-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUILCEDA PAVING & CONSTRUCTION INC	**c** EIN-PN	43-1989041-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	R L COOK SALES & SUPPLY CO	**c** EIN-PN	91-1120002-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	R MILLER CONSTRUCTION	**c** EIN-PN	91-1123020-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	R.L. EVANS CO INC	**c** EIN-PN	91-0849754-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAIL POWER SERVICES	**c** EIN-PN	27-2697565-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAINIER WELDING LLC	**c** EIN-PN	91-1150247-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAMAGE MANAGEMENT NORTH LLC	**c** EIN-PN	45-4688092-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAMMER TECHNOLOGIES INC	**c** EIN-PN	82-5338519-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RANTA CPA & ASSOCIATES LLC	**c** EIN-PN	47-2307242-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAVEN HILL COLOR LLC	**c** EIN-PN	84-4951076-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RD BARNETT PLLC	**c** EIN-PN	46-4331324-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RE SOURCES	**c** EIN-PN	60-0554827-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REAL ESTATE PRODUCTIVITY INC	**c** EIN-PN	93-3560537-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RED DINGO INC	**c** EIN-PN	86-1153453-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REDHAWK GROUP LLC	**c** EIN-PN	41-2063606-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REDMOND COMMUNICATIONS INC	**c** EIN-PN	91-1556156-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REDMOND RIDGE SPIRITS LLC	**c** EIN-PN	86-2904856-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REDWOOD VALUATION INC	**c** EIN-PN	82-3926955-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REFLECTIONS AQUATIC SERVICES INC	**c** EIN-PN	75-3097181-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REGIONAL GLASS LLC	**c** EIN-PN	83-3715120-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RENTON HOUSING AUTHORITY	**c** EIN-PN	91-6000976-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RESERVED.AI	**c** EIN-PN	83-4653046-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RESSLER & TESH PLLC	**c** EIN-PN	77-0632307-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RESTORATION ENVY LLC	**c** EIN-PN	35-2408499-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RETROCAUSAL INC	**c** EIN-PN	83-4247059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REUBEN'S BREWS LLC	**c** EIN-PN	45-3202285-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REVIVE COUNSELING SPOKANE, PLLC	**c** EIN-PN	81-5106750-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REVOLUTION CIVIL BUILDERS LLC	**c** EIN-PN	83-2114047-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REVOLUTION CUSTOM BUILDERS LLC	**c** EIN-PN	26-2119551-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RF COMPANY CPAS, P.S.	**c** EIN-PN	03-0471776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RGEN INC	**c** EIN-PN	84-4758581-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RH BROWN LLC	**c** EIN-PN	91-0460510-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RH SMITH COMPANY INC	**c** EIN-PN	91-0886362-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RHINO CONSTRUCTION	**c** EIN-PN	81-4401287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RICHARDSON HOLDINGS LLC	**c** EIN-PN	20-2585953-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RICH'S CAR CORNER INC	**c** EIN-PN	91-1736790-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RIDOLFI INC	**c** EIN-PN	91-1864002-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RIPU MITTAL 4 LLC	**c** EIN-PN	82-4522096-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RISING WAY INC	**c** EIN-PN	87-2169300-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RISTORANTE PARADISO INC	**c** EIN-PN	91-1532577-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROAD WARRIOR TRAVEL CENTER INC	**c** EIN-PN	86-2297555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROAL AMNIEL ENTERPRISES INC	**c** EIN-PN	91-1809218-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROCK PM SERVICES	**c** EIN-PN	84-4501245-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROCKWORKS	**c** EIN-PN	91-1977791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROGUE LLC	**c** EIN-PN	46-4481041-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROMERO PARK PS	**c** EIN-PN	91-2093074-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROQ FITNESS	**c** EIN-PN	84-2538589-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROSE HILL CAR WASH LLC	**c** EIN-PN	92-2138287-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROTOVAC CORPORATION	**c** EIN-PN	91-1123370-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROUND TECHNOLOGIES	**c** EIN-PN	38-4157379-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROWAN TELS CORP	**c** EIN-PN	46-3776535-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROWE'S TRACTOR LLC	**c** EIN-PN	46-2111104-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROWLEY, RUDER & CALLENDER PLLC	**c** EIN-PN	20-8183021-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROY K JOHNSON INC	**c** EIN-PN	91-1112093-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROYSE HYDROSEEDING	**c** EIN-PN	91-1783170-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RPC LLC	**c** EIN-PN	91-1941097-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RSSA INC	**c** EIN-PN	91-1938784-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RUMWAY ONE LLC	**c** EIN-PN	26-3514315-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RUNBERG ARCHITECTURE GROUP PLLC	**c** EIN-PN	91-1926999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RUSSELL LANDSCAPING LLC	**c** EIN-PN	27-1528042-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RWC DELIVERY SERVICES	**c** EIN-PN	45-5245287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RYP LABS INC	**c** EIN-PN	82-2707389-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	S & S PETROLEUM INC	**c** EIN-PN	26-4581479-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	S & W IRRIGATION SUPPLY LLC	**c** EIN-PN	91-1668442-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SABATINI AND ASSOCIATES LTD	**c** EIN-PN	47-1598887-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SADLER SERVICES AND CONSULTING LLC	**c** EIN-PN	85-4176585-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAFE ROUTES LLC	**c** EIN-PN	83-4033571-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAFE SYSTEMS INC	**c** EIN-PN	82-4187096-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGE GEOTECHNICAL LLC	**c** EIN-PN	93-1531065-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGE HILL NORTHWEST INC	**c** EIN-PN	91-1584195-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGEDOG LLC	**c** EIN-PN	81-4739173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGEMATH INC	**c** EIN-PN	47-3015407-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGEMATH INC	**c** EIN-PN	47-3015407-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SALUTE NUTRITION PLLC	**c** EIN-PN	83-2114153-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAM & JENNY INC	**c** EIN-PN	91-1691035-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAMEDAY INC	**c** EIN-PN	91-2191287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAMUEL & COMPANY	**c** EIN-PN	91-1300671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAN FRANCISCO STREET BAKERY INC	**c** EIN-PN	91-1623365-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SANTA INC	**c** EIN-PN	20-5794700-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAPERE CONSULTING INC	**c** EIN-PN	35-2197918-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAPPER INSURANCE LLC	**c** EIN-PN	84-3132250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAPPHIRE HOMES INC	**c** EIN-PN	46-2308108-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SARAH ELPERIN DDS PLLC	**c** EIN-PN	45-4580009-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCAMMAHORN INC	**c** EIN-PN	91-1413462-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCANSELECT	**c** EIN-PN	91-1876890-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCHAFF INC	**c** EIN-PN	85-2739830-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCHARRER ARCHITECTURE AND DESIGN PLLC	**c** EIN-PN	81-0989675-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCHOONER EXACT	**c** EIN-PN	87-1776240-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCREEN TEK LLC	**c** EIN-PN	82-5149404-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEA CONSTRUCTION LLC	**c** EIN-PN	26-4705816-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEA PAINTERS INC	**c** EIN-PN	20-4435544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATAC EXPRESS INC	**c** EIN-PN	91-1317557-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE 2030 DISTRICT	**c** EIN-PN	45-3586123-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE BAR SUPPLY