

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN, 1b Three-digit plan number (PN) 501, 1c Effective date of plan 04/01/2012, 2a Plan sponsor's name (employer, if for a single-employer plan) SALEM CONTRACTORS EXCHANGE, 2b Employer Identification Number (EIN) 93-0379377, 2c Plan Sponsor's telephone number 503-362-7957, 2d Business code (see instructions) 238900

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GROUP INSURANCE BOARD 2256 JUDSON STREET SE SALEM, OR 97302	3b Administrator's EIN 90-0956015 3c Administrator's telephone number 503-362-7957																				
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 3975																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">3951</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">4155</td></tr> <tr><td>6b</td><td style="text-align: right;">25</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">4180</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	3951	6a(2)	4155	6b	25	6c	0	6d	4180	6e		6f		6g(1)		6g(2)		6h	
6a(1)	3951																				
6a(2)	4155																				
6b	25																				
6c	0																				
6d	4180																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 316																				

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 4L 4Q

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code 164881579

**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 **04/01/2024** and ending **03/31/2025**

A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE	D Employer Identification Number (EIN) 93-0379377

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
SAMARITAN HEALTH PLANS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0860860	12257	00	432	04/01/2024	03/31/2025

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
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) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4171865
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 **04/01/2024** and ending **03/31/2025**

A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE		D Employer Identification Number (EIN) 93-0379377

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
WELLSPRING FAMILY SERVICES EAP

(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
91-0567261	62419	CBX	3791	04/01/2024	11/30/2024

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 0	(b) Total amount of fees paid 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
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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	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
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) **▶ EMPLOYEE ASSISTANCE PROGRAM**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	30233
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

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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE	D Employer Identification Number (EIN) 93-0379377

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
METROPOLITAN LIFE INSURANCE 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
13-5581829	65978	5374407	7845	04/01/2024	03/31/2025

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 0	(b) Total amount of fees paid 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

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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)**

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)**

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 AND DISMEMBERMENT**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	172300
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 **04/01/2024** and ending **03/31/2025**

A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE	D Employer Identification Number (EIN) 93-0379377

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

CURALINC LLC

(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
33-1206383	62419	5052	4087	12/01/2024	03/31/2025

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 0	(b) Total amount of fees paid 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)**

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)**

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ EMPLOYEE ASSISTANCE PROGRAM | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	16554
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 **04/01/2024** and ending **03/31/2025**

A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE	D Employer Identification Number (EIN) 93-0379377

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
AMERITAS LIFE INSURANCE CORPORATION

(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
47-0098400	61301	010-056247	5438	04/01/2024	03/31/2025

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 0	(b) Total amount of fees paid 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)**

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)**

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) ▶

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	974269
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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 **04/01/2024** and ending **03/31/2025**

A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE		D Employer Identification Number (EIN) 93-0379377

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
PROVIDENCE HEALTH 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
93-0863097	95005	550000 (OR)	6667	04/01/2024	03/31/2025

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 0	(b) Total amount of fees paid 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)**

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)**

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) ▶

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	16641484
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SALEM CONTRACTORS EXCHANGE</p>	<p>D Employer Identification Number (EIN) 93-0379377</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	18645 (WA)	159	04/01/2024	03/31/2025

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)**

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)**

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) ▶

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1374224
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

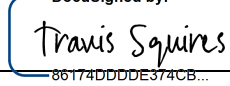
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SALEM CONTRACTORS EXCHANGE EMPLOYEE WELFARE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SALEM CONTRACTORS EXCHANGE</u></p> <p><u>2256 JUDSON STREET SE</u> <u>SALEM, OR 97302</u></p>	<p>1c Effective date of plan <u>04/01/2012</u></p> <p>2b Employer Identification Number (EIN) <u>93-0379377</u></p> <p>2c Plan Sponsor's telephone number <u>503-362-7957</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	DocuSigned by:  86174DDDDDE374CB...	10/17/2025	SCE 2256 Judson St Se Salem 97302
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GROUP INSURANCE BOARD 2256 JUDSON STREET SE SALEM, OR 97302		3b Administrator's EIN 90-0956015
		3c Administrator's telephone number 503-362-7957
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	3975
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	3951
6a(2) Total number of active participants at the end of the plan year	6a(2)	4155
b Retired or separated participants receiving benefits.....	6b	25
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	4180
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	316

