

<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 05/01/2024 and ending 04/30/2025

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>BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</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>BIAW HEALTH AND WELFARE TRUST</u></p> <p><u>15375 SE 30TH PL STE 380</u> <u>BELLEVUE, WA 98007-6500</u></p> <p><u>15375 SE 30TH PL STE 380</u> <u>BELLEVUE, WA 98007-6500</u></p>	<p>1c Effective date of plan <u>03/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>91-6379886</u></p> <p>2c Plan Sponsor's telephone number <u>425-641-7762</u></p> <p>2d Business code (see instructions) <u>525990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2026	RICK HJELM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2026	GREGORY D. LANE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 91-6379886	
a Sponsor's name BIAW HEALTH AND WELFARE TRUST		4d PN 501	
c Plan Name BIAW HEALTH INSURANCE PROGRAM AND WELFARE TRUST			
5 Total number of participants at the beginning of the plan year	5	9522	
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)	9474	
a(2) Total number of active participants at the end of the plan year	6a(2)	10897	
b Retired or separated participants receiving benefits	6b	51	
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	10948	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e	6f	10948	
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 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
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor
(4) <input type="checkbox"/> General assets of the sponsor			

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>8</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>8</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 157884670

<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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6379886</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
REGENCE BLUESHIELD

(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
91-0282080	53902	100000030	13030	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 102818</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102818			3

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

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

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

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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)	
(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	60681318
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6379886</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
ASURIS NORTHWEST HEALTH

(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
91-0495743	47350	100000030	2411	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 29029</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29029			3

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(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)	
	(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	11260531
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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6379886</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
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	01091-01098	12835	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 429187</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
429187			3

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

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

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

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

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

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

(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)			
	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) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	5718462	
	(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)		5718462
b	Benefit charges (1) Claims paid	9b(1)	4336281	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		4336281
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	429187	
	(B) Administrative service or other fees	9c(1)(B)	455948	
	(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)		885135
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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 **05/01/2024** and ending **04/30/2025**

A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST		D Employer Identification Number (EIN) 91-6379886

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	71091-71094	11506	05/01/2024	04/30/2025

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 57148	(b) Total amount of fees paid
---	--------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
57148			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(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)	
	(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	714355
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 **05/01/2024** and ending **04/30/2025**

A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 91-6379886

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 WASHINGTON OPTIONS, INC.

(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
91-1467158	47055	2955	724	05/01/2024	04/30/2025

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 4723	(b) Total amount of fees paid
--	--------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4723			3

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

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

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

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

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

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

(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)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
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 (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
	(5) Total deductions			
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)
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	2812151
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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6379886</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 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
91-0511770	95672	2955	439	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 441</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
441			3

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

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

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

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

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

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

(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)
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	1504551
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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6379886</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
THE LINCOLN NATIONAL 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
35-0472300	65676	000010276931	10858	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 87542</p>	<p>(b) Total amount of fees paid 17508</p>
--	---

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
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87542			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC **669 RIVER DR CENTER II STE 305**
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17508	OVERRIDES	3

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(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) ▶ 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 <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	583611
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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6379886</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
THE LINCOLN NATIONAL 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
35-0472300	65676	000400276932	896	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 32498</p>	<p>(b) Total amount of fees paid 6500</p>
--	--

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
CAPITAL BENEFIT SERVICES, LLC **15375 SE 30TH PL STE 380**
BELLEVUE, WA 98007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32498			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC **669 RIVER DR CENTER II STE 305**
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	6500	OVERRIDES	3

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

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

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

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

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

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

(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)			
	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) ▶

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	216654
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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 91-6379886	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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)

CAPITAL BENEFIT SERVICES, LLC

91-1619527

(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	INSURANCE AGENT / BROKER	5222381	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EPK & ASSOCIATES, INC.

91-1947441

(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?
14 50	PLAN ADMINISTRATOR	2836692	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIRST CHOICE HEALTH

91-1272766

(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	EMPLOYEE ASSISTANCE	139425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

JOHN S. CONNIFF, PLLC

20-3527112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LAWYER	36000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SWEENEY CONRAD CPA, LLP

41-2336714

(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	ACCOUNTANT	32500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

L/P INSURANCE SERVICES LLC

300 EAST 2ND ST SUITE 1300
RENO, NV 89501

(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	INSURANCE AGENT	8770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CAPITAL BENEFIT SERVICES, LLC

91-1619527

(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	HR, COMPLIANCE ASSISTANCE	6500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: SWEENEY CONRAD, P.S.	b EIN: 91-1301672
c Position: BENEFIT PLAN AUDITOR	
d Address: 10210 NE POINTS DRIVE SUITE 300 KIRKLAND, WA 98033	e Telephone: 425-629-1990

Explanation: SWEENEY CONRAD, P.S. WAS RESTRUCTURED AND REPLACED WITH SWEENEY CONRAD CPA, LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BIAW HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 91-6379886

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	250000	250000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1543756	1610775
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9176996	9883810
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10970752	11744585
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	593168	213016
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3781527	3621839
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4374695	3834855
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6596057	7909730

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)	92638275	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		92638275
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	235078	
(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)		235078
(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)		0
(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)		0

		(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		92873353

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)	83270182	
(3) Other.....	2e(3)	5222381	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		88492563
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)	2836692	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32500	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	36000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	161925	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3067117
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		91559680

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1313673
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SWEENEY CONRAD CPA, LLP

(2) EIN: 41-2336714

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	

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 _____.

**BUILDING INDUSTRY ASSOCIATION
OF WASHINGTON
EMPLOYEE BENEFIT GROUP
INSURANCE TRUST**

PLAN NUMBER: 501

EIN: 91-6379886

Financial Statements and Supplemental Schedule
April 30, 2025 and 2024

 SweeneyConrad

BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST
Financial Statements and Supplemental Schedule
April 30, 2025 and 2024

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Building Industry Association of Washington
Employee Benefit Group Insurance Trust

Opinion on the 2025 Financial Statements

We have audited the accompanying financial statements of the Building Industry Association of Washington Employee Benefit Group Insurance Trust (the Trust) (formerly known as the Building Industry Association of Washington Health Insurance Program and Welfare Trust), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of benefit obligation and net assets available for benefits as of April 30, 2025, and the related statement of changes in benefit obligation and net assets available for benefits 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 benefit obligation and net assets available for benefits of the Building Industry Association of Washington Employee Benefit Group Insurance Trust as of April 30, 2025, and the changes in its benefit obligation and net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Building Industry Association of Washington Employee Benefit Group Insurance Trust 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.

Responsibilities of Management for the 2025 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 Building Industry Association of Washington Employee Benefit Group Insurance Trust'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 trust instrument, including all trust amendments, administering the Trust, and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust'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.

Auditors' Responsibilities for the Audit of the 2025 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 GAAS 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 GAAS, we:

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

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 at End of Year) as of April 30, 2025, 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 GAAS.

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.

2024 Financial Statements

The financial statements of the Building Industry Association of Washington Employee Benefit Group Insurance Trust as of April 30, 2024, were audited by Sweeney Conrad, P.S. which was restructured and has ceased operations and whose report dated February 13, 2025, expressed an unmodified opinion on those statements.

Sweeney Conrad CPA, LLP

Sweeney Conrad CPA, LLP
Kirkland, Washington
February 11, 2026

BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST
Statements of Benefit Obligation and Net Assets Available for Benefits

	April 30,	
	2025	2024
BENEFIT OBLIGATION		
Premiums payable	\$ 3,621,839	\$ 3,781,527
NET ASSETS		
Assets:		
Interest bearing cash	9,883,810	9,176,996
Non-interest bearing cash	250,000	250,000
Undeposited checks	637,450	488,752
Receivable from joint account	898,990	536,554
Medical Loss Ratio rebate receivable	74,335	518,450
Total assets	11,744,585	10,970,752
Liabilities:		
Administrative fees payable	101,469	108,662
Medical Loss Ratio rebate distribution payable	65,047	439,506
Professional fees payable	46,500	45,000
Total liabilities	213,016	593,168
Net assets available for benefits	11,531,569	10,377,584
Excess of net assets available for benefits over benefit obligation	\$ 7,909,730	\$ 6,596,057

See accompanying notes to financial statements

**BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST**

Statements of Changes in Benefit Obligation and Net Assets Available for Benefits

	Year ended April 30,	
	2025	2024
NET CHANGE IN BENEFIT OBLIGATION		
Increase (decrease) in benefit obligation attributable to timing of payments to insurance companies	\$ (159,688)	\$ 175,842
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS		
Additions:		
Member contributions	92,638,275	81,534,998
Interest income	235,078	176,487
Total additions	92,873,353	81,711,485
Deductions:		
Insurance premiums and commissions paid, net of refunds	88,652,251	76,513,995
Administrative fees	2,836,692	2,565,801
Employee assistance program	139,425	126,822
Professional fees	68,500	67,000
Fiduciary insurance	8,770	8,775
Other	13,730	10,996
Total deductions	91,719,368	79,293,389
Increase in net assets available for benefits	1,153,985	2,418,096
Net increase in net assets available for benefits over benefit obligation	1,313,673	2,242,254
Excess of net assets available for benefits over benefit obligation:		
Beginning of year	6,596,057	4,353,803
End of year	\$ 7,909,730	\$ 6,596,057

See accompanying notes to financial statements

**BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST**

**Notes to Financial Statements
April 30, 2025 and 2024**

NOTE 1 – DESCRIPTION OF TRUST

The following description of the Building Industry Association of Washington Employee Benefit Group Insurance Trust (the Trust) (formerly known as the Building Industry Association of Washington Health Insurance Program and Welfare Trust) provides only general information. The Trust was established on March 1, 1993. The Trust Agreement has been amended and restated to reflect the current administration of the Trust Fund and to comply with current legislation. Participants should refer to the Trust Agreement for a complete description of the Trust's provisions.

General

The Building Industry Association of Washington (the Association) adopted a welfare plan to provide medical and other welfare benefits to those eligible employees of the Association and its members, and their eligible dependents, covered by the Trust. The Trust was created to receive contributions from participating employers and their covered employees. Representatives from five members of the Association serve as trustees of the Trust.

The Board of Trustees authorized a change in the Trust's fiscal year-end from April 30 to September 30 effective May 1, 2024. Insurance contracts covering members are for the 17-month period ending September 30, 2025.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The accompanying financial statements of the Trust are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Contributions and Insurance Premiums

Participating employers make contributions to the Trust, via a joint account with the Association (see Note 6), on behalf of their eligible employees on a monthly basis. Contributions are determined based on group rates negotiated with insurance companies and estimated Trust expenses. The Trust uses these funds to pay administrative expenses and premiums to the insurance companies on a monthly basis for these employees. The insurance premium portion of contributions received prior to year-end and remitted to the service providers subsequent to year-end are recorded as premiums payable.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash

The Trust maintains its cash in checking accounts and an insured cash sweep (ICS) account with one bank, which participates in the IntraFi Network program. This program insures deposits above the federal limits by placing deposits in a network of other financial institutions. The Trust has not experienced any losses on such accounts and believes it is not exposed to any significant credit risk on cash balances.