LLC	**c** EIN-PN	60-3534613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE BARREL & COOPERAGE CO	**c** EIN-PN	91-0852130-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE BARREL COMPANY	**c** EIN-PN	91-0852130-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE CIDER COMPANY LLC	**c** EIN-PN	60-3254139-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE GREEN EARTH CLEANING	**c** EIN-PN	27-3575644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE INFANT DEVELOPMENT CENTER	**c** EIN-PN	91-1081496-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE PACIFIC HOMES INC	**c** EIN-PN	36-4751752-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SECOND AVENUE PARTNERS LLC	**c** EIN-PN	91-2032642-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SECOND TO LAST WIZARD	**c** EIN-PN	83-2484599-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEIDELHUBER IRON & BRONZE WORKS INC	**c** EIN-PN	91-0513384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SENIOR SERVICES OF ISLAND COUNTY	**c** EIN-PN	52-1049443-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SENSIBILITY III LLC	**c** EIN-PN	86-2778852-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SENSIBILITY SQUARED LLC	**c** EIN-PN	47-5585380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SESSIONS PLUMBING	**c** EIN-PN	91-1073839-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SGS GLASS	**c** EIN-PN	91-1927605-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHAREBUILDER ADVISORS LLC	**c** EIN-PN	36-4917989-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHARPE & PRESZLER	**c** EIN-PN	91-0874455-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHAW & SCOTT	**c** EIN-PN	26-1287397-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHEA STAFFING LLC	**c** EIN-PN	20-8425173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHED SEATTLE LLC	**c** EIN-PN	91-1881587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHEFFIELD TOWING SERVICES	**c** EIN-PN	87-0790521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHG GROUP LLC	**c** EIN-PN	81-1828618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHIFTBOARD INC	**c** EIN-PN	14-1848394-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHIPIUM CORP	**c** EIN-PN	84-3056610-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHOFF ORTHODONTICS	**c** EIN-PN	81-2332227-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIEFKEN & SONS CONSTRUCTION	**c** EIN-PN	91-1140212-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIGNAL4D INC	**c** EIN-PN	84-1852257-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVER SUPERSTORE LLC	**c** EIN-PN	91-2078766-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVERDALE ESTATES	**c** EIN-PN	91-1486753-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVEY CONSTRUCTION INC	**c** EIN-PN	91-2121021-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIMONE DAVID BARBERSHOP	**c** EIN-PN	47-5516813-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SING INC	**c** EIN-PN	84-2979145-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SITA ENTERPRISES	**c** EIN-PN	82-2991526-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SITEFOLIO LLC	**c** EIN-PN	26-1406606-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIX WALLS INC	**c** EIN-PN	20-1107563-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SJS MECHANICAL SERVICES LLC	**c** EIN-PN	75-3184293-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SK MOTO	**c** EIN-PN	86-1231627-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKACEL COLLECTION INC	**c** EIN-PN	91-1488711-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKAGIT GOLF & COUNTRY CLUB	**c** EIN-PN	91-0688969-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKINNER LANDSCAPE SERVICE INC	**c** EIN-PN	91-1588674-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKY CITY TRUCKING	**c** EIN-PN	47-2341650-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SLOAN K JORGENSEN DDS	**c** EIN-PN	91-1981620-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMART ELECTRIC LLC	**c** EIN-PN	85-2677074-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMITH & DEKAY	**c** EIN-PN	91-1343765-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMK TRI-CITIES INC	**c** EIN-PN	20-2891494-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMOKEY POINT ELECTRIC INC	**c** EIN-PN	26-0461028-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SONIC CONCEPTS	**c** EIN-PN	91-1635176-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND CLEANING RESOURCES INC	**c** EIN-PN	20-8528487-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND FLOORS LLC	**c** EIN-PN	60-2941517-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND LIFE CHURCH	**c** EIN-PN	91-0880636-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND PRODUCE	**c** EIN-PN	91-1477363-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUNDVIEW ADVISORS	**c** EIN-PN	20-8019783-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUTH FORTY SNACKS	**c** EIN-PN	84-4588194-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUTH WHIDBEY GOOD CHEER INC	**c** EIN-PN	23-7047194-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUTH WHIDBEY PHYSICAL THERAPY	**c** EIN-PN	91-1940823-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPECIAL INTEREST AUTO WORKS	**c** EIN-PN	91-1504162-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPECTRUM DEVELOPMENT SOLUTIONS LLC	**c** EIN-PN	26-3275617-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPEE WEST CONSTRUCTION CO	**c** EIN-PN	91-1487000-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPOKANE HUMANE SOCIETY	**c** EIN-PN	91-0565011-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPOKANE SPORTS	**c** EIN-PN	91-1353931-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SQUARE ONE DISTRIBUTION INC	**c** EIN-PN	20-3932248-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SST GROUP LLC	**c** EIN-PN	01-0885413-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ST DEMETRIOS GREEK ORTHODOX CHURCH	**c** EIN-PN	91-0583384-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ST SURG LLC	**c** EIN-PN	46-5504930-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STANLEY H COX DMD PS	**c** EIN-PN	47-5591892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STAR STEEL	**c** EIN-PN	91-0817787-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STATE BANK NORTHWEST	**c** EIN-PN	91-0425440-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STEEL STUD STRUCTURES INC	**c** EIN-PN	91-1602553-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STEIN LOTZKAR & STARR PS INC	**c** EIN-PN	91-1333286-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STERLING JOHNSTON & ASSOCIATES LLC	**c** EIN-PN	26-4574030-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STERLINK LLC	**c** EIN-PN	81-4661149-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STONE-DREW / ASHE & JONES	**c** EIN-PN	91-1016118-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STORER ENTERPRISES INC	**c** EIN-PN	91-1738961-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STORYTELLERS.AI LLC	**c** EIN-PN	85-1210503-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUBSTANTIAL INC	**c** EIN-PN	61-1586918-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUMMIT NPC	**c** EIN-PN	88-1200682-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNHEAVEN FARMS	**c** EIN-PN	91-0969611-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNRISE DISPOSAL	**c** EIN-PN	91-1097998-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNSHINE EMPLOYMENT SERVICES	**c** EIN-PN	27-0715274-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNVEK LLC	**c** EIN-PN	47-3113519-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWANSON LAW GROUP PLLC	**c** EIN-PN	93-1378902-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWEDISH AUTOMOTIVE INC	**c** EIN-PN	91-1326911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWIFT HR SOLUTIONS INC	**c** EIN-PN	20-0794048-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWIFTWATER TECHNOLOGY INC	**c** EIN-PN	46-2414713-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYMPHONY TACOMA	**c** EIN-PN	91-6032976-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYNCHRONICITY EVENTS LLC	**c** EIN-PN	83-1926335-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYNERGY FINANCIAL SERVICES INC	**c** EIN-PN	91-1859406-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYNTHETIC RESOURCES	**c** EIN-PN	33-0860266-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYSTEMS AUDITING USA	**c** EIN-PN	91-1789223-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYSTEMS INTERFACE INC	**c** EIN-PN	91-1271056-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	T.C. TRADING COMPANY LLC	**c** EIN-PN	91-1717451-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACITA INC	**c** EIN-PN	87-4824734-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA COMMUNITY BOAT BUILDERS	**c** EIN-PN	46-1724422-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA COMMUNITY HOUSE	**c** EIN-PN	