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 4L 4Q

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

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code 000164881579

Multiple-Employer Plan Participating Employer Information

Name of Plan	Contractors Benefit Exchange Employee Welfare F		
EIN/PN	93-0379377		
Group Name	Tax ID#	Total Paid	% of Total
3Cs Concrete LLC	84-3960913	\$ 62,887.66	0.170%
4-R Equipment, LLC	93-1100544	\$ 168,740.16	0.456%
911 Electrical, LLC	92-1376784	\$ 881.44	0.002%
ABCO Contractors, Inc	81-5299829	\$ 8,487.46	0.023%
Aboveboard Electric Inc.	42-1574225	\$ 14,725.76	0.040%
Abundant Solar LLC	20-8913470	\$ 36,579.19	0.099%
AC Schommer & Sons, Inc	93-1646315	\$ 289,541.39	0.782%
Access Electrical, LLC	47-3487948	\$ 49,037.97	0.132%
Advanced Crusher Technology, Inc	91-1910674	\$ 134,243.14	0.363%
Advanced Energy Systems LLC	33-1006279	\$ 191,655.10	0.518%
Advantage Heating and Air Conditioning LLC	20-8203071	\$ 92,034.29	0.249%
Alchemy Plumbing	88-1307352	\$ 21,840.19	0.059%
Allco Drywall LLC	81-5032290	\$ 74,362.17	0.201%
Allied Comfort Pro, LLC	45-4911318	\$ 120,997.86	0.327%
Alpha Energy Savers Inc.	93-0739865	\$ 40,914.24	0.111%
Amcraft Inc.	93-0975591	\$ 179,251.69	0.484%
American Commissioning Consultants, Inc.	93-1261130	\$ 24,734.88	0.067%
American Industrial Door, LLC	93-1273516	\$ 227,923.10	0.616%
American Marble & Granite, Inc	60-1938230	\$ 84,711.52	0.229%
Apex Air	46-5191343	\$ 131,765.61	0.356%
Applegate Door Co	93-1030335	\$ 54,556.72	0.147%
Applegate Well Drilling, LLC	27-0269771	\$ 12,872.61	0.035%
Asphalt Armor LLC	86-3753367	\$ 36,082.88	0.097%
Asphalt Pavement Association of Oregon	93-0578180	\$ 12,594.64	0.034%
B & G Logging & Construction, LLC	20-4160740	\$ 233,435.96	0.631%
B & T Striping and Curbing	93-1312534	\$ 56,425.20	0.152%
Baldwin General Contracting Inc	20-2298116	\$ 513,398.10	1.387%
Bashful Bob's Inc.	26-3695046	\$ 46,014.77	0.124%
Bauer Cases	91-1634308	\$ 149,125.72	0.403%
BCC Builders Inc	82-3863930	\$ 45,305.81	0.122%
Beam Development	93-1292590	\$ 50,279.00	0.136%
Bean Electric, LLC	93-1292590	\$ 60,751.17	0.164%
Bear Mountain Electric, Inc	45-4054996	\$ 94,524.58	0.255%
Beggs Construction Inc.	93-0953501	\$ 67,571.31	0.183%
Ben Fackler Construction, Inc	26-1676310	\$ 57,817.54	0.156%
Benchmark Concrete Cutting Inc.	81-3082087	\$ 14,543.91	0.039%