Federal Income Taxes

The Trust is a taxable trust; however, contributions to the Trust are not considered taxable income. Therefore, the trustees believe there is no tax liability for the years ended April 30, 2025 and 2024 and accordingly, no provision for taxes has been recorded in the financial statements.

The tax positions taken by the Trust are subject to examination by major tax jurisdictions.

Recognition of Contributions

Participating employer contributions are recorded in the year received. Employer contributions that are received but not deposited until after year-end, if any, are included in "undeposited checks" as of the financial statement date, and the corresponding benefit obligation is recorded as premiums payable.

Subsequent Events

The Trust has evaluated subsequent events through February 11, 2026, the date the accompanying financial statements were available to be issued.

NOTE 3 – INSURANCE CARRIERS

The Trust has annually renewable prospective-rated contracts with Regence BlueShield (Regence) and its affiliate, Asuris Northwest Health (Asuris), that provide a majority of the group health insurance benefits. Regence and Asuris received approximately 86% and 88% of the insurance premiums paid during the years ended April 30, 2025 and 2024, respectively.

The Trust has an experience-rated contract with Delta Dental of Washington (Delta Dental) to provide dental insurance benefits with non-retention funding. Any surplus or deficit is retained by Delta Dental and reflected in the subsequent year's renewal negotiations.

The Trust had an annually renewable experience-rated refunding contract with LifeMap Assurance Company (LifeMap) to provide group life insurance benefits, and had a nonexperience-rated contract with LifeMap to provide group vision insurance benefits. Deficits under the experience-rated contract were carried forward and limited to \$75,000 in aggregate. Surpluses were returned to the Trust after netting against any cumulative losses.

Effective May 2024, the Trust terminated the contracts with LifeMap and entered into new nonexperience-rated contracts with Lincoln Financial to provide group life and disability insurance benefits, and entered into a new nonexperience-rated contract with Delta Dental to provide group vision insurance benefits.

NOTE 3 – INSURANCE CARRIERS (continued)

The Trust has nonexperience-rated contracts with Kaiser Permanente and First Choice Health Employee Assistance Program to provide group health insurance benefits.

All the Trust's contracts are fully insured. Claims are paid and benefits are provided by the insurance carriers. The Trust provides no post-retirement benefits.

In September 2024, the Trust received approximately \$518,000 back from Asuris, in connection with insurance premiums paid during the year ended April 30, 2024, as part of the Medical Loss Ratio rebate program included in the Asuris contract. The Trust is required to distribute this back to the impacted participating employers, unless a participating employer has since terminated. In October 2024, the Trust distributed approximately \$440,000 back to the impacted participating employers, while the Trust retained approximately \$78,000.

In September 2025, the Trust received approximately \$74,000 back from Asuris, in connection with insurance premiums paid during the year ended April 30, 2025, as part of the Medical Loss Ratio rebate program included in the Asuris contract. The Trust is required to distribute this back to the impacted participating employers, unless a participating employer has since terminated. In October 2025, the Trust distributed approximately \$65,000 back to the impacted participating employers, while the Trust retained approximately \$9,000.

NOTE 4 – PRIORITIES UNDER TERMINATION OF THE TRUST

In the event of termination of the Trust, the trustees must apply the assets of the Trust to first pay, or provide for the payment of, any and all obligations of the Trust. The remaining assets shall be used to provide benefits for employees of members covered under the Trust at the time of termination, as directed by the Association.

NOTE 5 – OPERATING EXPENSES, RELATED PARTY TRANSACTIONS, AND PARTY IN INTEREST TRANSACTIONS

The Trust pays administrative fees to EPK & Associates (EPK) for the administration of the Trust under the terms of a contract which expired April 30, 2025. Effective May 1, 2025, this contract was amended and restated, and automatically renews each year for an additional one-year term, unless either party elects to not renew. The amended and restated contract may be terminated with 12 months' notice by either party. Fees paid to EPK are based on a percentage of the gross premiums paid to the insurance carriers, and amounted to approximately \$2,837,000 and \$2,566,000 for the years ended April 30, 2025 and 2024, respectively.

The Trust uses the services of Capital Benefit Group, LLC, a related party to EPK, to provide certain accounting functions, negotiate its insurance contracts, design benefits and conduct all sales; including the oversight of sub-producers and sub-producer commission payment for insurance products. Capital Benefit Services, LLC, a related party to Capital Benefit Group, LLC, receives gross commissions and bonus payments from the Trust, as well as the insurance carriers and health care provider. These gross commissions and bonus payments totaled approximately \$4,793,000 and \$4,102,000 for the years ended April 30, 2025 and 2024, respectively.

HomeStreet Bank is the custodian of the Trust's assets. Therefore, transactions with HomeStreet Bank and its affiliates qualify as party-in-interest transactions. Additionally, the Trust's assets in the ICS account are also held by various other banks who act as sub-custodians, through the IntraFi Network program (Note 2).

NOTE 6 – JOINT BILLING AGREEMENT

The Trust, the Association, and EPK have a joint billing agreement whereby member contributions are first deposited into a joint bank account owned by the Trust and the Association. This bank account is not included in the accompanying financial statements due to its joint control. On a monthly basis, EPK estimates the amount due to the Trust to pay for premiums and Trust expenses, and transfers that amount to the Trust bank account. The remaining joint account balance represents program access fees that are paid to the Association and are based on total premiums paid to the insurance carriers. As a result of estimated payments made from the joint account to the Trust and the timing of transfers, the joint account owed the Trust approximately \$899,000 and \$537,000 at April 30, 2025 and 2024, respectively. Receivables and payables between the Trust and the joint account are settled in the following month.

**SUPPLEMENTAL SCHEDULE
REQUIRED BY THE DEPARTMENT OF LABOR**

**BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST**

Plan Number: 501

EIN: 91-6379886

Schedule H, Line 4i (Form 5500)

Schedule of Assets (Held at End of Year)

April 30, 2025

(a) Party- in-interest	(b) Identity of issue, borrower, lessor, or other similar party	(c) Description of investment	(d) Cost	(e) Current value
*	HomeStreet Bank	Insured cash sweep account (Interest bearing cash)	\$ 9,883,810	\$ 9,883,810
*	HomeStreet Bank	Business checking account (Non-interest bearing cash)	250,000	250,000

We put **people** first.



Multiple-Employer Plan Participating Employer Information
BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST

Plan Number: 501

EIN: 91-6379886

April 30, 2025

(a)	(b)	(c)
Name of participating employer	EIN	Percent of Total Contributions
20/20 EXTERIORS LLC	811718731	0.017%
21ST CENTURY FLOORS, INC	911709835	0.021%
2ND STORY CONSTRUCTION, INC	912110645	0.017%
4K EQUIPMENT LLC	462891820	0.114%
4TH DIMENSION CONSTRUCTION, LL	831781810	0.011%
509 DUCTLESS LLC	881359448	0.003%
509 ELECTRIC, INC	832092000	0.038%
509 FACILITY SERVICES, INC.	832371435	0.032%
A & E INSULATION, INC	460478741	0.100%
A OLYMPIC BLINDS INC	912094477	0.046%
A&A CARPENTRY LLC	851124606	0.011%
A.K. CUSTOM FENCE AND DECK, LL	463090540	0.003%
A.P.S. ELECTRICAL CONTRACTOR,	680496121	0.014%
A-1 SECURITY METAL FAB, INC.	911467949	0.051%
AAA CABINETS & MILLWORK, INC	912141107	0.052%
AAA SEPTIC LLC	870746339	0.133%
AAA SWEEPING, LLC	392403367	0.111%
ABENTEUER, INC	474722858	0.050%
ABLE VENTURES LLC	832150815	0.037%
ABSOLUTE DRYWALL & PAINT LLC	371897317	0.008%
A-BUILT CONSTRUCTION, LLC	474622849	0.047%
ACCU TEMP HEATING & AIR CONDIT	452678642	0.080%
ACCURATE STEEL ERECTORS INC	911705882	0.012%
ACC-U-SET CONSTRUCTION, INC.	912101492	0.004%
ADDISON MARIE LLC	475207146	0.016%
ADVANCE LIGHTING I, LLC	920430086	0.024%
ADVANCE WELDING, INC.	910887540	0.003%
ADVANCED HEATING & COOLING	911856791	0.137%
AFFINITY REAL ESTATE MANAGEMEN	300477106	0.057%
AG FAB LLC	824813512	0.102%
AHO CONSTRUCTION I, INC.	912090299	0.419%
AIR CONTROL HEATING & AIR COND	911339718	0.027%
AIR SYSTEMS ENGINEERING, INC	910898013	0.511%
ALDERWOOD BUILDERS LLC	812197073	0.016%
ALEXEI FORD DESIGN BUILD LLC	862797906	0.082%
ALL AMERICAN PROPANE WEST, LLC	260404329	0.021%