91-0570872-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA DENTAL LAB INC	**c** EIN-PN	91-0647286-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA PIERCE COUNTY CHAMBER	**c** EIN-PN	91-0434830-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA URBAN LEAGUE	**c** EIN-PN	91-0826302-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA-PIERCE COUNTY BAR FOUNDATION	**c** EIN-PN	02-0596124-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOS CHUKIS	**c** EIN-PN	27-4284574-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAGMASTER NORTH AMERICA	**c** EIN-PN	84-1712540-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAHOMA PEAK SOLUTIONS LLC	**c** EIN-PN	87-1602374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TALENTRONIC CORPORATION	**c** EIN-PN	91-2025214-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TALGO INC	**c** EIN-PN	91-1743543-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAMARACK INDUSTRIES	**c** EIN-PN	91-1997194-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAQTILE INC	**c** EIN-PN	27-4627169-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TARA II LLC	**c** EIN-PN	86-2654077-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TASSO INC	**c** EIN-PN	45-4864148-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TATANGO	**c** EIN-PN	26-3699108-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TATE TECHNOLOGY INC	**c** EIN-PN	91-1731336-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAYLOR MADE SERVICES INC	**c** EIN-PN	91-2126558-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TC TRANS LLC	**c** EIN-PN	91-1585776-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TCF ARCHITECTURE PLLC	**c** EIN-PN	91-0727155-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TECH MARINE ENTERPRISES INC	**c** EIN-PN	91-1148011-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TECHSMART INC	**c** EIN-PN	46-2939109-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TEK LINE CONSTRUCTION	**c** EIN-PN	91-1870733-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TELESCOPE TALENT	**c** EIN-PN	85-4164670-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TERRANE INC	**c** EIN-PN	91-1202876-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TERRY HOME INC	**c** EIN-PN	94-3057810-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE ANDOVER COMPANY INC	**c** EIN-PN	91-1052856-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE ATTIC LEARNING COMMUNITY	**c** EIN-PN	91-1995483-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE AUTOMATED PARKING COMPANY	**c** EIN-PN	83-4392894-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE BAKER FOUNDATION	**c** EIN-PN	94-3027892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE BERC GROUP INC	**c** EIN-PN	20-4084589-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE CORDILLERA GROUP INC	**c** EIN-PN	84-3213631-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE COTTAGE SCHOOLS INC	**c** EIN-PN	91-1611070-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE DESIGN COLLECTIVE INC	**c** EIN-PN	26-1179911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LADIES ROOM LLC	**c** EIN-PN	88-0753511-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LAUREL GROUP LLC	**c** EIN-PN	35-2462972-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LAW OFFICE OF DOMINICK V DRIANO PLLC	**c** EIN-PN	20-3846958-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LEGACY GROUP INC	**c** EIN-PN	84-1523132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LIGHTING GROUP LLC	**c** EIN-PN	83-3347564-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE MARKETING PRACTICE INC	**c** EIN-PN	81-2768952-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE MEMBERS CLUB AT ALDARRA	**c** EIN-PN	91-1855039-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE METALSMITHS INC	**c** EIN-PN	91-0958362-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE MINDPLACE COMPANY	**c** EIN-PN	91-1652667-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE NAPOLEON CO	**c** EIN-PN	91-0714099-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE PARKINSON'S FITNESS PROJECT	**c** EIN-PN	81-3474683-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE PLUMBING & DRAIN COMPANY INC	**c** EIN-PN	45-1308582-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE RABOURN COMPANY INC	**c** EIN-PN	91-1415459-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SAFETY TEAM	**c** EIN-PN	91-1218822-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SEATTLE AREA GERMAN AMERICAN SCHOOL	**c** EIN-PN	20-2607873-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SOFTWARE REVOLUTION INC	**c** EIN-PN	91-1682713-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SOTELLO COMPANY INC	**c** EIN-PN	46-4601259-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE TALL CHEF	**c** EIN-PN	47-1009238-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE TRUE PATRIOT NETWORK	**c** EIN-PN	30-0544250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE UNIVERSITY CLUB OF SEATTLE	**c** EIN-PN	91-0450423-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THETA MOTORSPORTS LLC	**c** EIN-PN	88-1948416-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THIRD PLACE DESIGN COOPERATIVE INC	**c** EIN-PN	47-3609143-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THOMPSON CONSULTING GROUP	**c** EIN-PN	91-2099274-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THRIFTY PARK INC	**c** EIN-PN	91-0692068-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THUNDERHEART LLC	**c** EIN-PN	99-3912903-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THURBER FAMILY CHIROPRACTIC	**c** EIN-PN	45-4918901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TIGNIS INC	**c** EIN-PN	82-2108276-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TISCARENO ASSOCIATES PS	**c** EIN-PN	71-0874853-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TL;DR INSIGHTS LLC	**c** EIN-PN	85-1149068-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TLKMILLER MD, PLLC	**c** EIN-PN	90-4532823-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TO WEI INC	**c** EIN-PN	94-3034368-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOKITA BETHUNE INC	**c** EIN-PN	91-2104205-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOKUL CREEK MARKETING	**c** EIN-PN	91-1927125-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOLLHOUSE ENERGY COMPANY	**c** EIN-PN	91-2099080-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOPIA TECHNOLOGY	**c** EIN-PN	20-3399001-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOTAL FREIGHT LOGISTICS INTERNATIONAL LLC	**c** EIN-PN	91-2112489-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOTAL PROPERTY SERVICES	**c** EIN-PN	90-1075965-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOVANI HART PC	**c** EIN-PN	45-2663118-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRANSACT COMMUNICATIONS LLC	**c** EIN-PN	47-5313048-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRANSITIONAL RESOURCES	**c** EIN-PN	91-0967836-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRAVEL CENTER INC	**c** EIN-PN	91-1100445-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRAVIS FITZMAURICE WARTELLE BALANGUE ENGINEERS INC	**c** EIN-PN	91-0840174-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TREIBER FARMS	**c** EIN-PN	91-1658624-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRENCHLESS CONSTRUCTION SERVICES LLC	**c** EIN-PN	91-1981784-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRI-CITIES VISITOR & CONVENTION BUREAU	**c** EIN-PN	91-0859630-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRI-CITY GLASS INC	**c** EIN-PN	91-1003968-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRILLIUM ACADEMY	**c** EIN-PN	99-1351613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRILOGY INTERNATIONAL PARTNERS LLC	**c** EIN-PN	20-3922481-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRINITY TREE FARM LLC	**c** EIN-PN	87-4349246-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRITON SIGN CORP	**c** EIN-PN	82-1541623-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRM WOOD PRODUCTS INC	**c** EIN-PN	91-1528482-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRU MECHANICAL	**c** EIN-PN	81-2047996-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRUE NORTH RELOCATION LLC	**c** EIN-PN	52-2440055-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRULY TECHNOLOGIES LLC	**c** EIN-PN	87-1771923-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TSLS ENTERPRISES INC	**c** EIN-PN	26-0136739-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TUCCI & SONS INC	**c** EIN-PN	91-0534168-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TUNETECH	**c** EIN-PN	91-1523521-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TUOHY PHYSICAL THERAPY LLC	**c** EIN-PN	27-1180857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TURNER RESTORATION	**c** EIN-PN	46-1983830-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TWO DOGS MEDIA INC	**c** EIN-PN	38-3660007-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UCANTRADE