Benchmark Contracting, Inc.	45-3942598	\$	75,086.89	0.203%
Bend Heating and Sheet Metal	93-0985108	\$	534,803.55	1.445%
Bend Radiant Heating Inc.	16-1746706	\$	3,586.22	0.010%
Berg Bros. Woodworking, Inc.	93-0890377	\$	53,549.23	0.145%
Berrien Concrete LLC	84-3495032	\$	33,321.73	0.090%
Big's Tree Service LLC	84-2598687	\$	28,486.26	0.077%
Black Diamond Tile	46-4509438	\$	3,290.22	0.009%
Blessing Landscapes LLC	73-3051836	\$	55,038.00	0.149%
Blossom Earthworks PC	74-3166772	\$	62,468.32	0.169%
Blue Environmental Containment, Inc.	91-1167807	\$	238,685.39	0.645%
Blue Heron Electric	46-4703418	\$	26,040.98	0.070%
Bogatay Construction	93-0887480	\$	190,367.68	0.514%
BR Slayden Builders, Inc.	45-5269801	\$	29,302.65	0.079%
Brad Piesch Aggressive Enterprises Inc	45-4371017	\$	122,124.32	0.330%
Bratcher Painting Inc.	81-3988159	\$	142,373.99	0.385%
Braun Construction & Design LLC	20-3918605	\$	43,213.23	0.117%
Brink Brothers Inc.	93-0785037	\$	243,159.22	0.657%
Brush Prairie Concrete, Inc	91-1881730	\$	42,935.83	0.116%
C & M Excavation	45-4329581	\$	77,842.59	0.210%
C and D Landscape Services Co.	87-3536076	\$	48,127.17	0.130%
Callsen Cutting Inc.	47-5627437	\$	17,665.86	0.048%
Cameron Thomas LLC	09-3135454	\$	42,775.23	0.116%
Canby Builders Supply Co	93-0479978	\$	76,008.12	0.205%
Cascade Auto Glass, Inc	93-1108736	\$	201,813.16	0.545%
Cascade Casework Corp	44-6099688	\$	79,959.04	0.216%
Cascade Electrical Contractors Inc	20-0525968	\$	22,205.11	0.060%
Cascade West Development Inc.	91-1519023	\$	121,663.08	0.329%
Cedar Mill Construction Company LLC	93-1262175	\$	249,473.91	0.674%
Central Equipment Co. Inc.	93-0621985	\$	147,628.88	0.399%
Central Pipeline	68-0549262	\$	42,077.72	0.114%
CGC Industries Inc	27-1467937	\$	489,583.55	1.323%
CJ Excavation LLC	47-4148222	\$	18,903.60	0.051%
Clouser Drilling Inc.	26-4163957	\$	17,952.84	0.049%
Comfort Homes, LLC	27-0021895	\$	104,647.56	0.283%
Commercial Decor CDI WA Inc	83-1379016	\$	7,010.92	0.019%
Commercial Piping Company	93-0885942	\$	60,894.25	0.165%
Conner's Heating & Cooling LLC	81-0682703	\$	24,074.35	0.065%
Constructive Inc.	81-5146407	\$	80,284.80	0.217%
Conway Construction Company	93-0965442	\$	38,591.16	0.104%
Copper Mechanical LLC	86-1626236	\$	131,959.54	0.357%
Corvallis Heating LLC	46-2311391	\$	32,809.37	0.089%
Corvallis Tool Company	93-0862310	\$	131,871.57	0.356%
Craftsman Design & Renovation	93-1253211	\$	44,437.62	0.120%
Crawford Electric Co Inc.	93-1260610	\$	191,898.59	0.519%

