

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

- 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: [] 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: ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan): ASSOCIATED EMPLOYERS OF MONTANA
2b Employer Identification Number (EIN): 81-0424947
2c Plan Sponsor's telephone number: 406-248-6178
2d Business code (see instructions): 561490

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN & TRUST COMMITTEE 3435 MOUNTAIN PASS ROAD BILLINGS, MT 59102	3b Administrator's EIN 81-0107360 3c Administrator's telephone number 406-248-6178
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	6484
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	6481
a(2) Total number of active participants at the end of the plan year	6a(2)	7740
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	7743
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input 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
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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> 3 </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 161908078

**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 **09/01/2024** and ending **08/31/2025**

A Name of plan ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED EMPLOYERS OF MONTANA		D Employer Identification Number (EIN) 81-0424947

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
HARTFORD LIFE AND ACCIDENT

(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
06-0838648	70815	686127G	7724	04/01/2024	03/31/2025

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

(a) Total amount of commissions paid 55307	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSOCIATED MANAGEMENT SERVICES **PO BOX 81087**
BILLINGS, MT 59108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55307			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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(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:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	368714
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 **09/01/2024** and ending **08/31/2025**

<p>A Name of plan ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND 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 ASSOCIATED EMPLOYERS OF MONTANA</p>	<p>D Employer Identification Number (EIN) 81-0424947</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12252341	2649	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 39803</p>	<p>(b) Total amount of fees paid 0</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
ASSOCIATED MANAGEMENT SERVICES PO BOX 81087 BILLINGS, MT 59108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39803			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

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	(c) Amount	(d) Purpose	

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

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

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

(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:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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	397897
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 **09/01/2024** and ending **08/31/2025**

<p>A Name of plan ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND 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 ASSOCIATED EMPLOYERS OF MONTANA</p>	<p>D Employer Identification Number (EIN) 81-0424947</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
COMPANION 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
57-0523959	77828	EBMS-27149	7000	01/01/2024	01/01/2025

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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	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:				
	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	1668139
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 **09/01/2024** and ending **08/31/2025**

A Name of plan ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED EMPLOYERS OF MONTANA	D Employer Identification Number (EIN) 81-0424947	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

EMPLOYEE BENEFIT MGMT SERVICES

81-0391256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 36 49 99 29	CLAIMS ADMINISTRATOR	3705294	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASSOCIATED MANAGEMENT SERVICES INC

81-0483176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	AFFILIATE COMMON CONTROL	2285471	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUB INTERNATIONAL

83-0185720

(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	INSURANCE BROKER	443251	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEAVITT GREAT WEST INSURANCE

81-0520992

(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	INSURANCE BROKER	376840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	PPO	353936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARSH & MCLENNAN

36-2668272

(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	INSURANCE BROKER	290858	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROCKY MOUNTAIN INSURANCE GROUP

47-4294505

(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	INSURANCE BROKER	214762	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACTUARIAL STRATEGIES & TACTICS INC

46-1259130

(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?
11	ACTUARIAL	175973	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA SIGNATURE ADMINISTRATORS

06-6033492

(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	PPO	169642	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEWISTOWN INSURANCE AGENCY, INC.

82-5260545

(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	INSURANCE BROKER	73165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRANITE PEAK ANALYTICS, LLC

84-3195071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	RX CONSULTANT	59849	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

H&H INSURANCE LLC

92-2801001

(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	INSURANCE BROKER	46942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DEVRIES INSURANCE

5967 SANDALWOOD DRIVE
BILLINGS, MT 59106

(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	INSURANCE BROKER	43622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLEN & ASSOCIATES INSURANCE INC.

47-4578199

(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	INSURANCE BROKER	38669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EIDE BAILLY LLP

45-0250958

(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	AUDIT	32410	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BSA EMPLOYEE BENEFITS INC.

85-4344109

(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?
	INSURANCE BROKER	22989	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

406 BENEFITS

33-3634509

(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	INSURANCE BROKER	22085	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEITZ INSURANCE AGENCY

81-0286779

(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	INSURANCE BROKER	20761	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN LIGHTS INSURANCE SERVICES

99-1978322

(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	INSURANCE BROKER	18294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIRTUS LLC

46-3745376

(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	INSURANCE BROKER	17910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANT INSURANCE SERVICES INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE BROKER	14923	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HOLLAND & HART

84-0382505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVATIVE BENEFIT PLANS LLC

1345 BLUEGRASS DR E
BILLINGS, MT 59106

(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	INSURANCE BROKER	6913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BIG SKY BENEFIT SOLUTIONS

83-1520310

(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	INSURANCE BROKER	5850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
A Name of plan ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED EMPLOYERS OF MONTANA	D Employer Identification Number (EIN) 81-0424947

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	121809	62735
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	81427	99965
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1903362	2033519
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11610265	13580569
(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)	33104736	38557509
(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	46821599	54334297
Liabilities			
g Benefit claims payable.....	1g	10317537	9955476
h Operating payables.....	1h	145480	158871
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1551158	1502512
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12014175	11616859
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34807424	42717438

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)	74343860	
(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)		74343860
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	234118	
(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)		234118
(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)	1637117	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1637117
(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)	159920	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1221577
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		77596592

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58146893	
(2) To insurance carriers for the provision of benefits	2e(2)	2841192	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		60988085
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)	4288721	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32410	
(5) Investment advisory and investment management fees	2i(5)	87537	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	175973	
(8) Legal fees	2i(8)	7500	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4106352	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8698493
j Total expenses. Add all expense amounts in column (b) and enter total	2j		69686578

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7910014
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: EIDE BAILLY LLP

(2) EIN: 45-0250958

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 _____.

Financial Statements
August 31, 2025 and 2024

**Associated Employers Group
Benefit Plan and Trust**

Associated Employers Group Benefit Plan and Trust

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August 31, 2025 and 2024

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CPAs & BUSINESS ADVISORS

Independent Auditor's Report

The Board of Trustees and Participants
Associated Employers Group Benefit Plan and Trust
Billings, Montana

Opinion

We have audited the financial statements of Associated Employers Group Benefit Plan and Trust, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended August 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Associated Employers Group Benefit Plan and Trust as of August 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the year ended August 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Associated Employers Group Benefit Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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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 Associated Employers Group Benefit Plan and Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Associated Employers Group Benefit Plan and 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 Associated Employers Group Benefit Plan and 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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended August 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses for the year ended August 31, 2025, is also presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The image shows a handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Billings, Montana
December 29, 2025

Associated Employers Group Benefit Plan and Trust
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	\$ 13,474,142	\$ 11,041,215
Investments, at fair value		
Mutual funds	35,536,389	30,243,536
Equities	3,021,120	2,861,200
Money market deposit funds	169,162	690,859
Total investments	38,726,671	33,795,595
Receivables		
Contributions due from participating employers	99,965	81,427
Estimated pharmacy rebate	2,033,519	1,744,907
Stop loss recovery	-	158,455
Total receivables	2,133,484	1,984,789
Total assets	54,334,297	46,821,599
Liabilities		
Accounts payable	156,652	143,522
Fees payable	2,219	1,958
Unearned contributions	1,502,512	1,551,158
Total liabilities	1,661,383	1,696,638
Net Assets Available for Benefits	\$ 52,672,914	\$ 45,124,961

Associated Employers Group Benefit Plan and Trust
Statement of Changes in Net Assets Available for Benefits
Year Ended August 31, 2025

Additions		
Contributions		
Employers		\$ 73,542,659
Pass-through insurance premiums		<u>801,201</u>
Total contributions		<u>74,343,860</u>
Investment income		
Net appreciation in fair value of investments		1,381,497
Interest and dividends		<u>1,871,235</u>
		3,252,732
Less investment expenses		<u>(87,537)</u>
Total investment income		<u>3,165,195</u>
Total additions		<u>77,509,055</u>
Deductions		
Payments for benefits		
Health claims		59,364,959
Insurance premiums		2,841,192
Less stop loss reimbursements and recoveries		<u>(856,005)</u>
Net benefits paid		61,350,146
Administrative expenses		<u>8,610,956</u>
Total deductions		<u>69,961,102</u>
Net Increase		7,547,953
Net Assets Available for Benefits		
Beginning of year		<u>45,124,961</u>
End of year		<u><u>\$ 52,672,914</u></u>

Associated Employers Group Benefit Plan and Trust
 Statements of Benefit Obligations
 August 31, 2025 and 2024

	2025	2024
Amounts Currently Payable		
Claims payable and claims incurred but not reported	\$ 8,919,503	\$ 9,292,195
Estimated costs to administer unpaid claims	1,035,973	1,025,342
Total Benefit Obligations	\$ 9,955,476	\$ 10,317,537
Net Assets Available for Benefits	\$ 52,672,914	\$ 45,124,961
Total Benefit Obligations	(9,955,476)	(10,317,537)
Excess of Net Assets Available for Benefits over Benefit Obligations	\$ 42,717,438	\$ 34,807,424

Associated Employers Group Benefit Plan and Trust
Statement of Changes in Benefit Obligations
Year Ended August 31, 2025

Amounts Currently Payable	
Balance at beginning of year	\$ 10,317,537
Claims and premiums incurred, including benefits reclassified from benefit obligations	59,002,898
Claims and premiums paid	<u>(59,364,959)</u>
Total Benefit Obligations at End of Year	<u>\$ 9,955,476</u>

Note 1 - Description of Plan

The following description of the Associated Employers Group Benefit Plan and Trust (“the Plan”) provides only general information. Participants should refer to the Plan documents for a complete description of the Plan’s provisions.