ALL AROUND MECHANICAL, LLC	271520468	0.157%
ALL SEASONS HEATING & AIR COND	910923051	0.352%
ALL SEPTIC AND SEWER	815373310	0.023%
ALL STAR PLUMBING, INC	912110431	0.012%
ALL WEATHER HEATING & COOLING,	911209278	0.005%
ALLAN ARMSTRONG CONSTRUCTION,	200368089	0.008%
ALLIANCE INDUSTRIAL GROUP INC	931314507	0.314%
ALLIANT COMMUNICATIONS	205112303	0.105%
ALLTIME CONSTRUCTION, LLC	842304151	0.004%
ALPINE CONSTRUCTION & CONSULTI	882387340	0.041%
ALPINE ENGINEERS, LLC	863215044	0.017%
AL'S WELDING & STEEL FABRICATI	911739574	0.168%
ALTIUS CORPORATION	113738180	0.117%
ALUMINUM PRODUCTS LIBERTY LAKE	931598970	0.009%
ALVORD-RICHARDSON CONSTRUCTION	910780556	0.019%
AM BRANAM TOOLS, INC.	993977075	0.103%
AMERICAN ELECTRICAL CONSTRUCTI	852271385	0.005%
AMERICAN EXTERIOR SOLUTIONS CO	844684707	0.053%
AMERICAN METAL FORMING, LLC	881229480	0.024%
AMERICAN PUMP & ELECTRIC, LLC	010784177	0.103%
AMERICAN RETAIL SUPPLY CORP	474469556	0.069%
AMERICAN WEST CONTRACTING, CO.	208748471	0.052%
AMERICOOOL HEATING & AC, LLC	203623595	0.146%
AMPLIFIED PAINTING & CONSTRUCT	874390452	0.021%
ANANIA TRUCKING & EXCAVATING L	475552563	0.078%
ANDERSON'S HTG & PLB, INC	710993927	0.046%
ANGELES PLUMBING, LLC	920360197	0.033%
A-ONE REFRIGERATION AND HEATIN	911385074	0.195%
APEX BUILDING SERVICES, LLC	911710970	0.033%
AQUA-TERR SYSTEMS INCORPORATED	911552292	0.039%
ARBORSCAPE LTD. INC.	931114153	0.060%
ARMSTRONG'S STOVE & SPA II, LL	833004595	0.050%
ARNE SVENDSEN TRUCKING, INC.	911704201	0.005%
ARROW LOCK SERVICE, LLC	815254160	0.041%
ARTISAN EXTERIORS LLC	931689079	0.005%
ARTISANS GROUP ARCHITECTURE &	854110939	0.059%
ATKINSON INVESTMENTS, INC	753229604	0.040%
AU' NATURAL HARDWOOD FLOORS, I	841643376	0.025%
AUGUSTSON HOMES, LLC	461561879	-0.004%
AVERY EMMA INC	452785284	0.026%
AVERY EMMA INC.	452785284	0.007%
AW ROOFING OF YAKIMA, LLC	911673592	0.040%
AXIOM ROOFING, LLC	862141500	0.264%
B & B CONCRETE CONSTRUCTION LL	562548010	0.004%
B & L EXCAVATION LLC	814206975	0.059%
B & R PLUMBING, INC.	911499433	0.010%
B. THOMPSON CONSTRUCTION	205136050	0.054%

BAKER LUMBER COMPANY, INC	910971580	0.065%
BAKER SEPTIC TANK PUMPING, INC	911676361	0.368%
BAKER SILO, LLC	821515674	0.023%
BANNER ELECTRIC	202009845	0.090%
BAREFOOTE CONCRETE INC	471878872	0.043%
BARNES WELDING, INC.	911584831	0.054%
BAYVIEW ELECTRIC, LLC	203402960	0.053%
BEAR WOOD WINDOWS, INC	911646775	0.122%
BEAU CONSTRUCTION, LLC	842837412	0.034%
BEAVER BARK, LTD	911879861	0.052%
BEAVER VALLEY ELECTRIC LLC	820981293	0.011%
BELLINGHAM MILLWORK SUPPLY CO	911567407	0.177%
BELLINGHAM PROFESSIONAL FINISH	472708290	0.051%
BEMIS REFRIGERATION CO., INC.	910635160	0.010%
BENCHMARK CUSTOM HOMES, LLC	871910840	0.038%
BERG EQUIPMENT & SCAFFOLDING C	910863156	0.346%
BERG VAULT CO. OF WASHINGTON,	910791155	0.091%
BERRY ACRES ENVIRONMENTAL SERV	912139070	0.473%
BETTER BUILT HOMES, INC.	364671890	0.041%
BEVACQUA, INC.	825099761	0.025%
BIG MOUNTAIN INC.	800362619	0.062%
BIGFOOT BUILDERS, LLC	474700726	0.006%
BIO BUG NORTHWEST, INC	300017816	0.010%
BLACK DIAMOND ELECTRICAL CONTR	872624249	0.038%
BLACK DIAMOND ROOFING, INC.	911954441	0.034%
BLACK HILLS EXCAVATING, INC	202777708	0.057%
BLAIRCO, INC.	911556379	0.265%
BLUE RIBBON HARDWOOD FLOORS IN	911936626	0.027%
BLUE STAR WELDING, LLC	010711880	0.452%
BLUETAC PUBLIC SAFETY LLC	863351895	0.072%
BLYTON GUTTER & SHEET METAL, L	274807168	0.084%
BMC SERVICE INC	911945891	0.015%
BOCK CONSTRUCTION INC.	364815432	0.135%
BOGLAN DEVELOPMENT, LLC	815350939	0.306%
BOSS CONSTRUCTION, INC	911565376	0.141%
BOULDER CREEK CONSTRUCTION	450558701	0.256%
BOWERS CONSTRUCTION, INC.	861856869	0.054%
BPKS, INC	911776555	0.017%
BPS SUPPLY COMPANY, INC.	910928407	0.047%
BRADLEY V. & DARCI ULIN, INC	262165103	0.053%
BRANDT LLC	320554663	0.032%
BROSVIK, INC.	462825004	0.043%
BRUNETTE MASONRY, INC	200486380	0.016%
BUCK ELECTRIC, INC.	911730915	0.224%
BUCK'S LOGGING, INC.	911316919	0.381%
BUDINGER & ASSOCIATES, INC.	911684799	0.604%
BUEHLER HOMES LLC	911911002	0.043%

BUFFUM BROTHERS FARMS, INC.	911271421	0.019%
BUILDING INDUSTRY ASSOC. CLARK	910906923	0.066%
BUILDING INDUSTRY ASSOC. OF WA	916087698	0.405%
BUILDTEK CONSULTANTS LLC	831407277	0.059%
BULLDOG ELECTRIC, INC.	842171509	0.010%
BULLSEYE ABATEMENT SERVICES LL	931818859	0.093%
BURKE PLUMBING, INC.	465631412	0.127%
BURTON CONSTRUCTION, INC.	911816020	0.537%
BYK CONSTRUCTION INC	320373423	0.276%
C & F INSULATION, INC.	911578498	0.028%
C & H CONSTRUCTION COMPANY	204012974	0.068%
C & R TRACTOR & LANDSCAPING, I	208127434	0.083%
CA HOMES, INC.	550912810	0.056%
CABINET DESIGNS UNLIMITED, INC	912149630	0.065%
CABINET SYSTEMS NORTHWEST, LLC	462853323	0.021%
CACHET CONCRETE, LLC	842817192	0.029%
CADRE GENERAL CONTRACTORS, LLC	851024974	0.023%
CAMCO CONSTRUCTION, INC.	911628724	0.054%
CANYON INDUSTRIES, INC.	911195805	0.231%
CAPITAL LIGHTING COMPANY, INC	911358060	0.036%
CARINO & ASSOC REAL ESTATE SER	912150497	0.173%
CARLYON BEACH HOMEOWNERS ASSOC	916030434	0.048%
CASCADE COMPOST & SOIL	912094749	0.076%
CASCADE ELECTRIC SERVICE LLC	352318222	0.021%
CASCADE ELECTRIC, LLC	880553285	0.066%
CASCADE TRADER, INC.	911530713	0.363%
CASCADIA REI LLC	822073447	0.026%
CASUAL CONSTRUCTION CO LLC	831010048	0.013%
CATALYSS, LLC	463847043	0.052%
CATCHALL ENVIRONMENTAL, LLC	273028846	0.107%
CATLIN PROPERTIES, INC	830512093	0.009%
CATLIN PROPERTIES, INC	830512093	0.007%
CAZ HOLDINGS, LLC	850685748	0.237%
CC EDWARDS CONSTRUCTION INC	273656910	0.812%
CEDA CONSTRUCTION LLC	872482061	0.030%
CENTRAL ISLAND CONSTRUCTION LL	262741455	0.028%
CENTRAL WASH HOME BUILDERS ASS	910723310	0.026%
CERAMIC TILE SERVICE LLC	900533890	0.023%
CERTERRA	952657590	0.616%
CERTERRA	911583617	0.046%
CGM, INC	911028219	0.233%
CHAD FISHER CONSTRUCTION LLC	383776832	0.573%
CHARLEY'S GREENHOUSE SUPPLY, L	301390417	0.008%
CHAVIRA & ASSOCIATES, LLC	861704928	0.018%
CHIMNEY TECHNIQUES, INC.	911292766	0.002%
CHOICE RENOVATIONS LLC	830836574	0.023%
CITY GLASS & UPHOLSTERY, INC.	911407817	0.018%

CITY GLASS SPOKANE, INC.	203161421	0.026%
CLALLAM COOPERATIVE ASSOCIATIO	910177290	0.105%
CLARK & YOUNG EXCAVATION, LLC	814792757	0.045%
CLEAN IMAGE SERVICES, INC.	450703291	0.133%
CLEARSPAN STEEL	863181764	0.072%
CLOSETS NORTHWEST, INC.	833846132	0.012%
COAST INSULATION, LLC	342044803	0.158%
CODE MECHANICAL INC	208868692	0.013%
COLACURCIO BROTHERS, INC	911272138	0.307%
COLBY AND ASSOCIATES LLC	471389410	0.016%
COLF CONSTRUCTION LLC	272864396	0.058%
COLUMBIA COOLING AND REFRIGERA	873590902	0.036%
COLUMBIA CULTURED MARBLE II CO	432044555	0.062%
COLUMBIA GLASS, LLC	931296956	0.029%
COLUMBIA HYDROSEED AND IRRIGAT	208623044	0.004%
COLUMBIA RIDGE HOMES, LLC	270250906	0.042%
COLUMBIA RIVER STEEL & CONSTRU	911996988	0.267%
COLUMBIA SHEET METAL INC. OF W	910926446	0.043%
COLUMBIA WEST ENGINEERING, INC	912095122	0.369%
COMBINED CARRIERS CO	911233204	0.132%
COMMERCIAL FIRE PROTECTION	911363097	0.533%
CONCRETE FORMING AND PLACING,	800661892	0.130%
CONNELL SAND & GRAVEL INC	911501935	0.138%
CONSTRUCTION COMPONENTS, LLC	203781288	0.041%
CONTINENTAL VAN LINES INC	910618050	0.190%
CONVEYERED AGGREGATE DELIVERY	911721871	0.018%
COOK BROTHERS ELECTRIC, INC	911846687	0.001%
COPPER CREEK FABRICATION, LLC	273600770	0.041%
COPPER HEMP ELECTRIC LLC	871278924	0.024%
CORNERSTONE BUILDERS, LLC	863449516	0.048%
CORNERSTONE TECHNOLOGIES INC	753192577	0.028%
CORWIN ELECTRICAL SERVICES, LL	812411690	0.035%
COWLITZ FENCE CO.	113813828	0.037%
COYOTE HOLLOW WOODWORKS, INC.	912020669	0.032%
CR GUTTERS, INC.	911856025	0.138%
CR LANDSCAPING LLC	844844497	0.136%
CRANE & CRANE HOLDINGS, LLC	474305404	0.087%
CRAWL SPACE CLEANING PROS, INC	461785017	0.043%
CRF METAL WORKS, LLC	412249089	0.231%
CRIM BROTHERS CONSTRUCTION LLC	862500466	0.027%
CRUX CONCRETE CONSTRUCTION, IN	474245810	0.023%
CTC ELECTRICAL CONTRACTING, IN	473227489	0.020%
CULBERT CONSTRUCTION, INC.	562309554	0.227%
CUMMINGS, INC.	271179420	0.014%
CURB MASTER, INC.	911992595	0.057%
CURRENT SOLUTIONS NW LLC	842518033	0.205%
CUSTOM CRAFT LLC	911853919	0.234%