INC	**c** EIN-PN	91-1510579-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNDERWATER SPORTS	**c** EIN-PN	91-0902068-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED BUSINESS MACHINES OF WASHINGTON INC	**c** EIN-PN	91-0905860-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED SUPPORT SERVICES	**c** EIN-PN	48-1287389-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED WAY OF SPOKANE COUNTY	**c** EIN-PN	91-0606058-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED WESTERN SUPPLY CO	**c** EIN-PN	03-0510769-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED WOUND HEALING PS	**c** EIN-PN	47-5415230-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITIZED INDUSTRIES WEST LLC	**c** EIN-PN	37-1785222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UPTOP LLC	**c** EIN-PN	99-1555224-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UTILIGI LLC	**c** EIN-PN	61-2174257-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VAIRE COMPUTING INC	**c** EIN-PN	99-1291609-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALHALLA LLC	**c** EIN-PN	36-4908042-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALKYRIE LEASING LLC	**c** EIN-PN	91-2106413-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY ANIMAL HOSPITAL OF AUBURN INC	**c** EIN-PN	91-1679439-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY PAINTING INC	**c** EIN-PN	27-1392314-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY PUMP INC	**c** EIN-PN	91-1323068-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY TRACTOR & EQUIPMENT INC	**c** EIN-PN	91-0873753-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERACI PIZZA INC	**c** EIN-PN	20-5531132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERNON ROAD LLC	**c** EIN-PN	99-2524578-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERTICAL WORLD INC	**c** EIN-PN	91-1391076-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERUM CONSTRUCTION	**c** EIN-PN	83-1965631-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIKING ELECTRIC SALES AND SERVICE INC	**c** EIN-PN	91-1546441-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIMOCITY INC	**c** EIN-PN	46-4783791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VINE MAPLE PLACE	**c** EIN-PN	91-2082308-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VINTAGE BARISTAS	**c** EIN-PN	87-3037855-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIRTUAL THERAPEUTICS CORPORATION	**c** EIN-PN	47-4149749-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIRTUOZZO	**c** EIN-PN	82-4062265-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISIT KITSAP PENINSULA	**c** EIN-PN	91-1146544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISSER ENGINEERING	**c** EIN-PN	91-1959777-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISTA HERMOSA FOUNDATION	**c** EIN-PN	91-1491438-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISTA PRECISION SOLUTIONS INC	**c** EIN-PN	55-0858793-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIVA TIERRA ORGANIC INC	**c** EIN-PN	91-1589007-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VMRD INC	**c** EIN-PN	91-1131071-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VOBIS	**c** EIN-PN	47-1432819-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VOICES OF TOMORROW	**c** EIN-PN	46-5211499-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WALLA WALLA CLOTHING COMPANY	**c** EIN-PN	91-1637119-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WALLS & WINDOWS INC	**c** EIN-PN	91-1512660-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WARE ENTERPRISES INC	**c** EIN-PN	91-1955534-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON CENTER FOR NURSING	**c** EIN-PN	68-0568743-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS	**c** EIN-PN	91-1016402-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON FILMWORKS	**c** EIN-PN	61-1506206-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON GENERATORS LLC	**c** EIN-PN	87-1981805-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON HEALTH ALLIANCE	**c** EIN-PN	47-0948895-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON IRON WORKS	**c** EIN-PN	91-1580444-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON PATRIOT CONSTRUCTION LLC	**c** EIN-PN	27-0403092-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON PHYSICIANS HEALTH PROGRAM	**c** EIN-PN	91-1381840-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON PUBLIC AFFAIRS NETWORK	**c** EIN-PN	91-1597601-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON STATE OPPORTUNITY SCHOLARSHIP FOUNDATION	**c** EIN-PN	93-3293868-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON WOMEN'S FOUNDATION	**c** EIN-PN	91-1754933-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WAYPOINT EDUCATION PARTNERS INC	**c** EIN-PN	93-4318717-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WDG ENTERPRISES INC	**c** EIN-PN	81-4783415-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WEAVER ARCHITECTS INC	**c** EIN-PN	20-7457230-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WEINTEK USA INC	**c** EIN-PN	81-5192488-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE CLINIC PHARMACY	**c** EIN-PN	91-1894757-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE EMERGENCY PHYSICIANS PC	**c** EIN-PN	91-1403333-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE GOLF & COUNTRY CLUB	**c** EIN-PN	91-0465545-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTBANK PROJECTS US CORP	**c** EIN-PN	47-5136498-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTERN WASHINGTON PATHOLOGY PS	**c** EIN-PN	91-1397408-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTON ELECTRIC	**c** EIN-PN	36-1137872-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTWOOD BAPTIST CHURCH	**c** EIN-PN	91-0988587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WHITEPAGES INC	**c** EIN-PN	83-3959687-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WHOOSHH INNOVATIONS	**c** EIN-PN	83-1586371-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WIBOTIC INC	**c** EIN-PN	47-2761747-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WILLO VISTA ESTATES	**c** EIN-PN	91-0865966-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINDERMERE PROPERTY MANAGEMENT	**c** EIN-PN	56-2449344-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINDERMERE REAL ESTATE	**c** EIN-PN	91-1983287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINDWOOD ENTERPRISES INC	**c** EIN-PN	91-2045951-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINTHROP PT PS	**c** EIN-PN	46-5512887-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WIRELESS APPLICATIONS CORPORATION	**c** EIN-PN	91-1950121-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WISERCARE INC	**c** EIN-PN	46-4365627-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WITHERSPOON BRAJCICH MCPHEE PLLC	**c** EIN-PN	91-1275742-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WJA PLLC	**c** EIN-PN	91-2038309-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOLF HAVEN INTERNATIONAL	**c** EIN-PN	91-1185727-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOMEN'S UNIVERSITY CLUB OF SEATTLE	**c** EIN-PN	91-0478290-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WONDERBELLY GAMES	**c** EIN-PN	84-2540523-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOODCRAFTERS CONSTRUCTION LLC	**c** EIN-PN	26-1467363-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOODLAND TRADE COMPANY INC	**c** EIN-PN	91-1469563-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOODLAWN OPTICAL OF BOTHELL	**c** EIN-PN	75-3020600-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WORKTANK ENTERPRISES LLC	**c** EIN-PN	91-2089916-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WORLD FAMOUS LLC	**c** EIN-PN	55-0892850-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WRAP PACK INC	**c** EIN-PN	36-4404324-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WRECKER ACCESSORIES LLC	**c** EIN-PN	82-4826615-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	XEMBLY INC	**c** EIN-PN	85-3815037-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	XEUXIANA INC	**c** EIN-PN	82-3246169-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA AREA ARBORETUM	**c** EIN-PN	91-6073776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA DENTAL LABORATORY	**c** EIN-PN	91-1431467-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA UROLOGY ASSOCIATES PLLC	**c** EIN-PN	91-1689156-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA WORKER CARE PLLC	**c** EIN-PN	87-0711181-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YARDSTICK INC	**c** EIN-PN	85-1053827-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YEAGER'S SPORTING GOODS	**c** EIN-PN	91-0751950-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YOKOHAMA AEROSPACE	**c** EIN-PN	91-2111471-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YOUNG MENS CHRISTIAN ASSOCIATION OF WENATCHEE	**c** EIN-PN	98-0578224-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ZARMADA	**c** EIN-PN	47-3341902-501