General

The Plan was established on April 1, 1991, by Associated Employers (AE), a nonprofit organization, to provide health and other benefits to employees of participating employers located in Montana and Wyoming. AE is the Plan Sponsor (Sponsor). Eligibility is determined by an adoption agreement submitted by each employer to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Each employer must complete and sign an adoption agreement with the Plan. This agreement determines the waiting period and the minimum hour requirement (20-35 hours).

Benefits

The Plan provides health benefits by self-funding, which is re-insured with individual stop-loss insurance coverage. When eligibility requirements are met, the Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan offers fully insured vision, life insurance (basic, supplemental, and dependent), and accidental death and dismemberment benefits through insurance contracts.

Stop Loss Coverage

The Plan is responsible for claims up to \$600,000 per year, per person. The stop-loss insurance covers the portion of any claims in excess of \$600,000, less an aggregating specific corridor of \$300,000.

Self-Insured Benefits

The Plan is self-insured for medical and prescription benefits up to individual stop loss limits with a cumulative deductible or aggregating specific corridor of \$300,000. The claims for self-insured benefits are processed by the Plan’s third-party claims administrators under administrative services only (ASO) arrangements in which they adjudicate and pay claims with Plan funds. The administrators pay claims directly to or on behalf of participants and are reimbursed by the Plan. Despite the Plan’s utilization of third-party claims administrators, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically pays rebates to the Plan based on manufacturer rebates available.

Contributions

Employer contributions are recorded as additions to net assets available for benefits in the same period in which health benefits are provided. All contributions received, and all assets and earnings of the Plan, are solely and irrevocably dedicated to the payment of benefits of the kind and type described above as well as allowable Plan expenses.

Contributions are made to the Plan in order to fund the payment of claims and Plan expenses. Employer contributions may be adjusted on each renewal period in order to fund estimated obligations but does not guarantee full payment of benefits to any participant, dependent or beneficiary if the benefit payable exceeds the value of the Plan assets.

Unearned contributions consist of advance payments from employers, in the form of cash, for contribution revenue to be recognized in the following year.

Plan Termination

Although the Plan has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the Plan shall distribute excess net assets in a uniform and nondiscriminatory manner for the provision of medical, dental and prescription, or other permitted welfare benefits to the persons who were participants at the time of termination.

Note 2 - Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

Payments for Benefits

Premiums paid by the Sponsor are recorded as insurance premiums in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits. These payments are recorded as claims paid in the accompanying statement of changes in net assets available for benefits.

Stop Loss

Premiums for stop loss insurance are included in insurance premiums in the accompanying statement of changes in net assets available for benefits. Stop loss reimbursements and recoveries totaling \$856,005 for the year ended August 31, 2025, have been shown as a reduction of claims paid in the accompanying statement of changes in net assets available for benefits.

Refunds

Refunds due from the Plan's PBM are recorded when earned. Refunds of \$2,033,519 due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$5,042,155 have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended August 31, 2025.

Cash and Cash Equivalents

The Plan considers all highly liquid investments with a maturity of three months or less when purchased to be cash and cash equivalents.

Receivables and Allowance for Credit Losses

The Plan has tracked historical loss information for its receivables and determined that all receivables are fully collectible and no allowance for credit losses is needed.

Management believes that the historical loss information it has compiled is a reasonable base on which to determine expected credit losses for receivables held at August 31, 2025 and 2024, because the composition of the receivables at those dates is consistent with that used in developing the historical credit expectations (i.e. the similar risk characteristics of its receivables). Additionally, management has determined that the current and reasonable and supportable forecasted economic conditions are consistent with the economic conditions included in the historical information. As a result, the historical loss rates have not been adjusted for differences in current conditions or forecasted changes. Accordingly, the allowance for credit losses at August 31, 2025 and 2024, is \$-0-.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Administrative Expenses

Administrative expenses incurred in the administration of the Plan that are paid by the Plan include bank charges, accounting and legal fees, preferred provider organization and review fees, actuary and consulting fees, and other administration fees. These expenses are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Claims Incurred but not Reported

Plan obligations at August 31, 2025 and 2024, for health claims incurred by participants but not reported at that date, are estimated by an actuarial consulting firm based on industry accepted actuarial methods and assumptions. Such estimated amounts are included in the accompanying statements of the Plan's benefit obligations in the amounts currently payable.

Insurance Premiums

Premiums for vision, life insurance (basic, supplemental, and dependent), and accidental death and dismemberment programs, are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Sponsor has evaluated subsequent events through December 29, 2025, the date which the financial statements were available to be issued.

Note 3 - Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2025 and 2024.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Equities – Valued at the closing price reported on the active market on which the individual securities are traded.

Money market deposit accounts – Valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

Associated Employers Group Benefit Plan and Trust

Notes to Financial Statements

August 31, 2025 and 2024

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 35,536,389	\$ -	\$ -	\$ 35,536,389
Equities	3,021,120	-	-	3,021,120
Money market deposit funds	-	169,162	-	169,162
Investments at fair value	\$ 38,557,509	\$ 169,162	\$ -	\$ 38,726,671
	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 30,243,536	\$ -	\$ -	\$ 30,243,536
Equities	2,861,200	-	-	2,861,200
Money market deposit funds	-	690,859	-	690,859
Investments at fair value	\$ 33,104,736	\$ 690,859	\$ -	\$ 33,795,595

Note 4 - Tax Status

The Trust established under the Plan to hold the Plan's assets qualifies under Section 419(e)(1) of the Internal Revenue Code (IRC) and is subject to income tax as a complex trust. There was no tax due for the years ended August 31, 2025 and 2024.

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

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

Note 5 - Related Party and Party-in-Interest Transactions

The Plan has a contract with Associated Management Services (AMS), a subsidiary of AE, the Plan Sponsor, for administrative services. The Plan paid AMS \$2,285,471 for administrative services during the year ended August 31, 2025. These administrative services include the day-to-day operations of the plan with oversight from the Trustees/Administrative Committee of the plan. Administrative Services includes direct sales, underwriting, broker management, enrollment and billing services, customer service, large claims review and analysis, vendor discussions and supervision, equipment, facility, IT, personnel management and more. The Plan also paid \$6,171,181 to other parties-in-interest for administrative services, which included third party claims administration, broker commissions, legal, auditing, and actuarial services. These transactions are party-in-interest transactions under ERISA.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to claim utilization rates and healthcare costs, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The estimated pharmacy rebate receivable is based on the average percentage of rebates received in prior years. The estimated rebate was appropriately reduced to its estimated net realizable value. Due to uncertainties inherent in the estimation, it is at least reasonably possible that changes in this estimate could materially affect the amount reported in the statements of net assets available for benefits.

Note 7 - Concentration of Credit Risk

The Plan maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At August 31, 2025 and 2024, the Plan had approximately \$14,613,000 and \$12,118,000, respectively, in excess of FDIC-insured limits.

Associated Employers Group Benefit Plan and Trust

Notes to Financial Statements

August 31, 2025 and 2024

Note 8 - Reconciliation of Financial Statements with Form 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the Form 5500 as of August 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	\$ 52,672,914	\$ 45,124,961
Benefit obligations currently payable		
Claims payable and claims incurred, but not paid	(8,919,503)	(9,292,195)
Estimated costs to administer unpaid claims	(1,035,973)	(1,025,342)
Net assets available for benefits per the Form 5500	\$ 42,717,438	\$ 34,807,424

The following is a reconciliation of benefits paid to participants from the financial statements to the Form 5500 for the year ended August 31, 2025:

Benefits paid to participants per the financial statements	\$ 59,364,959
Less stop loss reimbursements and recoveries	(856,005)
Add benefit obligations currently payable at end of current year	9,955,476
Less benefit obligations currently payable at end of prior year	(10,317,537)
Benefits paid to participants per the Form 5500	\$ 58,146,893

Claims and premiums that have been processed and approved for payment at year end but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Note 9 - Required Statutory Reserves

Under statutory regulations for multiple employer welfare associations operating in the State of Montana, the Plan is required to maintain reserves of at least 30% of the total of the claims incurred but not reported. At August 31, 2025 and 2024, the minimum required reserves were \$2,675,851 and \$2,787,659, respectively. The Plan held reserves of \$42,717,438 and \$34,807,424 at August 31, 2025 and 2024, respectively.