Creative Contracting Inc.	93-1316227	\$	172,938.65	0.467%
Creative Interiors & Design Inc.	75-3115551	\$	46,891.86	0.127%
CTM Electric Inc.	47-2307387	\$	30,043.18	0.081%
Cundiff Engineering, Inc.	93-0875022	\$	63,654.24	0.172%
Cushman Heating & Sheet Metal	03-0436852	\$	28,812.81	0.078%
Cut N Break Construction Inc.	93-1046643	\$	8,488.16	0.023%
Cutting Edge Concrete Cutting, LLC	20-5606315	\$	41,597.03	0.112%
D&F Plumbing Co	93-0545485	\$	221,133.69	0.597%
DDI Industries Inc.	93-1291912	\$	78,836.22	0.213%
DJ Miller Construction Inc.	45-3428843	\$	15,227.50	0.041%
DoneRite Plumbing & Drain LLC	82-0633916	\$	16,804.24	0.045%
Doug Woodward Heating, Inc.	02-0657449	\$	174,681.23	0.472%
DSL Builders LLC	27-2885589	\$	447,175.72	1.208%
Durbin Excavating LLC	20-3925047	\$	50,112.56	0.135%
Duru Geosolutions LLC	91-1562677	\$	62,120.06	0.168%
Dynasty Concrete Co	27-0248437	\$	202,430.40	0.547%
ECO, Inc	93-1266355	\$	25,229.34	0.068%
Ed's Economy Roofing	39-2066115	\$	133,767.34	0.361%
Efficiency Heating & Cooling	27-0802364	\$	52,247.88	0.141%
Einstein Pros	80-0405227	\$	24,302.04	0.066%
Ek Plumbing, Inc	91-1950737	\$	257,002.61	0.694%
Elk Mountain Construction	93-1159177	\$	12,240.55	0.033%
Emerald Valley Thinning Inc.	93-1185826	\$	84,539.14	0.228%
Enoch Precision Machining Co	93-0508912	\$	89,235.80	0.241%
Enterprises Northwest Inc.	93-1287996	\$	35,954.40	0.097%
Envious Tile & More Co.	47-1806238	\$	29,438.30	0.080%
Eric Olson Electric, Inc	26-0239005	\$	142,242.44	0.384%
Eric Olson Electric, Inc (Haskin)	26-0239005	\$	117,125.49	0.316%
Ericson Electric Inc	93-1124486	\$	94,020.60	0.254%
Eugene William Asphalt	82-4664342	\$	47,903.65	0.129%
Extreme Excavating Inc	26-0025467	\$	130,639.75	0.353%
Farmers Building Supply - IVB	93-0766169	\$	30,897.94	0.083%
Farmers Building Supply - RTS	93-0765144	\$	26,137.45	0.071%
Farmers Building Supply Inc	93-0635976	\$	52,226.31	0.141%
FEI Testing & Inspection Inc.	93-1292224	\$	19,563.39	0.053%
Finish Line Concrete Cutting Inc.	48-1274067	\$	13,396.83	0.036%
Finn Construction Inc.	93-0935419	\$	12,863.25	0.035%
Firewall Restoration	26-1799439	\$	157,060.53	0.424%
Forslund Crane Service, Inc	68-0499009	\$	18,428.92	0.050%
Fox Erosion Control & Landscape, Inc	26-0037160	\$	127,256.91	0.344%
Frank Webster Heating & AC LLC	37-1593142	\$	21,415.62	0.058%
Franklin Brothers LLC	46-1881184	\$	85,317.66	0.231%
Franklin Contracting, Inc	93-1233911	\$	230,691.36	0.623%
Fremont Millwork Co.	93-0427124	\$	295,023.17	0.797%

FXG Construction LLC	93-1327268	\$	8,853.33	0.024%
G&P Obrist Excavating, Inc	93-1114813	\$	49,677.88	0.134%
Garthwaite Electric, LLC	90-0944376	\$	42,738.92	0.115%
Gelco Construction Co	93-0923155	\$	404,510.78	1.093%
Gene S McMurrin, Inc.	93-0750598	\$	250,556.46	0.677%
Glen/Mar Construction Inc.	93-0896397	\$	60,590.31	0.164%
Grace Point Contracting LLC	47-2858317	\$	69,254.60	0.187%
Green Hammer, Inc	20-1949091	\$	102,389.67	0.277%
Griffin Construction LLC	93-1283435	\$	158,253.69	0.428%
Groth-Gates Sheet Metal, Inc.	93-0652839	\$	124,667.86	0.337%
GS Contracting Inc.	26-0122482	\$	62,773.50	0.170%
GT Bladeworks Inc.	91-2091554	\$	41,361.57	0.112%
GT Excavating LLC	20-8633477	\$	32,108.50	0.087%
Hard-Core Contractors, Inc	47-3915243	\$	63,298.04	0.171%
Hatton Concrete Products	26-0030817	\$	15,642.84	0.042%
Hempel Backflow Testing LLC	20-4481737	\$	2,827.41	0.008%
Henderer Design + Build, Inc.	93-1129417	\$	125,809.78	0.340%
Highway Specialized Transport LLC	46-2924543	\$	215,097.24	0.581%
Hillebrand Construction Inc.	02-0630694	\$	25,418.48	0.069%
Hillsboro Electric, LLC	93-1245393	\$	44,856.63	0.121%
Hodge Western Corp	84-4289204	\$	262,334.34	0.709%
Hollmeyer HVAC Inc.	83-0834436	\$	98,406.11	0.266%
Holtzlander Roofing and Services, LLC	81-1305311	\$	83,380.52	0.225%
Hukill's Inc	93-0899723	\$	77,784.78	0.210%
Hurford Industries, Inc.	93-0820202	\$	22,153.20	0.060%
IBI Construction, LLC	82-3982652	\$	6,731.52	0.018%
Impressions in Ink	93-4932762	\$	147,897.39	0.400%
Innovative Air, Inc	54-2157493	\$	132,000.19	0.357%
Integrity Renovations LLC	87-3703778	\$	19,095.86	0.052%
Iron Logix LLC	81-4687721	\$	250,778.70	0.678%
J Co, Inc.	20-4127332	\$	50,232.65	0.136%
J. Davidson & Sons Construction, Inc	93-0690663	\$	181,713.18	0.491%
Jacked Co	01-7860995	\$	196,909.02	0.532%
Jahnke Heating & Air Conditioning Inc.	93-1124147	\$	15,399.49	0.042%
JBL Signs, Striping & Supplies	84-3507957	\$	54,503.64	0.147%
JBX LLC	83-3326968	\$	60,463.47	0.163%
JC Electric Inc	91-1731775	\$	183,232.04	0.495%
Jeff King Contractors Inc.	93-1203644	\$	156,677.83	0.423%
Jeremiah, Inc.	91-2188319	\$	47,710.48	0.129%
Jet Communications	33-1149042	\$	36,777.48	0.099%
Jimco Electrical Contracting, Inc.	93-0579560	\$	468,659.98	1.266%
Jones Drilling Co., Inc.	93-0589790	\$	72,677.62	0.196%
Joseph C Lamb	83-1416171	\$	11,673.72	0.032%
JP Stone Contractors Inc	20-8784115	\$	39,545.82	0.107%