CUSTOM DESIGN SURFACES LLC	474515671	0.023%
CUSTOM SOURCE WOODWORKING, INC	260161502	0.166%
CVH INC.	820577450	0.025%
CZAJA CONSTRUCTION INC	472737060	0.013%
D & S BAKER INC.	911739692	0.097%
D BENNETT CONSTRUCTION LLC	372053995	0.022%
D SQUARED ELECTRIC, LLC	453789477	0.025%
D&D TRI-RIVERS EXCAVATING, INC	810657044	0.190%
D&G MECHANICAL INSULATION, INC	911075717	0.117%
D.K. SYSTEMS, INC.	753054397	0.312%
DAHL ELECTRIC, INC.	911183990	0.117%
DALE MCGHEE & SONS WELL DRILLI	911049602	0.296%
DAN JONES INC	911005513	0.087%
DANIEL ARTHUR FISCHER	911384886	0.023%
DAVE GOLD INC	911671342	0.010%
DAVE'S HEATING & COOLING SERVI	912097757	0.152%
DAWN MARIE BLACKMORE	270714704	0.063%
DAYCO INC.	911487091	0.012%
DEERHAVEN V, INC.	912089371	0.087%
DEKOSTER EXCAVATING, INC.	562547381	0.022%
DEROSIER TRUCKING INC	911134512	0.001%
DEVELOPMENT CONSTRUCTION SERVI	824077180	0.082%
DEYOUNG & ROOSMA CONSTRUCTION,	911164030	0.085%
DICK'S HEATING & A/C OF WENATC	911666836	0.005%
DIETER CONSTRUCTION LLC	262673689	0.063%
DIRT WORKS BELLINGHAM INC	260423475	0.139%
DIRTY DEEDS SEPTIC SERVICES LL	824770160	0.011%
DISNEY AND ASSOCIATES, INC.	272501065	0.140%
DIVISION 2 ENVIRONMENTAL LLC	873408452	0.033%
DIVISION ONE, LLC	872604064	0.044%
DJ & DJ CONTRACTING, LLC	264631389	0.016%
DM CUSTOM HOMES, LLC	262583697	0.097%
DON JORDAN ENERGY SYSTEMS, INC	911336982	0.017%
DON KRUSE ELECTRIC, INC.	911809064	0.082%
DON LEONARD & SONS INC	911356664	0.089%
DOOR SPECIALTIES INC.	911721671	0.040%
DOORMAN COMMERCIAL, LLC	202275174	0.026%
DOUBLE DUTY LAND MANAGEMENT LL	263049591	0.000%
DOYLE CONSTRUCTION LLC	611945388	0.013%
DR GLASS WORKS LLC	203780177	0.027%
DRAINAGE MASTERS LLC	264186514	0.123%
DREAMLINE, INC	465470221	0.055%
DREBICK INVESTMENTS, LLC	911269174	0.044%
DREW THATCHER CONSTRUCTION LLC	475053839	0.022%
DS CUSTOM CONSTRUCTION LLC	821219083	0.056%
DUNGENESS WOODWORKS LTD	850630279	0.009%
DWELL REAL ESTATE ASSET MANAGE	883363089	0.018%

E&H CONTRACTING LLC	830468915	0.007%
EAGLE PIPE & MECHANICAL, LLC	465335240	0.001%
EAGLE ROCK, LLC	352533581	0.027%
EAGON EXCAVATING & CONSTRUCTIO	823348243	0.074%
EARTHWORKS EXCAVATING SERVICES	911976876	0.051%
EASTSOUND WATER USERS ASSOCIAT	916055851	0.083%
EDENSAW WOODS, LTD	911392694	0.286%
EDGE ANALYTICAL, INC.	911116130	0.102%
EDGE PLUMBING LLC	901037656	0.067%
EDGEWOOD ELECTRIC NW LLC	852509917	0.058%
EDISON ELECTRIC	911391973	0.398%
ELDRIDGE CONSTRUCTION	874021983	0.025%
ELECTRIC CITY, INC.	371556455	0.144%
ELECTRIC SOLUTIONS NW LLC	883526183	0.011%
ELECTRIC XYZ LLC	874570614	0.009%
ELECTRONIC ESSENTIALS, INC.	470903043	0.017%
ELEGANT SIMPLICITY LLC	461716995	0.032%
ELEMENTS OF HOSPITALITY, INC.	205819880	0.492%
ELEVATE DESIGN + CONSTRUCT LLC	461804776	0.004%
ELITE CONTRACTING	823970870	0.053%
ELITE ELECTRICAL CONTRACTORS,	911711361	0.089%
ELITE ENVIRONMENTAL SERVICES L	461217984	0.026%
EM3 INC.	271974525	0.130%
EMERGE ELECTRICAL LLC	873529372	0.029%
ENCINAS CONSTRUCTION, INC.	912070585	0.022%
ENDERS PROFESSIONAL PAINTING,	455503842	0.027%
ENERGY INCENTIVES, INC	912147472	0.005%
ENERGY SMART PROS, LLC	851796224	0.020%
ENERGY SYSTEMS MANAGEMENT/TRS	680515608	0.008%
ENVIRONMENTAL ABATEMENT SERVIC	912006128	0.051%
ENVIRONMENTAL PEST CONTROL,INC	911962929	0.089%
EO TECHNICAL SOLUTIONS, LLC	800517205	0.133%
EPHRATA MACHINERY, INC.	264834037	0.061%
ERIK MUELLER CONTRACTING, INC.	911946716	0.027%
ESCROW PACIFIC, LLC	911027961	0.025%
ESTATE OF JOSEPH P MENTOR	686238372	0.118%
ESTES BUILDERS LLC	020551029	0.081%
ETHOS CIVIL LLC	871851589	0.067%
ETHOS WEST CONSTRUCTION, INC.	834568300	0.183%
ETR RESIDENTIAL LLC	475641864	0.035%
EVERGREEN LAWN & TREE CARE INC	910758932	0.072%
EVERGREEN OLYMPIC PROPERTIES,	910909527	0.012%
EVERGREEN STATE ROOFING LLC	832963664	0.003%
EVERKEPT CONSTRUCTION, INC.	274219547	0.006%
EVERSON ASPHALT PAVING, INC.	911662291	0.005%
EXCEL DAIRY SERVICE, INC.	911643065	0.211%
EXCEL ELECTRIC, INC	911597698	0.006%

EXPRESS ELECTRIC, INC	911605938	0.616%
EXTERIORS PLUS NORTHWEST LLC	811222995	0.120%
EXTRA MILE TECH & ELECTRIC, LL	200513447	0.003%
EXTREME EXCAVATION	271495832	0.067%
F & R HOLDINGS, LLC	301427874	0.067%
F.P.H. CONSTRUCTION, INC.	911569949	0.082%
FABRIC WORKS, LLC	208621307	0.029%
FABRICAST VALVE, LLC	010895539	0.032%
FAIRCHILD MANAGEMENT CORPORATI	911711674	0.024%
FAMILY MAN HANDYMAN, INC	811006464	0.012%
FARWEST CLIMATE CONTROL, INC	912059138	0.088%
FASTRACK INC	752985317	0.024%
FATHER NATURE LANDSCAPES OF TA	261979766	0.076%
FELTON'S HEATING & COOLING, IN	912114575	0.089%
FENCING & AWNING, INC	910979479	0.013%
FIBER MARKETING INTERNATIONAL	911505854	0.591%
FIELDS ROOF SERVICE, INC	910921069	0.132%
FIRE CONTROL SPRINKLER SYSTEMS	910933712	0.129%
FISK COMMUNICATIONS CONTRACTIN	262267091	0.223%
FIVE STAR PLUMBING WA, LLC	884176825	0.151%
FLATLINE ROOFING LLC	831309283	0.047%
FORD ELECTRIC CO, INC.	910741795	0.101%
FOUNDATION RESTORATION, LLC	462314322	0.106%
FRAME TO FINISH LLC	843855439	0.007%
FRANKLIN LIGHTING & ELECTRIC L	822251315	0.011%
FRANSSEN MOTORS, INC.	911469822	0.263%
FROG HILL ROOFING LLC	881830973	0.222%
FRONTIER ELECTRIC OF WASHINGTO	911456222	0.112%
FRYE PAINTING INC	208755232	0.060%
FTS EXCAVATION, LLC	862032237	0.017%
FULL-TIME FABRICATION, LLC	854250411	0.021%
G&Z CONSTRUCTION, LLC	462117643	0.028%
G. LITTLE, INC	364730531	0.042%
GALE ELECTRIC LLC	861568167	0.015%
GARY PRIEST EXCAVATING, INC	911704387	0.024%
GDS COUNTERTOPS, INC.	204984331	0.086%
GEC NW, INC	204237493	0.092%
GEMINI CORPORATION	911660744	0.317%
GENERATION HOMES NORTHWEST LLC	263018994	0.069%
GENNARO CONTRACTING, LLC	820756753	0.001%
GEO ELECTRIC INC	871995375	0.006%
GEORGE M. JOSTEN, INCORPORATED	391147404	0.021%
GJOVANI'S MASONRY LLC	825114947	0.010%
GLACIER PROPERTY SOLUTIONS INC	810988810	0.028%
GLASSMAN, INC.	911976966	0.092%
GLAVIN DEVELOPMENT LLC	452711605	0.055%
GLOBAL TOWER SERVICE, INC.	260802282	0.086%