Supplementary Information
August 31, 2025

**Associated Employers Group
Benefit Plan and Trust**

Associated Employers Group Benefit Plan and Trust

Schedule of Administrative Expenses

Year Ended August 31, 2025

Claims Administration	\$ 4,288,721
Enrollment, Billing, UW, Customer Service, Personnel, IT, Etc	2,285,471
Commissions Paid to Brokers	1,666,577
Actuary Fees	175,973
Office Expense	122,966
Accounting and Audit Fees	32,410
Affordable Care Act Fees	23,757
Bank Charges	7,581
Legal Fees	7,500
	<hr/>
	\$ 8,610,956
	<hr/>

Associated Employers Group Benefit Plan and Trust

Schedule H, Line 4i – Schedule of Assets Held at End of Year

August 31, 2025

EIN: 81-0424947

Plan: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Mutual Funds:			
	Vanguard Total Bond Mkt	127,458 Shares	\$ 9,194,540	\$ 9,406,400
	American Fundamental	79,106 Shares	5,181,461	7,141,661
	Allspring Core Plus Bond	483,094 Shares	5,494,757	5,454,128
	SPDR S&P 500 ETF Trust	7,724 Shares	2,289,593	4,982,366
	Macquarie Small Cap Core	68,288 Shares	1,724,185	2,146,283
	Pimco Income Fund	213,599 Shares	2,230,746	2,317,544
	American Euro Pacific	32,412 Shares	1,821,240	2,007,281
	Lord Abbett Short	534,891 Shares	2,182,633	2,080,726
	Equities:			
	Berkshire Hathaway Inc	4 Shares	1,223,170	3,021,120
	Money Market Deposit Accounts:			
	ML Bank Deposit Program	169,160 Shares	196,162	169,162
	Total		<u>\$ 31,538,487</u>	<u>\$ 38,726,671</u>

Associated Employers Group Benefit Plan and Trust

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended August 31, 2025

Plan: 501

EIN: 81-0424947

(a) Identity of Party Involved	(b) Description of Asset (Included Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Allspring Core Plus Bond	Mutual Fund	\$ 4,728,000	N/A	N/A	N/A	\$ 4,728,000	\$ 4,728,000	\$ -
Western Asset Core Plus	Mutual Fund	N/A	4,733,738	N/A	N/A	5,629,659	4,733,738	(895,921)

Associated Employers Group Benefit Plan and Trust

Schedule H, Line 4i – Schedule of Assets Held at End of Year

August 31, 2025

EIN: 81-0424947

Plan: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Mutual Funds:			
	Vanguard Total Bond Mkt	127,458 Shares	\$ 9,194,540	\$ 9,406,400
	American Fundamental	79,106 Shares	5,181,461	7,141,661
	Allspring Core Plus Bond	483,094 Shares	5,494,757	5,454,128
	SPDR S&P 500 ETF Trust	7,724 Shares	2,289,593	4,982,366
	Macquarie Small Cap Core	68,288 Shares	1,724,185	2,146,283
	Pimco Income Fund	213,599 Shares	2,230,746	2,317,544
	American Euro Pacific	32,412 Shares	1,821,240	2,007,281
	Lord Abbett Short	534,891 Shares	2,182,633	2,080,726
	Equities:			
	Berkshire Hathaway Inc	4 Shares	1,223,170	3,021,120
	Money Market Deposit Accounts:			
	ML Bank Deposit Program	169,160 Shares	196,162	169,162
	Total		<u>\$ 31,538,487</u>	<u>\$ 38,726,671</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025


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

Part II Basic Plan Information - enter all requested information

1a Name of plan ASSOCIATED EMPLOYERS GROUP BENEFIT PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ASSOCIATED EMPLOYERS OF MONTANA 3435 MOUNTAIN PASS ROAD BILLINGS MT 59108-1087	1c Effective date of plan 09/01/1956 2b Employer Identification Number (EIN) 81-0424947 2c Plan Sponsor's telephone number 406-248-6178 2d Business code (see instructions) 561490

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		<u>2-13-2026</u>	GREG ROADIFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Associated Employers Group Benefit Plan and Trust
Form 5500, Part I, Line A
Year Ended August 31, 2025
Plan: 501

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
1889 Wild West Co	92-1741031	0.0281%
2101 LLC dba Intercontinental Truck Body (ITB)	81-0528119	0.4030%
272 LLC dba Wilson Cabinetry	86-1256031	0.1062%
2MT Trucking LLC	39-2055407	0.0401%
3 Rivers Landworks LLC	86-2836566	0.0841%
320 Ranch Inc	81-0446616	0.0776%
4 Corners Millwork Inc	81-4168451	0.0474%
406 Construction LLC	32-0596615	0.0047%
406 Kitchen & Taproom	81-1593359	0.0845%
406 RX PLLC	82-3059362	0.2482%
777 Fitness & Wellness Center	84-3447382	0.0153%
A Plus Plumbers & Appliance Repair LLC	47-5481159	0.0573%
ABC Real Estate Investments LLC	47-5545778	0.0622%
Absaroka Beartooth Dental PC	20-5049069	0.0465%
Absaroka Inc	83-0239287	0.2414%
Absarokee Foursquare Church	94-3209533	0.0257%
Ace Heating and Cooling	88-1767620	0.0121%
ACM Wyoming LLC	82-4082068	0.2897%
Action Electric Montana Inc	26-3853337	0.0731%
Addco Office Systems Inc	81-0431019	0.0293%
Advanced Automotive Repair LLC	83-1940451	0.0191%
Advantage Asphalt LLC	92-2309663	0.0584%
Advantage Rehab	05-0585249	0.1609%
Adventure Cycling Association	23-7427629	0.0768%
Advocacy & Resource Center	83-0255952	0.0149%
Aeneas Enterprises Ltd	20-1009006	0.1093%
Aertronics Inc	81-0298131	0.2772%
Aertronics of Missoula Inc	81-0542763	0.0158%
Agland Co-op	81-0134200	0.8557%
Agri Industries Inc	81-0439711	1.1951%
Agri-Systems dba ASI Industrial	46-1819819	0.4229%
Alborn Uithoven & Riekenberg	46-3057681	0.1602%
Aldrich Lumber Company LLC	26-2534250	0.0488%
All Weather Tech Inc	81-0481617	0.0434%
Allegra Print & Imaging - Billings	45-3171273	0.1002%
Alliance Property Management	48-1284331	0.0242%
Allied Investment Advisors LLC	81-0382745	0.2416%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Allies in Aging	81-0364744	0.2792%
Alpine Climate Control Inc	83-0275672	0.0455%
Alternatives Inc	72-1519368	1.3077%
AMBI Mail & Marketing	83-0288571	0.0136%
American Pipe & Supply Co	81-0423913	0.0646%
American Porch LLC	45-4774805	0.0096%
American Rotomolding LLC	88-0992982	0.0957%
American Teletec Inc	47-0781456	0.0194%
Amira Tribal Arts LLC	20-1690633	0.0046%
Anderson Masonry Inc - Big Fork	81-0345381	0.2048%
Anderson Steel Supply Inc	81-0305713	0.1541%
Anderson's Heating and Air Conditioning	81-0452997	0.1475%
Apex Manufacturing Services LTD	93-1139681	0.0663%
ARC 3 Corporation	81-0544666	0.0558%
Archie Bray Foundation	81-0284022	0.0637%
Arnold Brothers Inc dba BTI Log Home Care	46-1664626	0.0867%
Arntzen & Ruckman CPAs PLLP	81-0536878	0.0568%
Arrow Striping Equipment Inc	92-1836077	0.1356%
Aspen Way Enterprises Inc	81-0525097	0.0637%
Associated Construction Engineering Inc	81-0447106	0.4960%
Associated Glass Inc	81-0351217	0.2103%
Associated Management Services	81-0483176	0.2910%
Bain Plumbing & Heating Inc	81-0528392	0.0696%
Baker Air Service Inc	81-0515758	0.0060%
Balanced Unitized Team LLC	83-1264484	0.1768%
BancServe Inc	81-0434481	0.0894%
Barker & Associates LLC	20-5358498	0.0060%
Barnard Land & Livestock LP	81-0514896	0.0357%
Barta & Bantz CPAs PLLP	92-1513563	0.0675%
Basin Precast Inc	27-3508350	0.2331%
Bauer Construction	81-0479579	0.2046%
Bayern Brewing Inc	81-0439564	0.1131%
BC Concrete dba Missoula Concrete Construction	81-0532292	0.2337%
Beartooth Environmental Inc	74-3096248	0.0530%
Beartooth Oil & Gas Company	81-0386294	0.0684%
Becker Metra Center Inc dba Metra RV Center	45-5379353	0.1435%
Belgrade Family Dental PC	81-4265919	0.0730%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Belt Valley Bank	81-0110310	0.2414%
Benchmark Window & Door	87-4478260	0.0422%
Betty's Divine Inc	20-2792763	0.0126%
Beyer Big Sky Optical Inc	81-0529782	0.0329%
Beyond the Box Inc	46-4807754	0.0273%
Big Bear Builders Inc	56-2529540	0.0272%
Big Flat Electric Co-Op Inc	81-0217772	0.1212%
Big Horn Wireline LLC	88-2234263	0.2887%
Big Sky Communication & Cable Inc	81-0531132	0.0585%
Big Sky Community Organization	81-0520589	0.1754%
Big Sky Doors LLC	93-2650568	0.0156%
Big Sky Equipment Co	81-0229416	0.2183%
Big Sky Home Management Inc	47-3805145	0.1171%
Big Sky Irrigation Inc	81-0344782	0.1962%
Big Sky Landscaping & Irrigation LLC	72-1546550	0.0717%
Big Sky Linen & Uniform	81-0295222	0.3599%
Big Sky Owners Association	81-0361994	0.0744%
Big Sky Pharmacy	81-0344328	0.0614%
Big Sky Ultrasound	20-5264557	0.0222%
Biggerstaff Construction LLC	46-1831717	0.0551%
Bijou Inc	83-0310177	0.0350%
Billings Aquatic Club	81-0431304	0.0186%
Billings Family YMCA	81-0229386	0.2315%
Billings Farmhand Inc	81-0525366	0.1759%
Billings Industrial Revitalization District	20-4545404	0.0183%
Billings Leadership Foundation	83-2729073	0.0404%
Billings Livestock Commission Inc	45-3672411	0.1422%
Billings Seafood Guys LLC	82-3803126	0.0108%
Billings Sign Service Inc	81-0526097	0.0650%
Billings Studio Theatre Inc	81-0293924	0.0265%
Birdwell Builders Inc	81-0535492	0.0297%
BIRDworks	33-4744392	0.0041%
Bison Pump & Supply Inc	83-0277336	0.0509%
Bitterroot Tool & Machine LLC	46-4335034	0.1496%
Black Rock Advanced Medical Imaging	45-2819619	0.0450%
Black Summit Group LLC	33-1991030	0.0715%
Black Timber Furniture Company	47-1020527	0.0236%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Blackfoot River Brewing Company LLC	81-0509158	0.0561%
Blacksheep Engineering LLC	36-4823418	0.1511%
Blairs Market	87-3456523	0.3655%
Blairs Market - Powell	87-3456523	0.2045%
Blairs Market-Powell	33-3755467	0.0613%
Blakeman Propane Inc	83-0266274	0.3127%
Blakes Truck & Trailer Repair LLC	88-0873535	0.0166%
Blanton Contracting LLC	83-2676653	0.0226%
Blue Body & Paint Inc	36-4856650	0.0176%
BlueBird Plumbing	26-0508935	0.0266%
Blueline Engineering LLC	20-4953419	0.0285%
Bobcat of Big Sky Inc	20-8584186	0.1689%
Boothill Inn & Suites	81-0534567	0.1354%
Boys & Girls Club of Carbon County	81-0493132	0.0216%
Boys & Girls Club of Lewistown	80-0114397	0.0711%
Boys & Girls Club of Richland County	11-3694698	0.0219%
Bozeman Public Library Foundation	81-0405940	0.0653%
BP Plumbing & Heating LLC	82-5256865	0.0199%
Bradford Roof Management	81-0449927	0.0889%
Bridgemont Health and Wellness	81-0359499	0.4856%
Bridger Water Works LLC	84-1797622	0.0486%
Briggs Distributing Company Inc	81-0240605	0.5696%
Brittney Martello LLC dba Hyalite CrossFit	82-3577366	0.0078%
Broken Link Construction LLC	83-3149408	0.0088%
Broken Link Energy LLC	46-3223046	0.1347%
Broughbuilt Inc dba Reliance Automotive	82-1029248	0.0565%
Browns Auto Service Inc	81-0362370	0.9222%
Brownson Construction Inc	20-2120962	0.0987%
Bruco Inc	81-0374359	0.0510%
Buffalo Rapids Irrigation District No 2	27-2131240	0.0856%
Buffalo Realty LLC	61-1609062	0.0101%
Bullseye Electric LLC	84-2142714	0.0575%
Butte Country Club	81-0116245	0.0499%
Butterfly Homes Inc	26-1655382	0.0516%
By Word of Mouth Inc	81-0491430	0.0413%
C & K Equipment Sales Inc	45-4080449	0.1815%
Camelot Builders LLC	46-3082133	0.0331%