JRA Green Building	45-3633845	\$ 29,087.42	0.079%
JRT Construction	47-2153590	\$ 37,009.28	0.100%
JW Underground Inc.	93-1101824	\$ 153,897.06	0.416%
K&B Quality Excavating	46-4514958	\$ 29,154.20	0.079%
Kamph Rock Crushing Co. Inc.	93-1254089	\$ 5,199.45	0.014%
Karvonen Sand & Gravel Inc.	91-1418198	\$ 199,175.76	0.538%
Kashas Design Build Inc.	46-3981570	\$ 18,662.34	0.050%
Kaski Inc.	26-0052271	\$ 415,798.67	1.123%
Kerr Contractors Oregon, LLC	90-0592910	\$ 1,759,701.35	4.755%
Kincheloe & Sons Inc.	93-0613840	\$ 81,692.91	0.221%
Kopper Works Electric LLC	82-4013791	\$ 71,160.45	0.192%
Kraft Masonry, Inc	93-1109170	\$ 333,145.56	0.900%
Krieg Construction Company LLC	93-1087494	\$ 12,214.89	0.033%
KT Contracting Co, Inc	93-1087494	\$ 24,090.23	0.065%
Lantil LLC	20-1751313	\$ 214,211.44	0.579%
Larry A. Denn Construction, Inc.	03-0583617	\$ 25,478.43	0.069%
Legacy Wireless Services, Inc	75-2978286	\$ 222,234.35	0.600%
Lindberg Electrical	20-4747548	\$ 35,979.69	0.097%
Lindberg Pipe and Grade Inc.	01-0916152	\$ 33,116.80	0.089%
LJ Pearson Construction Inc.	47-2759626	\$ 157,228.53	0.425%
LMK Electric LLC	87-3156541	\$ 41,280.89	0.112%
Lovelace Properties, LLC	93-1194176	\$ 38,369.28	0.104%
Loveys Construction	99-1154185	\$ 2,435.68	0.007%
Low Voltage NW, LLC	47-2759626	\$ 62,903.35	0.170%
M&M Construction Services, Inc	91-1766141	\$ 34,768.00	0.094%
Majic Works, LLC	46-2849803	\$ 29,202.41	0.079%
Mak Metals	20-1968285	\$ 85,166.33	0.230%
Marcum & Sons LLC	47-4715170	\$ 236,353.23	0.639%
Masic Industries Inc.	93-0514420	\$ 234,281.19	0.633%
McMullen Electric, Inc	46-7980827	\$ 56,181.40	0.152%
Mercury Equipment Inc.	93-0467184	\$ 129,226.57	0.349%
Merrill Electric LLC	47-4339661	\$ 63,639.12	0.172%
Metro Electric	88-1381685	\$ 4,897.22	0.013%
Metro Safety & Fire, Inc	93-0842903	\$ 135,940.16	0.367%
Mid-Valley Commercial Construction Inc.	47-2207027	\$ 247,621.56	0.669%
Mike Gansen Construction Company	93-1320933	\$ 32,523.88	0.088%
Mike Riddle Construction LLC	46-2928674	\$ 40,970.77	0.111%
Mike's Heating and Air	93-1060981	\$ 166,016.17	0.449%
Montgomery Construction Group Corporation LLC	82-1317293	\$ 26,087.47	0.070%
Moser Roofing	68-0667118	\$ 20,721.30	0.056%
Mountain View Tree Service	93-1222392	\$ 288,724.20	0.780%
Mountain West Utility Services Inc	93-1222392	\$ 101,293.60	0.274%
My ADU, LLC	87-4254148	\$ 25,884.00	0.070%
My Oregon Painting Inc	32-0621012	\$ 13,189.76	0.036%