GOEBEL SEPTIC TANK SERVICE INC	911677248	0.165%
GOLDEN CONTRACTOR SERVICES LLC	463765185	0.089%
GOOD MAN, INC	912126687	0.080%
GOVERNMENT CONTRACTING SERVICE	352357333	0.282%
GRADE SOLUTIONS-NW, LLC	472958561	0.143%
GRAYBEAL SIGNS, INC.	993872078	0.061%
GREAT NORTHWEST EXCAVATION, LL	800008271	0.164%
GREEN MAN, INC	912173637	0.032%
GREEN MOUNTAIN FABRICATION, IN	833504957	0.163%
GREENBANK, INC	911254371	0.098%
GREENBRIAR CONSTRUCTION CORPOR	911096927	0.053%
GREENPRO LANDSCAPING & SUPPLY	455520975	0.028%
GREGORY LANDSCAPE ARCHITECTURE	331261080	0.005%
GRESHAM PUMP AND DRILLING INC.	911640711	0.078%
GROAT BROTHERS, INC.	910872313	0.094%
GROVES & CO INC	911374092	0.003%
H & R COMPLETE INC	260060442	0.032%
HABITAT FOR HUMANITY INT'L E J	911885667	0.184%
HABITAT FOR HUMANITY OF CLALLA	911535386	0.061%
HABITAT FOR HUMANITY OF KITSAP	911981992	0.154%
HALME EXCAVATING, INC.	912090339	0.107%
HAMER ENVIRONMENTAL LP	911932575	0.147%
HANSON SIGN COMPANY, INC.	911005640	0.104%
HANSON'S BUILDING SUPPLY INC	911098149	0.221%
HARGROVE FENCE CO INC	814816729	0.020%
HARKNESS CONTRACTING, INC.	911667248	0.065%
HARLEN'S DRYWALL CO INC	911062308	0.021%
HARRELL & SON PLUMBING INC	912011627	0.049%
HARRISON HOMES, LLC	911904623	0.118%
HARTS PLUMBING & EXCAVATION LL	352491936	0.673%
HASKELL CORPORATION	910557196	0.588%
HATTON GODAT PANTIER, INC.	911724297	0.370%
HAYES CABINETS, INC.	911015918	0.309%
HB HANSEN CONSTRUCTION, INC.	912091443	0.013%
HBA OF TRI-CITIES	910742052	0.060%
HCS LLC	832157384	0.068%
HEAGY CONSTRUCTION, LLC	263089649	0.030%
HEATGUY, LLC	870795279	0.054%
HEINEMANN CONSTRUCTION LLC	462075509	0.023%
HEMLEY'S SEPTIC TANK CLEANING	911523494	0.212%
HENDERSON PARTNERS, LLC	262875224	0.157%
HENDRICKS HARDWARE INC	910991159	0.016%
HENDRICKSON MARKETING, LLC	364907247	0.035%
HERITAGE ROOFING AND CONSTRUCT	204320327	0.028%
HERRON VALLEY INC.	912015333	0.116%
HERTCO KITCHENS US CORP	301337999	0.143%
HESS PAINTING LLC	800333309	0.140%

HEWITT-LOCKWOOD LLC	208277497	0.069%
HIGHAM EXCAVATING INC.	911941325	0.067%
HILLIARD'S HEATING & PLUMBING,	910887520	0.080%
HIS HANDS LANDSCAPE CONSTRUCTI	453534303	0.047%
HOME BUILDERS ASSOCIATION OF K	237056290	0.038%
HOWE, GARY R	911360185	0.014%
HUDSON CONSTRUCTION INC	911499952	0.069%
HUIZENGA ENTERPRISES, LLC	264604059	0.040%
HUNG RIGHT DOORS LLC	200647064	0.161%
HUNTER HOMES BUILDING GROUP	272806375	0.043%
HYDRAFAB NORTHWEST, INC.	912158079	0.176%
ILEAF PROPERTY MANAGEMENT, LLC	472497581	0.013%
INDEPENDENT PEST SOLUTIONS, LL	562631679	0.059%
INDOOR COMFORT SYSTEMS, INC.	911263137	0.013%
INDUSTRIAL DESIGN & EQUIPMENT,	912196202	0.042%
INNOVATIONS, INC	601220380	0.067%
INSIDE DESIGN, INC	910926578	0.069%
INTEGRATED CONCRETE SYSTEMS, I	911729558	0.146%
INTEGRATED STAIR SYSTEMS, INC.	911577949	0.450%
INTER ISLAND PROPANE LLC	813485766	0.063%
INTERMOUNTAIN CLEANING SERVICE	911565870	0.032%
INTERWEST TECHNOLOGY SYSTEMS,	911842679	0.115%
INVESTMENT BUILDERS LLC	815269034	0.047%
IRRIGATION TECHNOLOGY AND CONT	911565806	0.228%
ISLAND GLASS COMPANY	911113359	0.056%
ISLAND NETWORK LLC	473000244	0.580%
ISLAND PROPERTY MANAGEMENT	910887610	0.053%
IVERSON EARTH WORKS, LLC	911222620	0.040%
J & A ROOFING LLC	883439593	0.012%
J & J CONSTRUCTION OF PORT ANG	911532055	0.033%
J & K COMMERCIAL CONSTRUCTION,	465091936	0.092%
J & K EARTHWORKS LLC	912090215	0.179%
J & M CONTRACTOR SERVICES INC.	800250850	0.066%
J&C BERGMAN CONTRACTING LLC	263687296	0.006%
J&E CONCRETE, LLC	871462876	0.011%
J&J ROOFING AND CONSTRUCTION I	464495019	0.042%
J.W. WITHERS CONSTRUCTION, LLC	821282120	0.038%
JACOBS & RHODES, INC.	910719537	0.016%
JAHNS PIPE CONSTRUCTION INC	911697183	0.071%
JAMES A SEWELL & ASSOCIATES, L	611516310	0.161%
JAMES DEAN CONSTRUCTION INC.	911396797	0.178%
JANSEN INC.	910859878	0.224%
JCHARDY ENTERPRISES, INC	862793865	0.014%
JEFF MOELLER CONSTRUCTION, INC	200081948	0.017%
JERRY BECK & COMPANY, INC	912075459	0.048%
JESFIELD CONSTRUCTION INC	911033820	0.020%
JESPERSEN INC	460511267	0.016%

JEWELL ELECTRIC INC	911962919	0.032%
JEWELL EXCAVATING & CONSTRUCTI	911727832	0.006%
JF ENGINEERING, PLLC	453337087	0.045%
JK MONARCH, LLC	275134199	0.177%
JKS ENTERPRISES, INC.	911621925	0.007%
JNB MECHANICAL, INC	743193178	0.281%
JNW, INC.	200024768	0.123%
JOE HALL CONSTRUCTION, INC.	910948422	0.011%
JOHN E. SAWYER	533022058	0.252%
JOHN ERWIN REMODELING INC	900297609	0.009%
JOHN FLETCHER PAINTING CO., IN	912020199	0.020%
JOHNSON & MADDUX CONST CO INC.	910867267	0.193%
JOHNSON'S GLASS & UPHOLSTERY,	814806606	-0.003%
JOHNSON'S MILLWORK, INC.	910274740	0.061%
JPI-KITSAP, LLC	412218372	0.054%
JRPC, LLC	264752643	0.095%
J'S CUSTOM LANDSCAPING, INC.	900451185	0.112%
K & K ENGINEERING & SURVEYING,	202166637	0.320%
K & M WHOLESALE DISTRIBUTION,	911916434	0.135%
K T CHARBONEAU TRUCKING, INC.	911735693	0.016%
KAGEY FORESTRY, LLC	562658599	0.025%
KAM CONSTRUCTION INC	820591426	0.045%
KANON ELECTRIC, INC	204029260	0.151%
KBH CONSTRUCTION COMPANY	208434315	0.045%
KBUILT LLC	883170569	0.033%
KC REMODELING LLC	853760005	0.052%
KDM CONSTRUCTION, LLC	921860974	0.021%
KEVIN SARKELA INC	263314295	0.029%
KEYSTONE BUILDING SERVICES, LL	463417667	0.060%
KIFER CONSTRUCTION LLC	901188809	0.062%
KILGORE CONSTRUCTION, INC.	912009717	0.121%
KITCHEN RESTYLERS, INC.	911540849	0.008%
KITSAP-TRIDENT HOMES, INC.	911038820	0.058%
KITT CONSTRUCTION & DEVELOPMEN	021488896	0.080%
KLINE CONSTRUCTION & ASSOCIATE	470877255	0.064%
KMB ARCHITECTS, INC, P.S.	911508345	0.182%
KOMMIDI FENCE & RAIL LLC	921802554	0.024%
KPJ PARTNERS INC	874738440	0.039%
KR HOMES LLC	854324241	0.128%
KREIDER CONSTRUCTION, INC	911916907	0.102%
KUSTER HOMES AND REMODELING LL	271959729	0.026%
L.G. ISAACSON CO, INC.	910269420	0.166%
LACEY DOOR & MILLWORK INC	911192919	0.007%
LAER ENTERPRISES, INC	870761295	0.099%
LAKE UNION DEVELOPMENTS, INC.	452553925	0.046%
LAND DEVELOPMENT ENGINEERING &	201621107	0.168%
LANDED GENTRY DEVELOPMENT	200055664	0.151%

LANDMARK CUSTOM CONSTRUCTION,	812508129	0.041%
LANDMARK ENTERPRISES INC	911256520	0.055%
LANDMARK MANAGEMENT SERVICES C	830409808	0.046%
LANDSCAPE MANAGEMENT 2, LLC	612065025	0.105%
LANE ELECTRIC, LLC	201943606	0.031%
LANGCO NW INC	203898474	0.400%
LANZCE G. DOUGLASS, INC.	911569360	0.363%
LAWN SALON LANDSCAPING SERVICE	208048320	0.077%
LEAK SEAL ROOFING, INC	020814764	0.046%
LEFEBER TURF FARM LLC	383682441	0.049%
LEFT COAST INSTALLS LLC	851535986	0.021%
LEGACY EXCAVATION, LLC	471732520	0.065%
LEGENDS INVESTMENT CORPORATION	911606493	0.013%
LEMBECK APPRAISAL & CONSULTING	911954763	0.059%
LEMIER CONSTRUCTION LLC	844600931	0.052%
LEVANEN, INC.	911439610	0.090%
LEW RENTS WEST, INC.	911401618	0.010%
LIANGA PACIFIC, INC.	910718443	0.115%
LISSER & ASSOCIATES, PLLC	911951745	0.063%
LONG LAKE ELECTRIC LLC	881707217	0.023%
LOOFBURROW WETCH ARCHITECTS	911297119	0.055%
LOOKER ASPHALT, INC	261124626	0.204%
LOPEZ CONSTRUCTION, INC.	204468364	0.022%
LOPEZ ISLAND BUILDING SUPPLY	911563485	0.087%
LORNE PAULSON CONSTRUCTION LLC	465660746	0.103%
LOT 6 INVESTMENTS LLC	830710368	0.021%
LOUIS AUTO GLASS, INC	910967851	0.008%
LOUIS RUDOLPH HOMES	462937552	0.022%
LSE, INC.	911623611	0.017%
LT PROPERTY MANAGEMENT, LLC	824939436	0.065%
LUMBER UNLIMITED LLC	810960234	0.006%
LYNDEN SHEET METAL, INC.	911089839	0.722%
LYONS TIMBER INC	851089726	0.077%
M 4 INVESTMENTS, INC.	364605668	0.182%
MACKAM LLC	455400813	0.070%
MACNAK CONSTRUCTION, LLC	208653932	0.158%
MADRONA TILE, INC	474420052	0.013%
MAL, INC	911621860	0.108%
MANIBUS DEI INC.	208368677	0.062%
MARK HELMS CONSTRUCTION LLC	873537670	0.040%
MARKAY CABINETS, INC.	911576876	0.034%
MARKER CONSTRUCTION, INC.	810776674	0.047%
MARNELLA HOMES LLC	931273022	0.045%
MASTER BUILDERS ASSOCIATION OF	910550621	0.044%
MATIA CONTRACTORS INC	911360909	0.045%
MATSON SIDING, INC.	770622160	0.090%
MC SQUARED, INC	911358672	0.159%