Associated Employers Group Benefit Plan and Trust
Form 5500, Part I, Line A
Year Ended August 31, 2025
Plan: 501

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Canvas Church	81-0332058	0.4626%
Carl Construction Inc	81-0503852	0.0554%
Carquest of Dillon	83-2973532	0.0345%
Carroll Realty Co Inc	83-0294231	0.0394%
CARSTAR Auto Body Specialists	46-4942294	0.0047%
Cascade Farmers Mutual Ins Co	81-0118370	0.1911%
Casey Ventures Inc dba Allied Electric	82-3887615	0.0444%
Casper Alcova Irrigation District	83-6000904	0.0347%
Casper Area Chamber of Commerce	83-0109660	0.0075%
Casper Tin Shop LLC	82-4746202	0.1572%
Castle Granite & Fabrication Inc	81-1800668	0.0095%
Cayton Excavation Inc	20-2475472	0.1574%
Centana Feed Yard LLC	82-2642722	0.0267%
Central Builders of MT Inc	33-1249566	0.0417%
Central City Auto & RV LLC	84-3250622	0.0080%
Central Electric Inc	81-0519582	0.6914%
Central Montana Panels LLC	27-2259274	0.0297%
Central Products	81-0488845	0.0283%
Centsible Auto Sales Inc	81-4771087	0.0213%
Charlton & Sons Trucking Inc	81-0449707	0.0319%
Chief Dull Knife College	81-0351900	1.0647%
Childrens Alliance of Montana Inc	46-0730444	0.0385%
CHMS PC	81-0415266	0.3913%
Choteau Activities Inc	81-0360397	0.0184%
Christensen Fulton & Filz PLLC	43-1991556	0.1122%
Church Universal & Triumphant Inc	51-0161351	0.3116%
Circle B LLC	85-0469140	0.0932%
Citco Federal Credit Union	83-0199817	0.0306%
Clark Fork Coalition	36-3428665	0.1114%
Clark's Orthopedic & Medical	81-0284364	0.0593%
ClavesVita Inc	46-1482596	0.0068%
Clean Slate Group LLC	47-4853229	0.0679%
Cleerline Technology Group LLC	30-0712029	0.2141%
Cleins Xterior Supply Co	82-1200187	0.0502%
Clutch Masters	95-3068120	0.0656%
CM Manufacturing Inc	34-1711605	0.2488%
CMG Engineering Inc	20-2317698	0.1061%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Coldwell Banker The Brokers	81-0408968	0.0621%
Collaborative Design Architects Inc	81-0505505	0.1025%
Comfort Heating & A/C LLC	81-0537736	0.2823%
Community Food & Agriculture Coalition	26-3991288	0.0693%
Community Solutions Inc	20-3300963	0.0849%
Complete LLC dba WebBuy	26-4819724	0.0832%
Conag Industrial Repair LLC	14-1896853	0.0192%
Construction by Design Inc	33-1033120	0.0808%
Corcoran Logistics LLC	20-4779015	0.2479%
Corcoran Transportation Group Inc	99-5028862	0.5465%
Corcoran Trucking Inc	81-0392755	0.1094%
COS LLC	46-4194541	0.5012%
Cottonwood Creek Dental Inc	04-3694637	0.0332%
Create Construction LLC	81-3229634	0.0421%
Creative Monograms LLC	46-3885274	0.0439%
Crested Butte News Inc	20-2025200	0.0305%
Crossroads Sports & Fitness	84-1407925	0.0375%
Crown Enterprises Inc - Kalispell	81-0304838	0.9142%
Curtiss Farm & Auto Co	46-1323987	0.1625%
Curtiss Repair & Son Inc	46-3449667	0.0754%
Custom Concrete Inc - Billings	81-0526615	0.1141%
Custom Machining Industries Inc	83-2541075	0.0864%
Cut Bank Auto Body Shop Corp	86-1471444	0.1040%
CW Designs LLC	81-5283672	0.0524%
D & D Transport Refrigeration Service Inc	81-0383763	0.0712%
D & D Trucking & Construction Co	47-3490830	0.0966%
Daly Livestock Company	83-0188778	0.0851%
Dan Hart Patrol Service LLC	20-8494415	0.4534%
Darcova Inc	81-0502360	0.0381%
Davis Hatley Haffeman & Tighe PC	81-0468030	0.1850%
Device Doctor	46-1464997	0.0248%
Diamond B Companies Inc	81-0534919	0.4177%
Diamond Box Livestock Inc	81-0540800	0.0372%
Diamond J Construction LLC	26-4709569	0.1179%
Diamond J Redi Mix LLC	47-2357740	0.0412%
Diana Larson Insurance Agency Inc	82-1539780	0.0207%
Dig It Excavating Inc	35-2374965	0.0402%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Diversified Transfer & Storage Inc	81-0455541	0.8687%
Divide Electric Inc	82-1961643	0.0127%
DJ & A PC	81-0524186	0.4725%
DLL Investments LLC	87-1735898	0.0511%
DNA Architects	33-2597424	0.0164%
Double Crown LLC dba Trugreen	81-0506860	0.0915%
Double J Fencing Inc	30-0749204	0.0249%
Doug Smith Grading LLC	36-4855205	0.0353%
Downtown Billings BID Inc	20-5506295	0.0958%
DPR Inc dba Red's Bar	81-0482515	0.0302%
Dr Ike Heaphy DDS PC	90-0074728	0.0106%
Dry Fork Ag Inc	20-5870322	0.1680%
D's Discount Furniture	81-0460621	0.0614%
Duckworth Inc	35-2545114	0.0678%
Duffy Construction LLC	90-0354528	0.0433%
EA LLC dba Statewide Liquor	27-1932954	0.0718%
Eagle Mount Bozeman	84-1383214	0.1315%
Eagle River Construction & Excavation LLC	85-1611448	0.0392%
Ear Nose & Throat Associates	81-0330682	0.2782%
Earlywood LLC	27-2429943	0.0373%
East Rosebud Lake Association	81-0130265	0.0113%
Eastgate Ranch LLC	83-0331576	0.0142%
Econo Print Inc	81-0532153	0.1445%
Edam's Tire & Automotive	26-3873569	0.0626%
Edgell Building Inc	81-0475297	0.1805%
EEC Inc	72-1548295	0.3532%
Electric Service Shop Inc	81-0426103	0.0499%
Elite Wound Care Center LLC	99-2314918	0.0235%
Elkhorn Pharmacy Inc	26-4385157	0.1496%
Empire Roofing Inc	81-0495020	0.1014%
EmpowerMT	81-0526099	0.0122%
Encore Inc	82-0454286	0.0078%
ETAK Electric LLC	20-1450347	0.0449%
Ethnoscience Inc	81-0514960	0.0364%
Evergreen Financial Inc	47-4427051	0.0030%
Evergreen Fire District	26-1456302	0.2561%
Eyecare Associates of Lewistown PC	20-3028303	0.0499%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