Myers Electric & Automation Inc	46-0668598	\$	36,730.66	0.099%
N.T.A. Contracting, Inc	93-0880387	\$	38,133.91	0.103%
National Network Services of Oregon, Inc.	02-0670924	\$	114,035.98	0.308%
Natural Systems Landscape	93-1308736	\$	24,835.89	0.067%
New Certified Systems LLC	99-1677834	\$	38,785.14	0.105%
New Way Electric, Inc	93-0852930	\$	275,375.37	0.744%
Newberg Steel & Fabrications	20-2007861	\$	95,971.64	0.259%
Nice Electric Co	93-0512682	\$	64,028.39	0.173%
North Valley Electric, LLC	27-3414141	\$	85,540.99	0.231%
Northern Oregon Fabrication	85-4076340	\$	4,570.90	0.012%
Northwest Cable Corporation	57-1167207	\$	16,259.25	0.044%
Northwest Custom Stone Inc.	93-1284476	\$	29,595.16	0.080%
Northwest Electric and Excavation Inc	82-2813387	\$	96,339.43	0.260%
Northwest Environmental Design, Inc	93-1141691	\$	105,373.35	0.285%
Northwest Framing Systems Inc.	90-0249939	\$	22,261.19	0.060%
Northwest HVAC Service Inc	91-1936024	\$	26,586.24	0.072%
Northwest Security and Automation	20-4693675	\$	229,238.06	0.619%
NOW Builders	93-1020939	\$	4,038.29	0.011%
NW Construction General Contracting, Inc	91-1535295	\$	103,463.55	0.280%
NW Metal Fabricators Inc.	93-0980787	\$	80,014.66	0.216%
Oak Grove Custom Cabinets Inc.	93-1039178	\$	37,444.28	0.101%
Oakshade Management LLC	99-1107162	\$	50,947.06	0.138%
Odyssey Contracting LLC	82-2409902	\$	31,869.21	0.086%
Ole Bergman Excavating, Inc	03-0480206	\$	37,671.72	0.102%
Oregon Electric Service LLC	74-3255752	\$	87,191.22	0.236%
Oregon Frontier Services LLC	92-1316981	\$	39,572.58	0.107%
Oregon Heating & Air Conditioning, LLC	93-1270153	\$	203,464.28	0.550%
Oregon State Bridge Construction, Inc.	26-1776483	\$	151,987.02	0.411%
Orient Electric, Inc.	45-5492660	\$	221,257.57	0.598%
Owen Construction Inc	20-3201998	\$	24,572.34	0.066%
Pacific Gutter Company, LLC	85-1228308	\$	56,630.88	0.153%
Pacific LLC	37-1707882	\$	53,917.59	0.146%
Pacific Northwest Stone & Tile LLC	20-1288530	\$	70,752.10	0.191%
Pacific Plumbing and Rooter, Inc	46-2459002	\$	112,753.66	0.305%
Pacific Stone & Supply Inc.	93-0778568	\$	82,579.86	0.223%
Paradise Restored Landscape Management, Inc	20-2731305	\$	35,169.54	0.095%
Pasquarelli Construction LLC	27-0443703	\$	100,209.55	0.271%
Patton Construction Services LLC	47-2066467	\$	71,315.90	0.193%
Peak Environmental LLC	87-1043974	\$	79,357.44	0.214%
Pence Northwest Construction LLC	26-3173863	\$	6,060.24	0.016%
Pistils Nursery Inc	71-1005562	\$	29,412.45	0.079%
Portland Houseworks	46-3047247	\$	46,064.50	0.124%
Power Concrete Cutting & Demolition, Inc	91-1180493	\$	66,897.48	0.181%
Prairie Homes LLC	83-1883449	\$	12,026.72	0.032%