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT	
b Name of plan sponsor	ZIEMEK DENTAL LABORATORIES	**c** EIN-PN 91-1554982-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT	
b Name of plan sponsor	ZIONTZ CHESTNUT LAW FIRM	**c** EIN-PN 91-0754280-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT	
b Name of plan sponsor	ZUHAUSE DESIGN LLC	**c** EIN-PN 83-1204496-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT	
b Name of plan sponsor	ZUPER INC	**c** EIN-PN 84-4275046-501
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
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b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1237905	8179738
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	314739	235181
(2) Participant contributions	1b(2)	41813	33801
(3) Other	1b(3)	1020491	635740
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13448869	9834078
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	16063817	18918538
Liabilities			
g Benefit claims payable	1g	1047347	1216561
h Operating payables	1h	243006	306661
i Acquisition indebtedness	1i		
j Other liabilities	1j	8625711	10582060
k Total liabilities (add all amounts in lines 1g through1j)	1k	9916064	12105282
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6147753	6813256

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)	151407061	
(B) Participants	2a(1)(B)	1218023	
(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)		152625084
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	223366	
(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)		223366
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(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)		
c Other income	2c		86136
d Total income. Add all **income** amounts in column (b) and enter total	2d		152934586
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)	134204205	
(3) Other	2e(3)	85560	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		134289765
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)	4301124	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	38400	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	9344	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	83696	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17534	
(11) Other expenses	2i(11)	13529220	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		17979318
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		152269083
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		665503
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) [X] 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)** [X] 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: ANASTASI, MOORE & MARTIN, PLLC **(2)** EIN: 91-6056560