EZ Enterprises LLC	99-3560607	0.0375%
Ezra Consulting LLC	82-1989989	0.0546%
Fabian Machine & Welding Inc	84-1368930	0.0528%
Faith Chapel	81-0382894	0.8373%
Faith Evangelical Church	81-0364865	0.2071%
Falcon Enterprises Inc	46-4089437	0.0967%
Family Connections Inc	81-0438469	0.1392%
Family Service Inc	81-0232120	0.0831%
Farm to School of Park County	84-3389625	0.0293%
Farwest Steel Wyoming Inc dba Gillette Steel Ctr	99-1088742	0.2431%
Fay Ranches Community Foundation	86-2355941	0.0093%
Fay Ranches Inc	81-0498394	0.1495%
FBB Inc dba Interstate Batteries of theYellowstone	61-1798701	0.1700%
Felt Martin PC	81-0406247	0.1550%
Fergus Farm Mutual	81-0220262	0.0649%
Fergus Federal Credit Union	81-0268734	0.1745%
Fetch LLC	82-1297516	0.0435%
Filters & More LLC dba Galles Filter & Exhaust	81-3822741	0.0431%
Fireplace Center of Billings Inc	85-2608917	0.0033%
Fireplace Center of Kalispell Inc	20-5129512	0.0039%
First Security Bank of Deer Lodge	81-0331397	0.1047%
Fischer Commercial Flooring LLC	46-4195531	0.1234%
Five Star Pool & Spa Service	45-5169303	0.0389%
Five Valleys Restoration & Cleaning Inc	26-3411181	0.0885%
Fleetwood Gaming Inc	81-0521981	0.0156%
FloorX LLC	33-2608425	0.0088%
Florence Community Pharmacy Inc	81-0532591	0.0675%
Fly Fishers International Inc	23-7037444	0.0445%
Foothills Rig Service Inc	46-5152902	0.0237%
Four Nine Design LLC	84-1733921	0.0372%
Frandsen Safety Inc	83-0336088	0.1693%
Freedom Bank	57-1219868	0.3656%
Freedom Four Wheel	86-2427186	0.0067%
Freightmonster.Com Inc	81-0538108	0.0809%
Friendship House of Christian Service	81-0300497	0.0160%
FX Drilling Company Inc	87-0522982	0.0564%
G & J Diesel Sales & Service Inc	81-0486206	0.0319%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
G Kristian Hansen DDS MS PC	81-0525877	0.0584%
Gallatin Alpine Sports	81-0504338	0.0528%
Gallatin Valley Furniture Inc	81-0217476	0.0345%
Gary McDermott CPA	81-0365973	0.0934%
Gary Weber Construction Inc	81-0472053	0.0949%
Gaston Engineering & Surveying PC	81-0454635	0.1205%
GCBillings Midas	88-4161221	0.0051%
GCMontana Midas	92-0620349	0.0099%
GER LLC dba Gallatin Event Rental	84-3614904	0.0218%
GigWorx	93-2688024	0.0247%
Gillette Steel Center Inc	83-0297923	0.1412%
Girl Scouts of Montana & Wyoming	81-6001486	0.3200%
Glacier Investment Management LLC	81-1869483	0.0108%
Glasgow Courier Inc	46-1218396	0.0099%
Golden Nugget Body & Paint	81-0475373	0.0924%
Gomer's Inc Missoula	81-0522326	0.1007%
Granary Beverage Co dba The Granary	87-3151127	0.0188%
Grand Altitude Federal Credit Union	83-0204793	0.1961%
Grand Teton News Inc	83-0331635	0.0421%
Granite Peak Analytics LLC	84-3195071	0.0682%
Grant Creek Excavating LLC	20-3771190	0.1439%
Graphic Imprints	45-0522349	0.2448%
Great Northern Heating and Air Inc	41-1895538	0.0129%
Great White Construction LLC	82-1029061	0.0095%
Greene Construction of Big Sky Inc	81-0537919	0.0053%
Grinnell Street Dental	83-0330265	0.1075%
Grizzly Fence & Excavation LLC	88-3804256	0.0411%
Grizzly Wine and Spirits LLC	46-0982368	0.0965%
Habitat for Humanity of Gallatin Valley Inc	81-0471246	0.0693%
Hardrives Construction Co Inc	81-0470148	0.5288%
Hardy Construction Co	81-0241559	0.4347%
Harker Mellinger CPAs LLC	83-0276355	0.2705%
Harrington Physical Therapy PC	84-1391220	0.0229%
Harvest Church	81-0533005	0.3961%
HBECT LLC	46-0810335	0.0450%
HCR Inc	54-1198011	0.0139%
Headwaters Construction LLC	81-4234330	0.0188%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Headwaters Engineering Inc	85-3973851	0.0053%
Heart of the Rockies Initiative	46-3635624	0.1729%
Hedman Inc	20-5598899	0.0326%
Heights Eyecare Inc	81-0470135	0.2844%
Helena Area Habitat for Humanity	81-0476317	0.0957%
Helena Food Share Inc	36-3507623	0.1340%
Heli 1 Corporation	20-1959400	0.3110%
Hende Investments LLC	92-3927203	0.0509%
Hendrickson Law Firm PC	81-0373848	0.1032%
HGFA Architects PLLC	46-1441214	0.0585%
Hi Tech Electric Inc	47-3188771	0.0775%
Hicks Engineering PC	84-1619007	0.0791%
High Plains Brewing LLC	37-1835302	0.0093%
Hi-Heat Industries Inc	48-0917349	0.5229%
Hilands Golf Club	81-0147120	0.1858%
Hi-Tech Motorsports MT Inc	86-2024819	0.0488%
Holden Herefords	81-0349799	0.0241%
Home Training Tools LTD	84-1402842	0.4688%
Homer and Mildred Scott Foundation	74-2250381	0.0102%
Hood & Horning Construction dba Paul Horning Const	81-0525100	0.0303%
Horizon Veterinary Clinic PC	47-2639930	0.0415%
Hot Iron Inc	83-0292479	0.0533%
Houser Engineering PC	27-3062180	0.0632%
Hoyt Architects LLC	84-2510665	0.0592%
HydroSolutions Inc	81-0527775	0.0754%
Ideal Manufacturing Inc	81-0499859	0.3098%
I'm Automotive LLC	85-2013031	0.0178%
Industrial Sales & Service Inc	81-0521176	0.0823%
Inflatable Packers International LLC	27-3364171	0.0738%
Inner Circle University LLC	83-2721287	0.0374%
Inter-Mountain Biomedical Services Inc	88-0217019	0.1088%
Interstate Storage	26-2358265	0.0416%
Intrigue Ink Corp	81-4815666	0.0204%
Intrinsik Architecture Inc	20-2706705	0.2166%
Invictus Security Group LLC	92-1364577	0.0165%
In-Yarak Construction Inc	27-1976580	0.0243%
Isbell Industries Inc dba Solar Montana	45-5210250	0.0080%