MCCLURE CUSTOM HOMES LLC	912021858	0.066%
MCDONALD BUILDING LLC	911866650	0.052%
MCHC ENTERPRISES, INC.	911639836	0.047%
MCINTYRE HOMES LLC	934912620	0.037%
MCM NW, LLC	833981418	0.043%
MCMAINS ROOFING, INC.	208073725	0.005%
MECHANICAL & CONTROL SERVICES	200383619	0.358%
MEDICINE CREEK ENTERPRISE CORP	824082081	0.565%
MERIDIAN ROSE INVESTMENTS, LLC	465342913	0.004%
MERROW CONSTRUCTION LLC	861263933	0.014%
METFAB HEATING & COOLING, LLC	815132893	0.052%
METHOW VALLEY SANITATION SERVI	911381718	0.035%
MEYER ELECTRIC, LLC	452520402	0.056%
MICHAEL GREEN CONSTRUCTION, IN	911759734	0.043%
MIDWAY UNDERGROUND, LLC	813620072	0.309%
MIKE CARLSON ENTERPRISES, INC	911524542	0.011%
MIKE MCCLUNG CONSTRUCTION CO.	912176939	0.072%
MIKE PAUL CONSTRUCTION, INC	911663777	0.036%
MIKE PAUL CONSTRUCTION, INC	911663777	0.004%
MILLER'S LITE EXCAVATION LLC	030465225	0.022%
MILLER'S SONS CONTRACTING, LLC	821828857	0.029%
MILTON CONSTRUCTION, INC.	912057404	0.022%
MIMNAUGH EXCAVATION, INC	562488366	0.023%
MITCH GRAY INC	205666993	0.004%
MITCHELL LUMBER CO	910892270	0.105%
MOERKE & SONS PUMP & DRILLING,	911600927	0.278%
MORRISON GRAVEL INC.	911215553	0.065%
MOSS DOOR COMPANY, LLC	842380951	0.007%
MOUNTAIN STONE AGGREGATE, LLC	820644610	0.139%
MOUNTAIN VIEW PLUMBING LLC	881201209	0.017%
MOVING EARTH LLC	393226198	0.042%
MP INDUSTRIES INC	993641444	0.056%
MSG ARCHITECTS, PSC	910912807	0.074%
MSNW GROUP, LLC	474684948	0.613%
MT. ADAMS CONSTRUCTION LLC	883220389	0.008%
MT. VIEW LOCATING SERVICES, LL	204930921	0.116%
MTN2COAST, LLC	452595758	0.093%
MUMMS LLC	462358866	0.015%
MYERS GENERAL INC.	911976546	0.066%
MYSTERY BAY CONSTRUCTION & LAN	934551249	0.004%
N.L. OLSON & ASSOCIATES, INC.	911153683	0.077%
N.R.G. WISE	930941309	0.148%
NASELLE ROCK & ASPHALT CO	911540862	0.011%
NCD, LLC	854209679	0.044%
NELSON CONSTRUCTION AND PLANNI	471831112	0.037%
NEW AGE ENTERPRISES INC.	873305404	0.018%
NEW DAY MAINTENANCE LLC	270603804	0.049%

NEW LINE SERVICES, INC	474395020	0.217%
NEWMAN ELECTRIC LLC	853085670	0.045%
NEWROCK HOMES, INC	203905119	0.115%
NO 7 DEVELOPMENT LLC	811210502	0.012%
NO WORRIES SEPTIC SERVICES LLC	812828475	0.027%
NOFFKE GENERAL CONTRACTING AND	472977268	0.066%
NORCO HEATING & A/C INC.	911212083	0.138%
NORDIC TEMPERATURE CONTROL INC	260205493	0.178%
NORDLAND CONSTRUCTION NORTHWES	412182880	0.094%
NORTH HILL RESOURCES, INC.	200328329	0.012%
NORTH POINTE CONSTRUCTION, LLC	861206014	0.042%
NORTHWEST ABATEMENT SERVICES,	911660788	0.373%
NORTHWEST DRAINS	832460495	0.030%
NORTHWEST ENERGY SYSTEMS OF WA	800036227	0.011%
NORTHWEST GRANITE & FLOORING L	202274590	0.027%
NORTHWEST PLUMBING & WATERWORK	912102308	0.054%
NORTHWEST PLUMBING SERVICES, I	911863040	0.110%
NORTHWEST ROOF MAINTENANCE INC	454563298	0.038%
NORTHWEST STEEL & PIPE, INC.	910777845	0.281%
NW CABINET & REFACING, INC	900387602	0.052%
NW INDUSTRIAL TOOL, INC	208701807	0.041%
NW ROOTS CONSTRUCTION, LLC	830788776	0.157%
NYCO CONSTRUCTION, LLC	461585239	0.071%
NYLUND INC	911624599	0.216%
OAK AND IRON BUILDING COMPANY,	853484050	0.012%
OHRBERG EXCAVATION, LLC	421571181	0.080%
OK ELECTRIC, INC.	911127030	0.161%
OLSON BROTHERS EXCAVATING, INC	911432069	0.209%
OLYMPIA FIREPLACE SUPPLY, INC	911085093	0.057%
OLYMPIA MASTER BUILDERS	916056428	0.071%
OLYMPIA REMODELING CO.	993928129	0.017%
OLYMPIC HEATING & COOLING, LLC	912163178	0.079%
OLYMPIC MANAGEMENT COMPANY	911563835	1.152%
OLYMPIC PENINSULA STONE INC.	833795627	0.055%
OLYMPIC SIDING, INC	911824525	0.059%
OMAN AND SON BUILDERS SUPPLY,	910825000	0.044%
ON POINT CONSTRUCTION LLC	371827781	0.007%
ONECALL ELECTRIC, LLC	854106493	0.012%
PACIFIC AIR HEATING & AIR COND	911512753	0.028%
PACIFIC ALASKA LUMBER COMPANY	261201159	0.022%
PACIFIC CONCRETE CONSTRUCTION	911402166	0.222%
PACIFIC CREST BUILDING PRODUCT	274476228	0.001%
PACIFIC DRAIN SERVICES LLC	260155977	0.168%
PACIFIC EDGE TRADING CORP	912093729	0.036%
PACIFIC REFRIGERATION OPERATIN	832060582	0.421%
PACIFIC TRIM PANELS, INC.	611764434	0.139%
PALOUSE RIVER ROCK LLC	202264269	0.053%

PANZA	320243330	0.087%
PARAMOUNT COMMUNICATIONS, INC	911706186	0.255%
PARAMOUNT DOOR LLC	822433733	0.007%
PARKER PACIFIC, INC	911074603	0.166%
PARSEC COMPUTER CORPORATION	911195214	0.106%
PATRIOT COMPANIES, LLC	823232415	0.155%
PEAKS NORTHWEST, LLC	821283913	0.084%
PEASE & SONS, INC.	910730594	0.084%
PELICAN FUELING, INC	912045998	0.211%
PELLA INLAND NORTHWEST, INC	822011435	0.181%
PENINSULA TANK SERVICES, INC.	911718724	0.103%
PERFECT HARMONY FURNITURE, INC	911578617	0.070%
PERFORMANCE BUILDING PRODUCTS	911651112	0.084%
PERRY PALLET, L.L.C.	912099893	0.056%
PESCADO ENTERPRISES, INC.	453856489	0.022%
PETER C. SCHMIDT CONSTRUCTION	912135674	0.046%
PETERSON CONSTRUCTION GROUP, L	851180823	0.016%
PFC CORPORATION	911515483	0.043%
PFW SPECIALISTS, LLC	332481892	0.201%
PHASE II GENERAL CONTRACTOR, I	911578754	0.087%
PIAZZA REALTY PROPERTY MANAGEM	912098895	0.005%
PIERSOL CONSTRUCTION, INC.	911595041	0.206%
PILLER AIMMCO, INC.	910900121	0.809%
PINNACLE CUSTOM BUILDERS INC	462904143	0.048%
PIONEER BUILDERS, INC.	911020774	0.025%
PIONEER CONSTRUCTION SERVICES	923847604	0.018%
PIONEER TECHNOLOGIES CORPORATI	911737974	0.017%
PIONEER TECHNOLOGIES CORPORATI	911737974	0.000%
PLATINUM INDUSTRIAL, INC.	364758378	0.023%
PLE, LLC	383773455	0.035%
PLUMBING EXPRESS INC	912178798	0.010%
PLUMBINGWORKS NW INC	273590604	0.096%
PNW POST FRAME LLC	881613389	0.030%
POINTER ELECTRIC, INC.	911324414	0.078%
POLAR REFRIGERATION, INC.	421696885	0.466%
POLESTAR TECHNICAL SERVICES, I	464127895	0.200%
POOL TO SPA SERVICES, L.L.C.	912117988	0.054%
PORT ANGELES POWER EQUIPMENT,	911621048	0.077%
PORT LUDLOW ASSOCIATES, LLC	912127682	0.280%
PORT TOWNSEND SHIPWRIGHTS, INC	911172741	0.393%
PRAXIS DESIGN LLC	881196560	0.021%
PRECISION POWER LLC	873123961	0.015%
PREMIERE FLOORS & DESIGN CENTE	270579185	0.106%
PREMIUM SERVICES INC	611787726	0.106%
PRESTON L. SHEPHERD & ASSOC. I	911014702	0.165%
PRICE AND VISSER MILLWORK, INC	911124253	0.028%
PRIMAC ELECTRIC LLC	272936674	0.189%