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.)	**4a**			
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	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.)	**4j**		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?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.

Business Health Trust Arrangement

Financial Statements and Independent Auditors' Report

December 31, 2024 and 2023

Anastasi | Moore | Martin
Certified Public Accountants & Consultants PLLC

Business Health Trust Arrangement

December 31, 2024 and 2023

Table of Contents

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Business Health Trust Arrangement
Mukilteo, Washington

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Business Health Trust Arrangement (the Arrangement), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year 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 and benefit obligations of the Arrangement as of December 31, 2024, and the changes in its net assets available for benefits and of changes in benefit obligations for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 2024 Financial Statements section of our report. We are required to be independent of the Arrangement and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

2023 Financial Statements

The financial statements of the Arrangement as of December 31, 2023, were audited by other auditors whose report, dated October 15, 2024, expressed an unmodified opinion on those financial statements.

Responsibilities of Management for the 2024 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 Arrangement'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 arrangement instrument, including all arrangement amendments; administering the Arrangement; and determining that the arrangement's transactions that are presented and disclosed in the financial statements are in conformity with the Arrangement'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 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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 Arrangement'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 Arrangement'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.

2024 Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audit 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Anastasi, Moore & Martin, PLLC

Spokane, Washington
October 14, 2025

Business Health Trust Arrangement

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
ASSETS:		
Cash	$ 8,179,738	$ 1,237,905
Investments	9,834,078	13,448,869
Employer contributions receivable	235,181	314,739
Participant contributions receivable	33,801	41,813
Prepaid expenses	12,258	39,061
Rate stabilization reserves	623,482	981,430
Total assets	18,918,538	16,063,817
LIABILITIES:		
Accounts payable and accrued expenses	306,661	243,006
Unearned employer contributions	10,528,370	8,582,543
Unearned participant contributions	53,690	43,168
Total liabilities	10,888,721	8,868,717
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,029,817	$ 7,195,100

See accompanying notes to financial statements.

Business Health Trust Arrangement

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS:		
Employer contributions, net	$ 151,407,061	$ 129,294,759
Participant contributions, net	1,218,023	768,624
Interest income	223,366	198,789
Employer late and insufficient funds fees	86,136	72,835
Other	-	41,370
Total additions	152,934,586	130,376,377
DEDUCTIONS:		
Benefit distributions:		
Insurance premius paid, net	134,034,991	114,174,424
EAP services	48,849	30,009
HR hotline and online application	11,112	10,788
Discount program fee	20,000	20,000
Privacy protection program fees	5,599	-
Total benefit distributions	134,120,551	114,235,221
Deductions from net assets attributed to:		
Administrative fees	4,301,124	3,598,350
Auditing and accounting fees	38,400	36,600
Bank service charges	9,344	4,605
Conferences and meetings	17,534	15,119
Consultant fees	5,247,686	4,405,524
Dues and subscriptions	14,005	8,385
Insurance and bonding	54,651	53,352
Insurance broker commissions	7,559,917	6,452,365
Legal fees	83,696	65,553
Marketing expenses and event sponsorships	132,237	92,414
Outreach and communications	458,406	421,344
Postage, printing, and supplies	61,744	40,669
Website hosting and maintenance	574	3,544
Total deductions from net assets	17,979,318	15,197,824
Total deductions	152,099,869	129,433,045
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	834,717	943,332
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	7,195,100	6,251,768
End of year	$ 8,029,817	$ 7,195,100

See accompanying notes to financial statements.

Business Health Trust Arrangement
Statements of Benefit Obligations
December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Premiums due to insurers	$ 1,216,561	$ 1,047,347

See accompanying notes to financial statements.

Business Health Trust Arrangement

Statements of Changes in Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Balance, beginning of year	$ 1,047,347	$ 669,766
Insurance premiums approved for payment	134,204,205	114,552,005
Insurance premiums paid	(134,034,991)	(114,174,424)
Balance, end of year	$ 1,216,561	$ 1,047,347

See accompanying notes to financial statements.

Business Health Trust Arrangement

Notes to Financial Statements

Business Health Trust Arrangement
Notes to Financial Statements

Note 1 – Description of the Arrangement

The Business Health Trust Arrangement (the Arrangement) was established on July 1, 2007. The Arrangement was established to hold insurance policies through which participating employers can provide programs of health and other insurance benefits under the employee benefit plans they maintain for their employees and dependents.

This arrangement is considered a "group insurance arrangement" as defined by the regulations promulgated under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA regulations define a "group insurance arrangement" as an arrangement providing benefits to the employees of two or more unaffiliated employers, fully insuring one or more welfare plans of each participating employer, and using a trust as the holder of the insurance contracts and conduit for payment of premiums to the insurance company(ies). The types of benefits currently available through the Arrangement are described as follows: medical, hospital, surgical, prescription drug, dental, vision, group life, supplemental life, accidental death and dismemberment, long-term disability, employee assistance, HR hotline and online application access, a discount program, and, beginning January 1, 2024, a privacy protection product.

Participation in the Arrangement is limited to the Greater Seattle Chamber of Commerce (the Chamber) itself, members of the Chamber, and members of endorsing sponsors. An endorsing sponsor is defined as another chamber of commerce for a municipality or quasi-municipality in the state of Washington, or another similar group, with no conflict of interest with the Chamber, as approved by the Chamber for participation in the Arrangement. Qualified employers include those who have executed an Adoption Agreement with the Trustees. The only individuals who are entitled to participate in and to receive benefits from the Arrangement are those selected employees, dependents, and/or retirees identified by participating employers.

Under the trust agreements, the Trustees have all necessary authority to receive contributions to pay benefits and premiums on the group insurance policies owned by the Arrangement and to pay reasonable expenses of the Arrangement. Each employer agrees to provide information, including payroll information and data, to the Arrangement regarding the employer's participants and employees of any controlled group in which the employer may be a member. Each employer agrees to pay to the Arrangement the amount of contributions required to maintain welfare benefits coverage for each employer's participants in the amounts and at times described in the applicable Adoption Agreement. In the event that any employer fails or refuses to remit the employer's or the participants' contributions due to the Arrangement on a timely basis, the Trustees will cancel and terminate the coverage afforded the employer's participants, and the employer will be notified accordingly by the insurer and/or the Trustees.