Associated Employers Group Benefit Plan and Trust
Form 5500, Part I, Line A
Year Ended August 31, 2025
Plan: 501

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
It's Elation Inc	45-5392729	0.0676%
IWS Energy Services LLC	36-4851547	0.0105%
J & J Curtiss LLC	32-0404998	0.0078%
J & S Enterprises	26-4794587	0.2488%
J & S Recovery Inc	81-0517048	0.0442%
J & S Transportation LLC	81-0533188	0.1875%
Jadeco Inc	83-0215356	0.0570%
Jared Langley Enterprises Inc	81-0505474	0.1199%
JC Excavation & Construction LLC	82-3734116	0.0335%
Jedediah Aspen LLC	89-4765007	0.1317%
Jedediahs	83-0246511	0.2197%
Jeff Boyd Insurance Agency Inc	26-0017949	0.0320%
Jesco Marine & Power Sports LLC	27-3802398	0.1604%
Jesco Metalworks	92-0958340	0.0069%
Jim-N-I Inc dba Allied Steel	81-0391597	1.1820%
JMA Red Lodge Manager LLC	26-1203067	0.5521%
JMF Inc	81-0509495	0.1345%
Joe Russell Trucking LLC	26-1789389	0.0336%
Johnson - Wilson Constructors Inc	26-0011873	0.0284%
Jones Brothers Trucking Inc	81-0419094	0.7724%
Joyce Fuel & Feeds Inc	81-0503445	0.0592%
JTech Communications Inc	84-1416317	0.0709%
JYJ Enterprises	87-4563162	0.0709%
K R Rauch Company Inc	81-0393115	0.0694%
K2 Civil Inc	87-0840189	0.5091%
Kasvot Holdings Inc dba Zoo City Apparel	87-2217641	0.0358%
K-B Chemical Co Inc dba KB Commercial Products	81-0293315	0.0603%
KC & Company PC	81-0472046	0.1193%
KeeSun Corp	83-0297298	0.0588%
Key Insurance of Roundup Inc	81-0544727	0.0623%
KHBC Bonner LLC	81-0816045	0.2157%
Kid Curry Lounge LLC	26-2193886	0.0829%
Kinetic Agency	27-3870446	0.0859%
King Transfer & Storage Company	81-0296232	0.0101%
King's Ace Hardware	27-1074209	0.6595%
Kissell Construction & Property Service	82-3220688	0.0510%
Kitchens Plus MT LLC	84-5099852	0.0793%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
KJ Grimm Enterprises LLC	84-1784109	0.1039%
KP Power Consultants LLC	87-4715261	0.1571%
Krivonen Associates Inc	45-4094440	0.0869%
KW Insurance	20-0406770	0.0490%
KW Trucking LLC	46-4782276	0.0313%
Kwasney LLC	33-2282685	0.0037%
Lamarsa Corp	81-0380736	0.0170%
Land Design Inc	80-0039675	0.1149%
Langford Inc dba Billings Concrete	81-0538846	0.0315%
Lantek LLC	84-3313913	0.0104%
Laura Fedro Interiors Inc	81-0534176	0.0174%
Lee Law Office PC	26-0377398	0.0409%
Legacy Irrigation & Supply LLC	92-2030324	0.1119%
Leisure In Montana Inc	26-1605668	0.0393%
Lenhart Mason & Associates LLC	83-0327383	0.0738%
Leroux Inc	83-0292363	0.0855%
Lewistown Insurance Agency Inc	81-0398690	0.0766%
Lewistown Propane & Fertilizer LLC	88-0820182	0.3518%
Limitless Fabrication LLC	99-2280718	0.0197%
Little Horn State Bank	81-0160150	0.4803%
Lock-Tite Anchor Co Inc	83-0333165	0.0552%
Lockwood Rural Fire Dist 8	81-0451542	0.3959%
Locomotive Inn Inc	81-0463045	0.0947%
Lofing Electric LLC	45-4166624	0.0702%
Lone Mountain Gymnastics	82-1869184	0.0545%
Long Investments LLC	26-2988417	0.0364%
Lund Law PLLC	27-3205625	0.0240%
Lund Veterinary PLLC dba Lund Equine	47-1799010	0.0465%
Lynnrich Inc	81-0506250	0.2120%
Macon Construction Co	20-2768952	0.0653%
Malta Irrigation District	81-6001549	0.1504%
Marias Healthcare Services Inc	81-0370945	0.4862%
Marketing Specialties Inc	81-0266385	0.0421%
MARS of Billings	81-0544353	0.1334%
Marzee's LLC	82-2717369	0.0207%
Matovich Enterprises	81-0377561	0.2858%
Mattress Mill	81-0468203	0.1351%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Maverick Oilfield Services LLC	83-2249706	0.2649%
McBride & McBride Optometry PC	81-0401463	0.1464%
MCR LLC	81-0544815	0.1995%
Meadow Canyon Ready Mix Inc	01-0890275	0.0758%
Meadow Lake Development Corporation	81-0474328	0.2994%
Meankoff Enterprises Inc	47-2806451	0.0555%
Metro Realtors LLP	27-1757446	0.1130%
Midway Auto Sales LLC	81-2349534	0.0129%
MIH Construction LLC	59-3806389	0.0209%
Mile High Bowling Center Inc	81-0272718	0.0400%
Miles City Insurance Services Inc	46-2996110	0.0585%
Millennium Construction & Consulting Inc	26-4174557	0.0844%
Minarik Architecture Inc	46-2564059	0.0156%
Minn-Alaska Transport	81-2061138	0.0131%
Mission Fiber LLC	88-3708409	0.0626%
Mission West Community Development Partners	81-0489999	0.1335%
Missoula Country Club	81-0168040	0.0968%
Missoula Dental PC	87-1853824	0.0059%
Missoula Economic Partnership	27-3994460	0.0445%
Missoula Property Management LLC	20-0472705	0.1025%
Mitchell Golf of Montana Inc	81-0540377	0.0501%
Mitchell's Crane and Trucking LLC	81-4501557	0.1919%
Mobile Stor Inc	84-1368631	0.0445%
Moline Inc	84-1367277	0.0375%
Momentum Physical Therapy LLC	47-2830933	0.0221%
Montana Allergy PLLC	27-0490228	0.0561%
Montana Association of REALTORS	81-0306171	0.0809%
Montana Chamber of Commerce	81-0171280	0.0966%
Montana Christian College	81-0351746	0.0056%
Montana Community Services Inc	22-2930107	0.2355%
Montana Cooperative Development Center	20-0436490	0.0410%
Montana Cycle & Marine Sales Inc	81-0343001	0.0739%
Montana Family Pharmacies	47-2447591	0.1830%
Montana Free Press	47-5237719	0.2700%
Montana Freshwater Partners Inc	45-2804436	0.0143%
Montana Frontier Sandstone LLC	81-3622933	0.0706%
Montana Hot Tub Inc	81-0520160	0.1587%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Montana Livestock Ag Credit Inc	81-0433292	0.1197%
Montana Medical Research Inc	20-3968376	0.0636%
Montana Moulding Inc	81-0460104	0.1033%
Montana Nonprofit Association	73-1654969	0.0465%
Montana Oral Surgery PLLC	87-1677909	0.1696%
Montana Petroleum Association Inc	81-0525334	0.0134%
Montana Preservation Alliance	36-3559965	0.0156%
Montana Rescue Misson Inc	81-6013963	0.0710%
Montana Six LLC dba Montana Concrete Polishing	87-1362043	0.0476%
Montana State Golf Association	23-7025168	0.0315%
Montana Valley Irrigation LLC	82-4669519	0.1000%
Montana Wilderness School	46-4371734	0.0302%
Montana Wildlife Federation	81-0303948	0.0487%
Montucky Cold Snacks	45-4879803	0.0457%
Mountain Commercial Specialists	20-3171759	0.0656%
Mountain Lake Lodge	81-0515624	0.0450%
Mountain Property Management Inc	26-3691814	0.1161%
Mountain States Lithographing LLC	46-4729456	0.0256%
Movie Palace Inc	83-0286685	0.0816%
Mrachek Popp & Associates PC	81-0419663	0.0694%
MRG Trucking LLC	83-3725101	0.0844%
MSU-Billings Foundation	81-0301477	0.1093%
MT Ag LLC	85-1512910	0.0803%
MT Office Machines of Missoula Inc	81-0528644	0.0836%
MT Precast Concrete LLC	87-3732558	0.0680%
Mustangs Baseball LLC	47-1743890	0.0105%
N Squared Inc	46-3039572	0.0328%
NaBo Inc	41-2073370	0.0107%
National Indigenous Womens Resource Center Inc	27-4971660	0.4303%
New Beautiful You	82-1797455	0.0243%
New Day Ranch Inc	81-0488326	0.6328%
New Frontier Aviation Inc	81-0474455	0.0242%
New Life Assembly	81-0357702	0.0462%
New Sky LLC	81-3549889	0.0623%
Newman Holdings Inc	86-1292856	0.0530%
NGS Sales Inc	81-0503662	0.0307%
North Black Partners Inc dba New Age Artisans	47-4117416	0.0259%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
North Central Area Agency on Aging Inc	81-0345882	0.0369%
Northern Montana Joint Refuse Disposal District	81-0466348	0.0668%
Northern Plains Electric LLC	87-1699023	0.0076%
Northwest Glass Inc	81-0447938	0.2055%
Northwest Montana Community Land Trust Inc	27-1832846	0.0125%
Northwest Scientific Inc	81-0225349	0.1643%
Nu Wave Services LLC	83-2999533	0.0106%
Ogle Heating & Cooling Inc	27-4653516	0.0962%
Olets Inc dba The Cave Spirits & Gifts	20-8597835	0.0467%
Open Aid Alliance	36-3652244	0.0691%
Opportunities Inc	81-0295813	0.7193%
Origen Inc	90-0002156	0.1184%
Orthopedic Rehab Inc	81-0509072	0.0882%
Osprey Beverages LLC	26-1987792	0.1531%
Our Doughmain LLC	74-3161036	0.0345%
Outloud Holdings LLC dba High Horse Saloon & Eatery	85-4235665	0.0787%
Overflow Inc	33-2703640	0.0268%
Overman of Bozeman Inc dba Distinctive Lighting	81-0533839	0.0243%
Park County Community Foundation	20-5581763	0.0402%
Park County Environmental Council	36-3699660	0.1208%
Park Street Real Estate LLC	46-2292578	0.0552%
PCRS 360 dba Rural Resilience	86-2793822	0.0130%
Peak Dental PC	85-3073598	0.0229%
PEAK Electric Inc	82-3903533	0.0630%
Pediatric Therapy Clinic Inc	20-3573051	0.3264%
Performance Engineering LLC	82-3633817	0.2154%
Performance Oil Tools Inc	76-0709286	0.0874%
Petro Services Company Inc	81-0379601	0.0362%
Picard Chiropractic Inc	45-4730299	0.0326%
Pickrel Land & Cattle Co Inc	83-0220160	0.0404%
Pilch Engineering LLC	82-3831568	0.0398%
Pine Creek Lodge LLC	47-5237924	0.0133%
Pioneer School District #41	81-6001108	0.1291%
Platinum Dirt Works LLC	86-1803984	0.0115%
Plenty Doors Community Development Corporation	82-2045927	0.0622%
Pondera County Canal & Reservoir Company	81-0244871	0.2635%
Practical Taxes Inc	47-2729206	0.0280%