PRIMARY ELECTRIC & DESIGN LLC	274822213	0.199%
PRIME ELECTRICAL SERVICES LLC	823294292	0.061%
PRO BUILDERS GENERAL CONTRACTO	472624108	0.064%
PRO CIRCUIT ELECTRICAL INC	814438027	0.038%
PRO SALES, INCORPORATED	911286037	0.125%
PRODIGY PLUMBING, INC	452323103	0.003%
PROFESSIONAL PIPING, INC	261975256	0.052%
PROGRESS ELECTRIC LLC	461632964	0.036%
PROJECTS BY PIPER, LLC	852379730	0.007%
PROLINE PLUMBING, LLC	812882500	0.111%
PRUDENTIAL DISTRIBUTORS, INC	910496737	0.046%
PUGET PAVING & CONSTRUCTION IN	911142171	0.785%
PUGET SOUND LANDSCAPING, INC	911188692	0.135%
PUGET SOUND MECHANICAL, INC	911072104	0.122%
PURAFOG, LLC	851306487	0.030%
QUAIL ELECTRIC LLC	874205937	0.022%
QUALITY COATING ENTERPRISES LL	810962449	0.053%
QUANTUM CONSTRUCTION, INC	911237655	0.195%
R AND J DIRTWORKS, INC	812855242	0.038%
R&H MECHANICAL, INC.	911055510	0.108%
R.W. CONSTRUCTION AND ENGINEER	812304016	0.016%
R4 CONTRACTORS LLC	824729959	0.049%
RADIANT PLUMBING & HEATING, IN	800947649	0.036%
RAEDEKER CORP	814486610	0.028%
RAILPRO OF OREGON INC	204204869	0.102%
RAINBOW SWEEPERS, INC.	262619669	0.066%
RAINIER GENERAL DEVELOPMENT, I	911464908	0.026%
RAINIER LIGHTING & ELECTRICAL	911388386	0.021%
RAINIER VALLEY CONSTRUCTION	912149348	0.036%
RAINSHADOW, INC	911431648	0.046%
RAMBO TOTAL LLC	611521663	0.224%
RAPTOR ROOTER & PLUMBING LLC	822128642	0.193%
RAW LAND CONSTRUCTION LLC	474543509	0.114%
RAZ CONSTRUCTION CO.	272361217	0.084%
RAZZ CONSTRUCTION, INC.	202868525	0.103%
REALFINE PAINTING LLC	801642048	0.084%
REALITY HOMES, INC	260046870	0.254%
RECYCLING & DISPOSAL SERVICES,	911674804	0.128%
RED HAWK FIRE PROTECTION, LLC	273826115	0.477%
REDLINE SERVICES GROUP, LLC	832691274	0.008%
REFLECTIONS UNLIMITED, LLC	831326016	0.028%
REICHHARDT & EBE ENGINEERING,	911582135	0.495%
REIER PROPERTIES LLC	934443973	0.003%
RELIABLE ENTERPRISES	911040643	0.509%
RELIANCE CORP OF OREGON	931283270	0.027%
REMY PROPERTIES LLC	843882555	0.014%
RENOVATIONS BY DAVE COVILLO IN	201527046	0.036%

RENT ME STORAGE, LLC	421572434	0.060%
REVAMP PANELS, LLC	472891781	0.065%
REVIVAL ENERGY, LLC	455012849	0.088%
RG CONSTRUCTION SERVICES LLC	264033898	0.133%
RHD ENTERPRISES, INC.	271481967	0.095%
RICHARD L. BRUNSTETTER	912048686	0.039%
RICK THE PLUMBER & CO, INC	911748998	0.270%
RIDGELINE COMMUNICATIONS LLC	812352741	0.045%
RIDGELINE SHEET METAL, LLC	834459314	0.024%
RIGHT WAY PLUMBING, HEATING &	911601149	0.172%
RILEY BROTHERS, INC.	263938681	0.056%
RJS CONSTRUCTION, INC	204030431	0.338%
RKD WOOD PRODUCTS, LLC	824041349	0.054%
RKT, INC	911866791	0.003%
RL SMITH LOGGING, INC	911523621	0.145%
RNJ CONSTRUCTION LLC	821447557	0.083%
ROB THE ROOFER, LLC	462467202	0.033%
ROBBLEE'S TOTAL SECURITY, INC.	910998361	0.555%
ROBERTSON FICK ENGINEERING, PC	471354575	0.117%
ROBINSON HARDWOOD & HOMES, LLC	260040498	0.022%
ROB'S DEMOLITION INC	710956691	0.077%
ROGUE FABRICATORS INC	834230841	0.050%
ROLLING WHEELS CONSTRUCTION LL	731734195	0.017%
ROLLING WHEELS INSTALLERS LLC	992873146	0.015%
RONALD T. JEPSON & ASSOCIATES,	208245805	0.043%
ROOSEVELT LOGGING, INC	814821741	0.086%
ROOT'S INCORPORATED	911598839	0.006%
ROTH CONSTRUCTION, INC.	911704742	0.285%
ROYAL CABINETS, INC	911076321	0.092%
ROYAL THRONE LLC	822604906	0.040%
RP PAINTING AND DRYWALL, INC	830485842	0.065%
RUBBER STONE NORTHWEST INC	083404705	0.011%
RUBICON IDC, LLC	463722390	0.077%
RUEPPELL, INC	200467162	0.032%
RUNLAND EXTERIORS, LLC	862886796	0.035%
RUSSELL & SONS PLUMBING INC	911831719	0.282%
RUSSELL CRANE SERVICE, INC.	911075547	0.412%
RYCON SERVICES, LLC	811750695	0.012%
RYZER ENTERPRISES, LLC	473574416	0.220%
SALTCHUCK MERCANTILE, INC.	911152208	0.161%
SAMWEL CONSTRUCTION LLC	464708996	0.002%
SAN JUAN ISLAND BUILDERS LLC	934115329	0.050%
SAN JUAN SURVEYING LLC	272924334	0.036%
SANDHOLLOW HOMES, LLC	113770643	0.026%
SAYBR CONTRACTORS, INC	911819501	0.463%
SB GROUP VANCOUVER LLC	881889616	0.003%
SCHNEIDER & SON, INC	911892759	0.028%

SCHOLTEN'S EQUIPMENT, INC.	911270544	0.316%
SCHRAMER CONSTRUCTION CO, INC	911562287	0.026%
SCOTT'S TREE SERVICE, INC	912039741	0.018%
SEAPORT MACHINE, INC.	911506517	0.025%
SEATTLE TACOMA OLYMPIA PLUMBING SEB, INC.	270516265	0.526%
911503262	0.173%	
SEPTIC INSPECTION SERVICE, INC	270023415	0.025%
SHIELD OF ARMOR SAFETY LLC	830561790	0.060%
SIGNS PLUS, INC.	202416945	0.198%
SIMPLE LAWNS LLC	364771219	0.012%
SITKUM TREE SPECIALIST LLC	900602801	0.047%
SKAGIT AGGREGATES, LLC	454112707	0.196%
SKAGIT LOG AND CONSTRUCTION IN	473694044	0.049%
SKAGIT RIVER STEEL & RECYCLING	910698906	0.263%
SKAGIT-ISLAND COUNTIES BUILDER	911097086	0.013%
SKEERS CONSTRUCTION, LLC	873894625	0.007%
SKILLINGS, INC.	911212924	0.317%
SKYBEAR ENTERPRISES, INC	800148943	0.010%
SKYLINE MACHINERY SALES, INC	862675421	0.013%
SLAC LLC	883500261	0.088%
SLATECO, LLC	853061111	0.117%
SLE, INC.	912082383	0.359%
SMALLWOOD DESIGN AND CONSTRUCT	911472664	0.161%
SMITH BROTHERS INDUSTRIES LLC	510429124	0.030%
SMITH MECHANICAL, INC.	912018534	0.174%
SNAVELY TIMBERWORKS, INC.	263467498	0.040%
SOLID SOLUTIONS INVESTMENT LLC	332054459	0.004%
SOLID STRUCTURES, LLC	451292459	0.071%
SONDON INC	911154099	0.031%
SONGBIRD HOLDINGS LLC	820725796	0.148%
SOUND DRILLING LLC	824048584	0.161%
SOUND EXCAVATION, INC	911359279	0.064%
SOUND HEATING & AIR CONDITIONI	911602554	0.405%
SOUND PACIFIC CONSTRUCTION, LL	812198401	0.247%
SOUND PEST CONTROL OF KITSAP C	264282449	0.048%
SOUTH BAY BUILD & REMODEL LLC	851011769	0.010%
SOUTH SOUND SITEWORK, LLC	465516210	0.005%
SPANE BUILDINGS, INC	911308911	0.234%
SPARROW WOODWORKS LLC	274501573	0.067%
SPEC DRYWALL INC	823886027	0.077%
SPECIAL-T STRIPING & SIGN CO,	911465553	0.030%
SPECIALTY NORTHWEST, LLC	474342993	0.263%
SPECTRA LABORATORIES LLC	454776537	0.030%
SPOKANE HOME BUILDERS ASSOCIAT	910531910	0.075%
SPOKANE SUNSCREEN, LLC	911599234	0.028%
STAINLESS CABLE & RAILING, INC	263242896	0.133%
STAKKELAND, SAM G	870802695	0.008%

STANDARD PAINT AND FLOORING, L	204101973	0.648%
STAN'S MERRY MART, INC	910845109	0.100%
STARKENBURG SHAVINGS INC	911260762	0.034%
STEADFAST CONSTRUCTION INC	912033681	0.094%
STEEL STUD STRUCTURES, INC.	911602553	0.051%
STEELHEAD COMMUNICATIONS INC	371445119	0.455%
STEVEN W RUSSELL	911421280	0.021%
STIMAC CONSTRUCTION, INC.	911482209	0.048%
STONE CRAFTSMAN NW LLC	834016677	0.104%
STRAIT FLOORS, INC.	912195188	0.107%
STRANDBERG CONSTRUCTION, INC.	911882705	0.017%
STREMLER GRAVEL, INC.	911484842	0.345%
STRIDER CONSTRUCTION CO, INC	911418799	0.761%
STRIPE RITE, INC.	911387668	0.207%
STROHMAIER CONSTRUCTION INC	800857507	0.054%
STRONG TRUCKING INC	200562433	0.069%
SULLIVAN HOMES PNW LLC	863683244	0.027%
SUMMIT CONSTRUCTION GROUP, INC	461908170	0.156%
SUMMIT FENCE COMPANY LLC	271424735	0.175%
SUMMIT PLUMBING, LLC	371757831	0.005%
SUMMIT WEST EQUIPMENT, INC	842964382	0.022%
SUNLIGHT ELECTRIC INC	431948929	0.764%
SUNRISE TRUCKING & CONTRACTING	911598719	0.038%
SUNSET CEMENT FINISHING CO., I	911537503	0.240%
SUPERIOR GLASS LLC	463443753	0.081%
SUPREMA HOMES, LLC	853213566	0.055%
SUTTONSHAW LIMITED LIABILITY C	208991791	0.042%
SWIFT PLUMBING & HEATING INC	911523644	0.272%
T TAP CONSTRUCTION SERVICES	461755915	0.358%
TACOMA TENT & AWNING CO.	910906752	0.201%
TAMARACK SPRINGS CONSTRUCTION,	261935061	0.024%
TAMMY & MICHAEL WALN	854154721	0.026%
TANZ MECHANICAL INSULATION LLC	911947315	0.012%
TAPANI ELECTRIC LLC	474190009	0.032%
TAPIO CONSTRUCTION, INC.	911614332	0.114%
TAYLOR'S BACKYARD CONSTRUCTION	832873464	0.002%
TB LAWNS AND YARD MAINTENANCE,	455489404	0.018%
TC LEGEND HOMES LLC	680630927	0.090%
TECHNIQUE TOWER SOLUTIONS LLC	331670182	0.006%
TEK MANUFACTURING INC	842168925	0.073%
TERCOM CONSTRUCTION INC.	743168628	0.139%
TERRAGRAPHICS ENVIRONMENTAL EN	820395020	0.959%
TERRY ARCHITECTS PLLC	994947361	0.014%
THE BATHROOM, LLC	911687070	0.089%
THE CASCADE JOINERY INC.	911474861	0.061%
THE FAB SHOP, LLC	911965794	0.256%
THE HELPFUL VIKING LLC	872065008	0.011%