Employer and participant contributions are received and held, pending payment of approved insurance premiums and welfare benefits. Such contributions are determined via a rate schedule based upon the type of coverage for employees and their dependents.

Certain participating employers have medical insurance contracts directly with insurance carriers. Per agreed-upon billing arrangements, the Arrangement collects contributions from those employers and then remits insurance premiums on behalf of those employers. The Arrangement does collect contributions in excess of premiums remitted to compensate for administrative costs incurred.

Note 1 – Description of the Arrangement (Continued)

Medical, hospital, surgical, and prescription drug benefits are sponsored by 13 separate trusts. Each of these trusts are industry specific and include the following: aerospace, agriculture, business services, community service organizations, construction, end-line manufacturing, healthcare, information technology, media, retail, tourism, transportation, and wholesaling. Dental, vision, group life, supplemental life, additional accidental death and dismemberment, long-term disability, employee assistance benefits, HR hotline and online application access, a discount program, and a privacy protection product are sponsored by the Business Health Trust.

The Arrangement is administered by the Trustees of the Business Health Trust and the 13 industry specific trusts, with the assistance of Vimly Benefit Solutions, Inc., a contract administration organization; Davis Wright Tremaine, LLP, a legal services firm; Impact Accounting Services, LLC, a management consulting services firm; and ABD Insurance and Financial Services, Inc. dba Advanced Professionals Insurance and Benefit Solutions (AP), a benefits consulting services firm. The Arrangement is marketed to employers by various insurance brokers, including AP.

Note 2 – Summary of Significant Accounting Policies

a. **Basis of accounting** – The accompanying financial statements of the Arrangement are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

b. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

c. **Investment valuation** – The Arrangement's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

d. **Rate stabilization reserves** – Dental benefits are provided through an experience rated insurance contract with Delta Dental of Washington (DDW). As part of the provisions of the contract, DDW retains funds as rate stabilization reserves to assist in the mitigation of significant rate adjustments. DDW may credit the reserves for interest earned. Any other changes to the reserves are a result of contract negotiations between the Arrangement and DDW. If the contract were to be terminated, any funds in the reserves would be refunded to the Arrangement after the contract's experience results were settled. The reserves are recognized as assets of the Arrangement.

Note 2 – Summary of Significant Accounting Policies (Continued)

e. **Claim reserves** – As part of the provisions of the experience rated insurance contract with DDW, funds are retained, as reserves, to pay future claims and expenses of the Arrangement. In the event the contract with DDW is terminated, any excess funds remaining in these reserves will be refunded to the Arrangement after all claims associated with the insurance provider are settled. These reserves are not recognized as assets on the financial statements, as the amounts of future claims and refunds cannot be determined. As of the contract years ended December 31, 2024 and 2023, the claim reserves held by DDW totaled $288,000 and $235,000, respectively.

f. **Contributions recognition** – Employer and participant contributions are recognized as the Arrangement becomes obligated for the payment of insurance premiums and benefits. Therefore, contributions received after December 31 for benefits provided before the beginning of the subsequent year are recognized as contributions receivable. On the other hand, contributions received before December 31 for premiums paid and benefits provided in the subsequent year are recognized as unearned.

g. **Payment of insurance premiums** – Insurance premiums are recognized when paid.

h. **Subsequent events** – Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

Note 3 – Income Tax Status

The trust established under the Plan to hold the assets of the Arrangement is qualified as a tax-exempt organization under Section 50l(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the net investment income of the trust is exempt from income taxes. The Business Health Trust obtained its latest tax determination letter from the Internal Revenue Service (IRS) with an effective date of exemption of January 1, 2010. In the letter, the IRS stated that the Business Health Trust, as then designed, was in compliance with the applicable requirements of the IRC. The other 13 trusts are unfunded and have not applied for tax determination letters. The Trustees and legal counsel believe the trusts and related Arrangement are designed and have been operated through December 31, 2024, in accordance with applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Arrangement and recognize a tax liability (or asset) if the Arrangement has taken an uncertain position that more likely than not would not be substantiated upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Arrangement, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

Note 3 – Income Tax Status (Continued)

The Arrangement is subject to routine audits by taxing jurisdictions, and the Arrangement could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the tax-exempt status; however, there currently no audits for any tax periods in progress.

Note 4 – Priorities Upon Termination

The Arrangement may be terminated by the endorsing sponsors. In addition, it may be amended or terminated by written resolution of the Board of the Chamber delivered to the Trustees; however, no such resolution can be contrary to terms as written in the trust agreements.

Upon the dissolution or termination of the Arrangement, all assets remaining, after payment of all expenses incidental to the dissolution or termination, will be used to provide benefits for which the Arrangement was established. This method will continue until all funds are exhausted.

Note 5 – Risks and Uncertainties

The Arrangement and related insurance carriers face an increasingly challenging regulatory environment. Certain interpretations of laws, rules, and regulations could potentially result in adverse effects to the Arrangement.

Currently, the Arrangement operates as a fully insured arrangement and, therefore, is contracted with particular insurance carriers. In the Arrangement's service area, there are limited qualified insurance carriers willing and capable of meeting the Arrangement's insured benefit needs.

In determining the fair value of financial instruments, the Trustees use a variety of methods and assumptions that are based on market conditions and risks existing at the date of the statements of net assets available for benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

The Arrangement maintains its cash balances in various high credit quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured bank, through December 31, 2024, at which time the insured coverage amount may be changed. To mitigate concentration risk and ensure full FDIC insurance coverage, the Arrangement utilizes sweep accounts and participates in the IntraFi Cash Service network. Through this network, funds are distributed across multiple partner banks to help ensure that no single deposit exceeds the insured threshold. However, at times, other cash balances may be in excess of the insurance limit.

Note 5 – Risks and Uncertainties (Continued)

The Arrangement holds a money market account with KeyBank which, in turn, holds various investment securities. The money market account (the Account) is not FDIC insured. The Account is backed by mutual funds investing in federal government obligations. The Account's intention is to maintain the value of the account at $1.00 per share. However, the investment is exposed to various risks including interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with this investment, it is at least reasonably possible that changes in the values of underlying investments will occur and that such changes could affect the Account's valuation.