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Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Precise Concrete LLC	87-0978331	0.0350%
Premier Air LLC	46-5360973	0.1471%
Premier Builders MT LLC	46-2193915	0.1264%
Prickly Pear Land Trust Inc	81-0506868	0.0502%
Project Meats dba Ranch House Sausage Company	83-2934845	0.0670%
Pros Inc dba Vision Optical	81-0478088	0.0288%
Prosource Machinery LLC	47-1883941	0.1050%
Quality Foods Distributing LLC	27-2890900	0.0824%
Quality Seamless Gutters of MT Inc	20-2753533	0.0192%
Rainbow Property Management Inc	26-1649745	0.3083%
Raisin Contracting	85-0547312	0.0078%
Ratco LLC	81-0429036	0.0493%
Raw Machinery Inc	27-4894383	0.0456%
Raymond Corcoran Trucking Inc	81-0438900	0.0939%
RCM Trucking LLC	61-1525805	0.0942%
RDJ Brothers	81-0512640	0.4017%
RDM Inc dba Baker Transfer & Storage	20-5964822	0.1606%
Real Audio Concept	47-1243977	0.0176%
Real Estate Hub LLLP	83-2466151	0.0580%
Red Eagle Aviation Inc	84-1391807	0.0386%
Red Lodge Home & Hardware Inc	83-2431503	0.1111%
Red Tiger Drilling Inc	81-0525089	0.0524%
Regan Plumbing & Heating Inc	81-0260249	0.1864%
Reid Smith Architects Inc	83-0359694	0.0481%
Renegade Custom Carpentry LLC	83-4143775	0.0014%
Reno Club LLC	87-0346736	0.0294%
Resource Support & Development Inc	81-0347025	0.5798%
Rex Beverage Co LLC dba Buffalo Block at the Rex	82-4287377	0.0340%
Ridgeline Wealth Partners	88-1745604	0.0864%
Rimrock Auto Group Corporate Office	81-0443184	0.1410%
Rimrock Foundation	81-0302870	0.8929%
Rimrock IV LLC dba Kia Volkswagen Billings	27-3822913	0.0757%
Rimrock VI LLC dba GMC Cadillac of Billings	81-0443184	0.1621%
River Valley Builders Inc	26-2332469	0.0229%
RJ Contractors LLC	81-4171841	0.2117%
Rock Springs Land & Cattle LLC	84-3925944	0.0006%
Rocky Mountain Agronomy Center LLC	83-0332873	0.0287%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Rocky Mountain Apothecary LLC	84-2004855	0.0859%
Rocky Mountain Asphalt LLC	87-4435462	0.0719%
Rocky Mountain Concrete	81-0429779	0.0004%
Rocky Mountain Operations LLC	85-1513863	0.0658%
Rocky Mountain Rehab PC	81-0538292	0.0662%
Rocky Mountain Title Guaranty LLC	85-1412175	0.1183%
Rocky Mountain Wash LLC	47-0911513	0.2028%
Rollinger Companies Inc	20-4160233	0.0362%
Rooter Sewer Service Inc	83-0248083	0.1466%
Roots Garden Center LLC	99-0444047	0.0302%
Rowell Spray Systems Inc	81-0515438	0.0057%
RPH Irrigation Services LTD	84-1381238	0.0228%
Russell Motorsports LLC	45-4059730	0.1401%
Rusty Parrot Lodge & Spa LLC	26-0011807	0.3437%
Ryan Bros Trucking Inc	83-0203603	0.1667%
Ryan Grocery & Processing Inc	81-0480550	0.1649%
Ryan Restaurant Corporation	81-0461220	0.8485%
S & A Utilities LLC	88-3473616	0.0490%
S & L Industrial	83-0298585	0.4068%
S & S Machine Inc	81-0509702	0.1354%
S Bar S Supply Co	81-0378935	0.0188%
S N G Inc 3-G's	81-0430701	0.1805%
Samss Refacer Inc	47-2680671	0.1055%
Sapphire Lutheran Homes Inc	81-0452190	0.1332%
Sax Inc dba Heights Ace Hardware	81-0386044	0.1543%
SBW & Associates PC	45-3540192	0.0193%
Schessler Excavation & Septic Medic Inc	81-0290215	0.0680%
Scheveck & Salminen Law Firm PLLC	82-5393754	0.0205%
Scott Family Services	71-0919978	0.0436%
SCS Industries LLC	46-5212102	0.0611%
SE Incorporated	83-0264998	0.2971%
Seiden Drug Company Inc	81-0192900	0.0421%
Seitz Insurance Agency	81-0286779	0.3224%
Sevan Inc	71-0919631	0.1177%
Shennum Construction Company Inc	81-0349050	0.0833%
Sheridan County Chamber of Commerce	83-0145630	0.0062%
Sheridan Electric Co-op Inc	81-0216871	0.3735%