Precision Paving Plus, LLC	47-3100616	\$	54,861.55	0.148%
Premier Propane inc	47-2574726	\$	80,430.00	0.217%
Premier Remodeling & Design LLC	27-4189645	\$	10,878.62	0.029%
Prestige Concrete LLC	47-1921904	\$	39,364.10	0.106%
Prestige NW Construction	82-3052477	\$	187,240.74	0.506%
Pro Barrier Construction LLC	27-1795338	\$	52,503.74	0.142%
Professional Roof Consultants	93-1070630	\$	177,837.79	0.481%
Professional Underground Services, Inc	47-0923568	\$	219,799.50	0.594%
Pump Pipe and Tank Services, LLC	45-5263032	\$	49,843.16	0.135%
R&G EXCAVATING, INC	93-0954235	\$	126,138.46	0.341%
R&L Excavating Inc	93-1061539	\$	230,725.02	0.623%
Radio Communications Services Inc	93-0984335	\$	21,052.08	0.057%
Rayborn's Plumbing, Inc	93-1074560	\$	302,972.98	0.819%
Rhodeline Construction LLC	84-4301639	\$	34,234.33	0.092%
RHT Energy Inc.	47-3933391	\$	62,525.65	0.169%
Rich Duncan Construction	20-0538594	\$	282,492.38	0.763%
Richard's Remodeling LLC	93-1254542	\$	9,050.72	0.024%
Rick Franklin Corporation	93-0720327	\$	180,751.72	0.488%
Rick's Custom Fencing & Decking Inc.	93-0887929	\$	563,247.58	1.522%
Rite-Way Heating & Air Conditioning Inc.	93-1046498	\$	10,312.18	0.028%
RJ Ramos Enterprises Inc.	20-8249684	\$	44,930.60	0.121%
RLSM LLC	93-0826614	\$	100,898.67	0.273%
Road & Driveway Co.	93-0495713	\$	321,410.88	0.868%
Robbins Equipment - Baker, Inc.	46-1658827	\$	68,954.10	0.186%
ROBCO, INC	93-0510514	\$	121,808.64	0.329%
Rogue Valley Electric LLC	93-1238273	\$	35,973.34	0.097%
Root X	93-0579023	\$	196,154.52	0.530%
Royal Flush Plumbing of Bend LLC	93-2294382	\$	15,865.47	0.043%
S&S Sheetmetal Inc.	93-1040206	\$	206,168.69	0.557%
Safety Electric Inc	27-0966410	\$	296,396.03	0.801%
Sage Mtn Electric LLC	93-2773752	\$	6,597.16	0.018%
Salem Concrete Paving, Inc	93-0789978	\$	96,018.89	0.259%
Salem Contractors Exchange	93-0379377	\$	41,415.08	0.112%
Santiam Heating & Sheetmetal, Inc	93-1164908	\$	265,556.56	0.718%
Santiam Tree Service, Inc	83-3650151	\$	2,986.06	0.008%
Schneider Equipment Inc.	93-0646659	\$	282,247.53	0.763%
Service First Heating	28-1948902	\$	122,949.51	0.332%
Severson Fire Protection	20-3904404	\$	116,892.42	0.316%
Severson Plumbing & Mechanical	93-1019086	\$	48,661.65	0.131%
SEW of Oregon	93-1216246	\$	105,028.41	0.284%
Sierra Case Parts	27-1196431	\$	16,472.96	0.045%
Silver Star Electric	84-3991060	\$	20,154.24	0.054%
Site One LLC	02-0791912	\$	169,571.75	0.458%
Solid Form Fabrication Inc.	38-3730988	\$	178,502.29	0.482%