THE KUGEL CORPORATON	331016878	0.387%
THE LANDALL GROUP LLC	010698219	0.138%
THE ROOF DOCTOR, INC	910976562	0.272%
THE SALCIDO CONNECTION INC.	753089914	0.534%
THOMAS ARCHITECTURE STUDIO, IN	453613859	0.047%
THOMAS BUILDING CENTER, INC.	910878127	0.027%
THOMPSON CONSTRUCTION AND RENO	831972000	0.021%
THREE 60 DECKS LLC	472339881	0.050%
TIGER CONSTRUCTION, LTD	911413916	0.262%
TIKKA MASONRY, INC.	263781099	0.151%
TIM RYAN CONSTRUCTION, INC	911619466	0.190%
TIMBERTEC, INC.	911941790	0.055%
TITAN BUILDERS, LLC	800472554	0.100%
TITAN FRAMING, LLC	462646213	0.047%
TJH ENTERPRISES INC	200962136	0.113%
TOBY'S ELECTRIC, LLC	465261654	0.026%
TOPELT LOG, INC	850791925	0.095%
TOLMAN ELECTRIC, INC	470994557	0.089%
TOM'S PLUMBING, INC.	912156102	0.071%
TOP NOTCH PLUMBING	912175249	0.030%
TOPS SOLID SURFACE CO.	205092597	0.017%
TORKELSON CONSTRUCTION, INC.	911659279	0.038%
TOTAL COMFORT SOLUTIONS LLC	262598769	0.107%
TOTAL ENERGY MANAGEMENT & HVAC	911255523	0.182%
TOTAL GROUNDS MANAGEMENT, INC.	911401851	0.120%
TRACY'S INSULATION, INC.	264048508	0.035%
TRICO PLUMBING AND HEATING, IN	911588568	0.032%
TRIPLE R FRAMING & DRYWALL LLC	465387850	0.064%
TRI-PLY CONSTRUCTION, LLC	912068108	0.043%
TRIVAN TRUCK BODY, LLC	431967241	0.200%
TRUE BEARING BUILT, LLC	852910728	0.050%
TRUE NORTH CONTRACTORS LLC	463676077	0.028%
TRUSS COMPONENTS OF WASHINGTON	911544412	0.106%
TUSCANY CUSTOM HOMES, LLC	844494397	0.046%
TWINS CONCRETE, INC.	680559388	0.097%
TYLER MATT CONSTRUCTION, LLC	870973379	0.034%
U.S. MOWER, INC.	911784222	0.052%
UNION CITY PLUMBING, INC	911989359	0.058%
VACATION RENTAL 365	274087283	0.038%
VALLEY CABINETS & MORE, INC.	912009913	0.053%
VALLEY CONCRETE CONSTRUCTION I	912100579	0.024%
VALLEY PLUMBING & ELECTRIC, IN	911257795	0.248%
VAN BEEK DRYWALL, INC.	911467543	0.245%
VANCOUVER BOLT AND SUPPLY, INC	911051191	0.193%
VANCOUVER PAVING CO	911398094	0.115%
VANDER POL CORPORATION	883143681	0.036%
VANDERYACHT PROPANE, INC.	911623038	0.023%

VANOSDEL CONSTRUCTION, LLC	821862358	0.044%
VAN'S PLUMBING & ELECTRIC, INC	911103734	0.163%
VEGA FAMILY BUILDERS	332638692	0.019%
VEGA FAMILY BUILDERS	332638692	0.037%
VELOCITY ELECTRIC CORPORATION	263780193	0.006%
VERTECHS ASSOCIATES, LLC	844603483	0.045%
VESTCAPITAL, LLC	842375510	0.021%
VIKING CABINETS, INC.	911046475	0.069%
VISION PLUMBING HEATING & COOL	912148515	0.033%
VISIONARY HANDYMAN LLC	933962265	0.012%
VO & COMPANY LLC	810909950	0.057%
VRIEZE & OLSON CUSTOM WOODWORK	911887156	0.113%
WALLA WALLA ELECTRIC CO, INC.	910948736	0.251%
WALLACE'S, INC	911682861	0.039%
WALLS CONSTRUCTION CORP	911337055	0.029%
WALTEK II, INC.	262222811	0.164%
WAPITI NORTH LLC	270286256	0.130%
WAPITI YAKIMA LLC	134302678	0.062%
WARNER ROOFING & CONSTRUCTION,	911651209	0.083%
WATER & WASTEWATER SERVICES LL	912090239	0.176%
WATER CONDITIONING OF TRI-CITI	910776516	0.006%
WATER DOCTOR OF WASHINGTON INC	911855853	0.085%
WATER PRO, INC.	263924341	0.039%
WATERMAN MITIGATION PARTNERS L	455385892	0.053%
WATERWAYS, INC.	202058670	0.494%
WATKINS TRACTOR & SUPPLY CO.	910756011	0.242%
WAYLON & WILLIE WOODCRAFT LLC	853574987	0.017%
WAYNE A JOHNSON, LLC	320763596	0.110%
WEIR'S INVESTMENT, INC	910867553	0.126%
WELCH LOGGING INC.	911427314	0.128%
WELCOME CONSTRUCTION, INC	911650425	0.013%
WELCOME CONSTRUCTION, INC	911650425	0.000%
WELLMAN & ZUCK CONSTRUCTORS LL	871322008	0.160%
WESCO INTERNATIONAL, INC.	910897365	0.064%
WEST COAST PUMP & FILTRATION L	451489233	0.040%
WEST COAST RENEWABLES INC	993247862	0.032%
WESTERN CONSTRUCTION PRODUCTS,	911506077	0.033%
WESTERN PACIFIC FENCE LLC	208908225	0.212%
WESTERN ROOFING CO., INC.	910622805	0.052%
WESTWOOD ENTERPRISES LLC	471507586	0.093%
WHATCOM ELECTRIC COMPANY INC	911270240	0.092%
WHIDBEY RESIDENTIAL RENTALS, I	911744519	0.101%
WHITE BLOCK CO, INC	910759212	0.008%
WHITE RABBIT VENTURES, INC	262035801	0.047%
WICKSTROM CONSTRUCTION INC.	911678032	0.029%
WILLEM LEONARD POSTVANDERBURG	823103474	0.023%
WILLIAMS TREE AND STUMP REMOVA	262309030	0.026%

WILSON ENGINEERING, LLC	912032316	0.337%
WINDOW REPLACEMENT SYSTEMS, IN	464070589	0.165%
WINDY RIDGE TREE SERVICE & EXC	845194639	0.014%
WINTER COASTAL CONSTRUCTION IN	811126316	0.011%
WIRED GOAT ELECTRIC LLC	851469707	0.001%
WIRKKALA CONTRACTING, INCORPOR	931176939	0.012%
WOHLER RETROTEC, INC.	300968870	0.458%
WOODRIDGE CUSTOM HOMES LLC	753225996	0.004%
WOODS FAMILY INVESTMENTS LLC	460545781	0.046%
WREN & WILLOW, INC.	262945422	0.025%
WSD INC.	911186553	0.021%
WVG, LLC	923841167	0.062%
YAKIMA VALLEY PARTNERS-HABITAT	911307546	0.086%
YAKIMA WATER SOLUTIONS, LLC	842239797	0.028%
YAKIMA WATERMILL, INC	911385771	0.010%
YESTERDAY'S HOMEBUILDERS LLC	810931467	0.055%
YONKMAN CONSTRUCTION, INC	911469658	0.066%
ZAK O'BRIEN CONSTRUCTION COMPA	930698048	0.006%
ZENOVIC & ASSOCIATES, INCORPOR	911929789	0.082%
ZERVAS GROUP ARCHITECTS	911013277	0.140%
		<hr/> 100.00%

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 05/01/2024 and ending 04/30/2025

- A This return/report is for: [] a multiemployer plan [x] 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: [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: BIAW EMPLOYEE BENEFIT GROUP INSURANCE TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): BIAW HEALTH AND WELFARE TRUST
2b Employer Identification Number (EIN): 91-6379886
2c Plan Sponsor's telephone number: 425-641-7762
2d Business code (see instructions): 525990

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, Date, Name. Row 1: Rick Hjelm, 2/11/2026, Rick Hjelm. Row 2: Gregory D. Lane, 2/11/2026, Gregory D. Lane. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																						
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 BIAW HEALTH AND WELFARE TRUST c Plan Name BIAW HEALTH INSURANCE PROGRAM AND WELFARE TRUST	4b EIN 91-6379886 4d PN 501																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">5</td> <td style="width:95%; text-align: right;">9522</td> </tr> </table>	5	9522																				
5	9522																						
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:5%;"></td> <td style="width:95%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: right;">9474</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">10897</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">51</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">10948</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">10948</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	9474	6a(2)	10897	6b	51	6c		6d	10948	6e		6f	10948	6g(1)		6g(2)		6h	
6a(1)	9474																						
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6d	10948																						
6e																							
6f	10948																						
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">7</td> <td style="width:95%;"></td> </tr> </table>	7																					
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 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 checked="" 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 checked="" 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>8</u> (4) <input checked="" 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 157884670

**BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
EMPLOYEE BENEFIT GROUP INSURANCE TRUST**

Plan Number: 501

EIN: 91-6379886

Schedule H, Line 4i (Form 5500)

Schedule of Assets (Held at End of Year)

April 30, 2025

(a) Party- in-interest	(b) Identity of issue, borrower, lessor, or other similar party	(c) Description of investment	(d) Cost	(e) Current value
*	HomeStreet Bank	Insured cash sweep account (Interest bearing cash)	\$ 9,883,810	\$ 9,883,810
*	HomeStreet Bank	Business checking account (Non-interest bearing cash)	250,000	250,000