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Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Sheridan Motor Inc	83-0209289	0.2551%
Sheridan Seed Company Inc	83-0328818	0.0175%
Shipton's Big R	81-0251220	1.1641%
Shoshone Irrigation District	83-6000847	0.1496%
SilverBow Surgical Associates PC	20-5254270	0.0155%
Site & Septic Corp	82-2592193	0.0085%
SK Geotechnical Corporation	81-0518956	0.0305%
SK Geotechnical Corporation-OLD	81-0518956	0.0912%
Skogen Cometto & Associates PC	83-0232451	0.0254%
Skyline Aviation LLC	46-4274214	0.0510%
Sleeping Giant Mechanical	83-2049336	0.0864%
Smoked LLC dba Smoked American Barbecue	82-3305223	0.0671%
Snake River Angler	83-0323005	0.0355%
Snake River Excavation LLC	85-2136520	0.0375%
Snappy Sport Senter Inc	81-0426659	0.0472%
Solid Concrete Inc	92-3367067	0.0419%
Somont Oil Company Inc	81-0361126	0.4444%
Special K Ranch	36-3378581	0.3365%
Specialty Foundation Systems LLC	86-3754068	0.1180%
Sports Inc	81-0298577	0.0185%
Spring Meadow Resources Inc	81-0352330	0.2495%
Square P & L Inc	81-0448560	0.1523%
St John's United	81-0288768	2.3685%
Stacey & Funyak	81-0488899	0.0759%
Stateline Services LLC	47-2562106	0.1759%
Stene Aviation Inc	81-0423315	0.0551%
Stillwater Electric Inc	73-1725261	0.1196%
Stillwater Transport Inc	45-4155884	0.0333%
Stillwater Veterinary Clinic PC	20-1335512	0.0974%
Storm Castle Construction LLC	82-2351186	0.0523%
Streamline LLC	64-0952288	0.0750%
Summit Independent Living Center Inc	81-0453619	0.0515%
Sunburst Consulting Inc	81-0511262	0.0116%
Sunlight Federal Credit Union	83-0178224	0.4770%
Superior Hardwoods & Millwork Inc	81-0387560	0.0672%
Superior Production Logging Inc	75-1459244	0.0804%
Surgical Associates PC	81-0330341	0.2975%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Sussex Construction Inc	81-0534206	0.1525%
S-W Windermere Inc	20-1272600	0.0704%
Switzer Landscaping LLC	82-4348622	0.0353%
Synergy Builders LLC	46-4492349	0.0711%
T & T Cranes LLC	27-5088461	0.1320%
T W Enterprises Inc	81-0499738	0.5045%
Tailwind Management LLC	02-0667908	0.0322%
Tamarack Alehouse & Grille LLC	20-5500554	0.0518%
Tamarack Brewing Company LLC	98-0501716	0.0126%
Tamarack PublicHouse LLC	27-4974875	0.0376%
Taylor Aviation Inc	81-0458548	0.0576%
TC Glass	81-0467844	0.4163%
TD Hamilton Excavation Inc	20-8747595	0.0483%
Tech Electric Inc	81-0457309	0.1614%
Tel Net Systems Inc	81-0532133	0.2759%
Ten Mile Construction Inc	82-1569905	0.0272%
Terry's Furniture Inc	32-0049494	0.0264%
The Blackfoot Challenge Inc	81-0488863	0.1509%
The First State Bank of Malta	81-0135460	0.3109%
The Friendship Center	23-7131678	0.1381%
The Management Group	20-4018587	0.0025%
The Milky Whey Inc	16-1439745	0.0607%
The Science and Conservation Center Inc	81-0539631	0.0194%
The Truck Shop of Billings Inc	81-0525704	0.0791%
The Windmill	20-0733005	0.1055%
Thomas Plumbing & Heating Inc	81-0502380	0.1453%
Thompson Painter Law PC	47-2763620	0.0601%
Thompson Pools	81-0336716	0.2009%
Three Bibbs Inc dba Olive B's	45-3083605	0.0314%
Thunder Basin Orthopaedics	20-1391282	0.1640%
Timeless Seeds Inc	81-0483733	0.1394%
TJ Electric LLC	20-5544233	0.0454%
TKI CNC Inc	84-3852951	0.0228%
TLC Lingerie of Montana	83-2042354	0.0045%
TLC Patriot Septic & Excavation LLC	85-1415189	0.0430%
TMW International Inc	20-1705303	0.0039%
TNT Hydro-Line Inc	83-0315464	0.0402%

Associated Employers Group Benefit Plan and Trust
Form 5500, Part I, Line A
Year Ended August 31, 2025
Plan: 501

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Tom Roe & Son Construction Inc	81-0362760	0.0576%
Top Hand Trucking Inc	33-2042089	0.0305%
Top Office Products Inc	83-0246145	0.0945%
Total Electric of MT	27-1861725	0.3993%
Tounsley Electric Inc	27-2069538	0.1635%
TP Construction Inc	81-0458710	0.1972%
Trademark Elite Electrical Services Corp	99-3140512	0.0704%
Treasure State Seed Inc	81-0393102	0.1216%
Trebro Manufacturing Inc	20-1985185	0.1463%
Tri-State Truck & Equipment Inc	81-0287111	1.2067%
Trohn Vending	74-3186706	0.1865%
TruGreen	81-0408305	0.5514%
TTG Financial Services Inc	81-0520355	0.0174%
Tvedt Trucking Inc	84-1408361	0.0110%
TW Ridley LLC	88-2843001	0.3969%
Ugly Bug Inc	83-0261918	0.0168%
Ullman Lumber Co Inc	81-0203860	0.0875%
United Way of Missoula County	81-0287854	0.0491%
Urban Kitchen 1 LLC	81-2508096	0.0379%
Valley Drug of Malta Inc	81-0414201	0.0555%
Valley Farmers Supply	81-0150047	0.4069%
Valley of the Moon LLC	13-3001771	0.0233%
Valley Veterinary Clinic of Glasgow PLLC	45-2800868	0.0239%
Van Motors Inc	81-0284357	0.1124%
Vermilion Ranch Co	81-0378545	0.4397%
VG Enterprises dba Aldrichs	83-0336653	0.0365%
Victory Insurance Company Inc	84-1681186	0.2775%
VIG Hayhook Ranch LLC	87-3951723	0.0433%
VIP Services Inc	81-0446833	0.0681%
Walborn Fagan & Cook PC	83-0294828	0.0627%
Walsh Drive Self Storage	56-2519437	0.0093%
Warriors & Quiet Waters Foundation Inc	20-8837637	0.1658%
Webby Lawn & Land LLC	84-4593124	0.0407%
Wegner Roofing and Solar Corporation	47-4605046	0.1490%
Weldcon Inc	20-2699724	0.0935%
Well Water Solutions and Rentals	27-5416642	0.5899%
Werner Plumbing & Heating Inc	81-0538932	0.0885%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Westate Machinery	81-0230100	0.1793%
Western Ag Reporter	82-3784750	0.2140%
Western Energy Fabrication LLC	46-5039276	0.3543%
Western Livestock LLC	26-1088215	0.1199%
Western Livestock Reporter dbaPublic Auction Yards	81-0246159	0.1447%
Western Powders Inc dba Montana X-treme	81-0478173	0.0383%
Western Property Management Inc	46-4423504	0.0485%
Western Ranch Supply Company Inc	81-0246182	0.2627%
Western Skies Landscapes LLC	81-1273146	0.0787%
Western Sky Electric LLC	46-2617353	0.0562%
Westside Self Service Inc	81-0401455	0.1646%
Westslope Forest Management Inc	27-3071806	0.0170%
Whitefish Legacy Partners	20-0674119	0.0662%
Whittle Hamilton & Associates PC CPAs	83-0320370	0.0336%
Wilcoxson's Inc - Livingston	81-0269120	0.3002%
Wildcat Hot Oil Service LLC	83-0780150	0.1618%
William H & Carrie Gottsche Foundation	82-0182821	0.2426%
Willie's Distillery Inc	27-3074825	0.1124%
Willwood Irrigation District	83-0208154	0.0435%
Windrift Hill Inc	77-0626930	0.0719%
Winds of Change	81-0520690	0.2856%
Winkler Trucking Inc	81-0446064	0.0342%
WL Ventures LLC dba Chick-fil-A Kalispell	47-1868681	0.0450%
Woodland Solutions Group LLC	87-4357609	0.0329%
Worden Ballantine Yellowstone County Water & Sewer	81-0427832	0.0093%
Wovek Inc dba Yellowstone Basin Construction	88-2554771	0.0113%
WSF Management LLC	99-0394960	0.0107%
WYO Theater Inc	74-2254851	0.0391%
WyoDak Energy Services LLC	47-3629737	0.4071%
Wyoming Crane & Rigging Inc	47-2838664	0.0306%
Wyoming Earthmoving Corporation	27-0665539	0.0589%
Yard Guard Montana LLC	83-4262787	0.0852%
YDOC Land & Livestock LLC	47-1084572	0.0253%
Yellowstone Bank	81-0395322	0.9216%
Yellowstone Country Club	81-0228559	0.1054%
Yellowstone Hot Springs Inc	82-4672244	0.0870%
Yellowstone Ice & Water	47-5646149	0.0343%

EIN 81-0424947

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) FEIN	(c) Percentage of Total Contribution
Yellowstone Naturopathic Clinic PC	81-0521839	0.0102%
Yellowstone Scenic Tours LLC	81-4822943	0.0117%
Yellowstone Tax & Accounting PC	99-3122506	0.0228%
Yellowstone to Yukon Conservation Initiative	81-0535303	0.0817%
Yetti Diesel	84-2464070	0.0061%
YFG Incorporated	84-4082242	0.0223%
Yochum Contracting Inc	20-3678193	0.0692%
Yochum Inc	81-0539049	0.1003%
YoElletson Inc	92-2779799	0.0325%
Yogo Management Inc dba Yogo Inn	47-2290875	0.0739%
Young Contracting LLC	27-2239841	0.0110%
Young Families Program Inc	81-0422429	0.1887%
Z & Z Seal Coating Inc	48-1267887	0.0831%
Zoo Montana	81-0411290	0.1489%
		100.0000%

Associated Employers Group Benefit Plan and Trust

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended August 31, 2025

Plan: 501

EIN: 81-0424947

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Included Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Allspring Core Plus Bond	Mutual Fund	\$ 4,728,000	N/A	N/A	N/A	\$ 4,728,000	\$ 4,728,000	\$ -
Western Asset Core Plus	Mutual Fund	N/A	4,733,738	N/A	N/A	5,629,659	4,733,738	(895,921)