Note 6 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Level 1 – The fair values of interest-bearing cash and money market accounts are based on the closing price reported on the active market in which the individual securities are traded.

Note 6 – Fair Value Measurements (Continued)

Level 2 – The Arrangement has no investments that are classified as Level 2 at December 31, 2024 or 2023.

Level 3 – The Arrangement has no investments that are classified as Level 3 at December 31, 2024 or 2023.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Arrangement believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Arrangement's assets at fair value:

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-term funds	$ 5,969,590	$ -	$ -	$ 5,969,590
Money market account	3,864,488	-	-	3,864,488
	$ 9,834,078	$ -	$ -	$ 9,834,078

	As of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Short-term funds	$ 9,756,898	$ -	$ -	$ 9,756,898
Money market account	3,691,971	-	-	3,691,971
	$ 13,448,869	$ -	$ -	$ 13,448,869

Note 7 – Related-party Transactions

During the years ended December 31, 2024 and 2023, the Arrangement recognized fees paid to the Chamber totaling $1,472,690 and $1,214,452, respectively. As of December 31, 2024 and 2023, amounts due for fees totaled $8,516 and $25,638, respectively.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500:

	December 31, 2024	December 31, 2023
Net assets available for benefits per the financial statements	$ 8,029,817	$ 7,195,100
Premiums due to insurers	(1,216,561)	(1,047,347)
Net assets available for benefits per Schedule H of Form 5500	$ 6,813,256	$ 6,147,753

The following is a reconciliation of net insurance premiums paid per the accompanying financial statements to the Schedule H of Form 5500:

	Years Ended December 31, 2024	Years Ended December 31, 2023
Insurance premiums paid, net	$ 134,034,991	$ 114,174,424
Add premiums due to insurers, end of year	1,216,561	1,047,347
Less premiums due to insurers, beginning of year	(1,047,347)	(669,766)
Insurance premiums paid to insurance carrier per Schedule H of Form 5500	$ 134,204,205	$ 114,552,005

For the year ended December 31, 2024, other payments to provide benefits per Schedule H of Form 5500 totaled $85,560, including: $20,000 paid to Passport Unlimited, Inc., for a discount program; employee assistance benefits to Behavioral Health Systems, Inc., totaling $48,849; HR hotline and online application access fees to Archbright totaling $11,112; and privacy protection program fees to Norton LifeLock totaling $5,599.

For the year ended December 31, 2023, other payments to provide benefits per Schedule H of Form 5500 totaled $60,797, including: $20,000 paid to Passport Unlimited, Inc., for a discount program; employee assistance benefits to Behavioral Health Systems, Inc., totaling $30,009; and HR hotline and online application access fees to Archbright totaling $10,788.

Business Health Trust Arrangement

Supplemental Information

Business Health Trust Arrangement

Form 5500, Schedule H – Part IV, Line 4i EIN: 36-7481494 PN: 501

December 31, 2024

Assets Held for Investment				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
SHORT-TERM FUNDS				
	BOKF, National Association	Deposit account	$ 247,067	$ 247,067
	Banc of California		247,095	247,095
	Barclays Bank Delaware		247,095	247,095
	Bell Bank		247,069	247,069
	Citizens Bank, National Association		247,061	247,061
	Comerica Bank		247,095	247,095
	First Horizon Bank		247,034	247,034
	First-Citizens Bank & Trust Company		247,051	247,051
	HTLF Bank		247,049	247,049
	Heritage Bank		428,062	428,062
	KeyBank National Association		247,095	247,095
	MVB Bank, Inc.		247,058	247,058
	MidFirst Bank		104,746	104,746
	Pinnacle Bank		247,088	247,088
	PlainsCapital Bank		247,042	247,042
	Raymond James Bank		247,078	247,078
	Texas Capital Bank		247,077	247,077
	The Huntington National Bank		247,095	247,095
	TriState Capital Bank		247,095	247,095
	Truist Bank		247,095	247,095
	Umpqua Bank		247,095	247,095
	United Bank		247,095	247,095
	Western Alliance Bank		247,052	247,052
	Zions Bancorporation, N.A.		247,095	247,095
	Various		1,106	1,106
			5,969,590	5,969,590
MONEY MARKET ACCOUNT:				
	KeyBank	Money market account	3,864,488	3,864,488
TOTAL INVESTMENTS			$ 9,834,078	$ 9,834,078

See accompanying independent auditors' report.

Business Health Trust Arrangement

Form 5500, Schedule H – Part IV, Line 4i EIN #:36-7481494 PN: 501

December 31, 2024

Assets Held for Investment				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
SHORT-TERM FUNDS				
	BOKF, National Association	Deposit account	$ 247,067	$ 247,067
	Banc of California		247,095	247,095
	Barclays Bank Delaware		247,095	247,095
	Bell Bank		247,069	247,069
	Citizens Bank, National Association		247,061	247,061
	Comerica Bank		247,095	247,095
	First Horizon Bank		247,034	247,034
	First-Citizens Bank & Trust Company		247,051	247,051
	HTLF Bank		247,049	247,049
	Heritage Bank		428,062	428,062
	KeyBank National Association		247,095	247,095
	MVB Bank, Inc.		247,058	247,058
	MidFirst Bank		104,746	104,746
	Pinnacle Bank		247,088	247,088
	PlainsCapital Bank		247,042	247,042
	Raymond James Bank		247,078	247,078
	Texas Capital Bank		247,077	247,077
	The Huntington National Bank		247,095	247,095
	TriState Capital Bank		247,095	247,095
	Truist Bank		247,095	247,095
	Umpqua Bank		247,095	247,095
	United Bank		247,095	247,095
	Western Alliance Bank		247,052	247,052
	Zions Bancorporation, N.A.		247,095	247,095
	Various		1,106	1,106
			5,969,590	5,969,590
MONEY MARKET ACCOUNT:				
	KeyBank	Money market account	3,864,488	3,864,488
TOTAL INVESTMENTS			$ 9,834,078	$ 9,834,078

See accompanying independent auditors' report.