Southern Oregon Tree Care, LLC	20-3824875	\$	8,448.94	0.023%
Spaniol's Inc.	93-0581462	\$	8,602.86	0.023%
Sprenger Masonry, LLC	93-1246897	\$	68,262.04	0.184%
Squires Electric Inc.	91-1738240	\$	139,290.47	0.376%
Standard Electric Inc.	84-4309250	\$	5,707.20	0.015%
Stenersen & Stenersen Construction, Inc	84-4865649	\$	92,731.82	0.251%
Stephen Westfall Roofing	93-0794499	\$	36,512.16	0.099%
Steve's Pump Service, Inc.	93-0794499	\$	88,433.91	0.239%
Stinson Mechanical LLC	85-4175030	\$	35,033.07	0.095%
Straight Line Siding & Construction Inc.	68-0551702	\$	30,892.98	0.083%
Studson, Inc	84-3220467	\$	96,719.99	0.261%
Superior Door of WA	83-1744153	\$	10,234.59	0.028%
Superior Electric & Construction, LLC	20-5745671	\$	149,829.03	0.405%
T Edge Construction	46-2327075	\$	38,862.81	0.105%
T.T. & L. Sheet Metal	93-0771417	\$	125,174.22	0.338%
Table Mountain Forestry, LLC	91-1614332	\$	234,276.18	0.633%
Technology by O'Brien Systems, Inc	93-1227546	\$	16,476.57	0.045%
TGR General Construction LLC	82-4649252	\$	6,604.17	0.018%
The Vitruvius Project Inc.	82-5202798	\$	83,334.86	0.225%
Thomas Kay Textiles Inc.	931046787	\$	29,474.28	0.080%
Three Sisters Plumbing, Inc	75-3000112	\$	40,109.37	0.108%
Timber Mountain Construction Inc.	93-1295108	\$	18,851.98	0.051%
Timber Supply Co Inc.	93-0508495	\$	30,764.12	0.083%
Titan Heating & Air Conditioning LLC	61-1547174	\$	29,631.14	0.080%
TNT Builders Inc.	93-1243701	\$	27,544.21	0.074%
Tomahawk Electric Inc	82-4306614	\$	115,126.28	0.311%
T-Plus Steel Fabricators, Inc	93-1018301	\$	175,302.28	0.474%
Trade Pro Electric, LLC	46-1674573	\$	38,997.74	0.105%
Trench Line Excavation Inc.	93-1273322	\$	66,304.73	0.179%
Tri County Climate Control LLC	32-0247778	\$	27,391.52	0.074%
Triple R Metal, LLC	26-0564322	\$	87,827.99	0.237%
True North Electric LLC	46-4767751	\$	31,512.63	0.085%
Turley Excavation LLC	82-2386932	\$	40,777.43	0.110%
Turney Excavating, Inc	82-0662449	\$	266,273.34	0.719%
United Electric	46-1765934	\$	14,327.16	0.039%
Valley Pacific Construction	93-0604961	\$	145,753.28	0.394%
Ventus Enterprises Inc.	77-0631872	\$	180,657.71	0.488%
Von Haus Electric LLC	85-0860501	\$	1,768.92	0.005%
VSC Window Coverings	93-0781214	\$	8,351.76	0.023%
Vulcan Design & Construction	81-4221541	\$	149,767.94	0.405%
Wakeview Construction LLC	84-5058348	\$	10,351.50	0.028%
Walén Construction LLC	83-1986334	\$	506,685.73	1.369%
WCIS LLC	87-2243947	\$	442,922.63	1.197%
Weather Built Homes LLC	83-3305954	\$	24,417.24	0.066%

Webb Industries Inc	93-1109326	\$	42,222.97	0.114%
Weitman Excavation, Inc	20-0015176	\$	74,158.36	0.200%
West Coast Metals	38-3663226	\$	246,774.43	0.667%
Western Contracting, Inc.	93-1058320	\$	69,606.08	0.188%
Westflag LLC	99-4321512	\$	7,410.81	0.020%
Westside Drywall, Inc.	93-1048238	\$	646,721.81	1.747%
Willamette Valley Excavating	46-0636881	\$	306,023.75	0.827%
Willamette Valley Tree Clearing Inc.	45-3063950	\$	229,894.23	0.621%
Winters Construction Inc.	85-1141762	\$	17,181.71	0.046%
Withers Lumber Company	93-0495112	\$	59,907.99	0.162%
Wray Construction LLC	51-0601122	\$	159,805.67	0.432%
Xtreme Communications, Inc	93-1315317	\$	115,025.40	0.311%

Robbins Equipment - Baker, Inc.	\$	15,523.04	
Robbins Equipment - Burns, Inc.	\$	34,277.20	
Robbins Equipment - Christmas Valley	\$	7,207.12	
Robbins Equipment - La Grande, Inc.	\$	11,946.74	
	\$	68,954.10	

Plan

Total for All 37,010,302.11