

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 06/01/2024 and ending 05/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SLINGSHOT BENEFITS HEALTH TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan): SLINGSHOT BENEFITS HEALTH TRUST
2b Employer Identification Number (EIN): 47-6342357
2c Plan Sponsor's telephone number: 425-771-7359
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, 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 SLINGSHOT BENEFITS HEALTH TRUST 12121 HARBOUR REACH DR, SUITE 105 SEATTLE, WA 98275		3b Administrator's EIN 47-6342357
		3c Administrator's telephone number 425-771-7359
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	2248
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	2248
6a(2) Total number of active participants at the end of the plan year	6a(2)	2133
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	2133
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4D 4E 4T

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

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

a Pension Schedules

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

b General Schedules

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

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

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

<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 **06/01/2024** and ending **05/31/2025**

<p>A Name of plan SLINGSHOT BENEFITS HEALTH 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 SLINGSHOT BENEFITS HEALTH TRUST</p>	<p>D Employer Identification Number (EIN) 47-6342357</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	30050524	1374	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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

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	108772
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 **06/01/2024** and ending **05/31/2025**

<p>A Name of plan SLINGSHOT BENEFITS HEALTH 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 SLINGSHOT BENEFITS HEALTH TRUST</p>	<p>D Employer Identification Number (EIN) 47-6342357</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0621480	47341	3857-3860	1947	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	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	1015204
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 **06/01/2024** and ending **05/31/2025**

A Name of plan SLINGSHOT BENEFITS HEALTH TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SLINGSHOT BENEFITS HEALTH TRUST	D Employer Identification Number (EIN) 47-6342357	

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)

ABD INSURANCE & FINANCIAL SERVICES,

27-0673528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 22 23 49 50 53 61 70	NONE	54877	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)

VIMLY BENEFIT SOLUTIONS, INC

91-1603312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 15 36 38 50 64	NONE	54562	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)

DIGITAL INSURANCE, INC.

58-2522668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	21553	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)

ANASTASI, MOORE & MARTIN, PLLC

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	17000	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)

LAW OFFICE OF RICHARD A EKMAN, P.S.

91-1321138

(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 20 29 50	TRUSTEE/ATTORNEY	16657	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)

ACRISURE NW PARTNERS INSURANCE SVCS

92-1242214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	15925	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)

RICHARD A EKMAN

3213 W. WHEELER ST, 307
SEATTLE, WA 98199

(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?
20 50	TRUSTEE/ATTORNEY	11657	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)

FINANCIAL PLANNING CONCEPTS, INC.

91-0986247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	6219	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 06/01/2024 and ending 05/31/2025

A Name of plan <u>SLINGSHOT BENEFITS HEALTH TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SLINGSHOT BENEFITS HEALTH TRUST</u>	D Employer Identification Number (EIN) <u>47-6342357</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor 192ND STREET HOTEL PARTNERS	c EIN-PN 36-4817604-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor A & R INSURANCE AND FINANCIAL SERVICES, LLC	c EIN-PN 01-0870870-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor A-AMERICA INC.	c EIN-PN 91-0916449-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor ACOUSTICAL DESIGN, INC.	c EIN-PN 91-0782770-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor ADHD MOTORS, INC.	c EIN-PN 88-2923396-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor ALLIANCE MANAGEMENT & CONSULTING SERVICES, LLC	c EIN-PN 81-5318821-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor ALLY INCORPORATED	c EIN-PN 20-2453729-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor ALPINE PLUMBING SERVICES, INC.	c EIN-PN 20-8768216-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor AMERICAN LAKE CREDIT UNION	c EIN-PN 91-0564948-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor APEX MARITIME CO (PNW) INC.	c EIN-PN 33-0995723-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor AQUATIC ENTERPRISES	c EIN-PN 91-1993973-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor ARES INSURANCE MANAGERS	c EIN-PN 81-4098102-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	ATLAS EXPEDITIONS	c EIN-PN 91-2008176-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	AZTEC IMPORTS, INC.	c EIN-PN 60-3110116-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	B & N FISHERIES COMPANY	c EIN-PN 91-2017519-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BAILIE MEMORIAL YOUTH RANCH	c EIN-PN 91-0727313-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BAKER EXCAVATING, LLC	c EIN-PN 83-3668132-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BANNING ORCHARDS & NURSERY, LLC	c EIN-PN 91-1911830-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BBH SHEET METAL	c EIN-PN 27-1237247-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BIO VENTURES FOR GLOBAL HEALTH	c EIN-PN 30-0213137-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BOYNTUNES, INC.	c EIN-PN 91-1602223-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BRANCH RICHARDS & CO P.S.	c EIN-PN 91-0889988-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	BUNN CONSULTING, LLC	c EIN-PN 46-1879233-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CANYON PARK LICENSING, LLC	c EIN-PN 46-4246749-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CAPITAL BUSINESS MACHINES, INC.	c EIN-PN 91-0750313-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CARLETTI ARCHITECTS	c EIN-PN 91-1805618-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CARNELIAN LAW	c EIN-PN 93-1257013-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CASCADE CONCRETE PRODUCTS CO., INC.	c EIN-PN 91-0990990-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CATLIN CAPITAL, INC.	c EIN-PN 84-1639419-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CHI AND ASSOCIATES, PLLC	c EIN-PN 99-2939930-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CHINOOK CAPITAL ADVISORS, LLC	c EIN-PN 82-2997991-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CLAMPETT TRUCKING, INC.	c EIN-PN 45-3750395-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	COLLABR8, INC.	c EIN-PN 81-1403385-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	COMPLETE THERAPY SERVICES	c EIN-PN 91-2125991-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CONSTRUCTION SPECIAL INSPECTION	c EIN-PN 45-2909791-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CORNERSTONE COMMUNITY	c EIN-PN 26-2056154-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	COUGAR MOUNTAIN VETERINARY HOSPITAL AND WELLNESS CENTER	c EIN-PN 68-0633685-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CYEMPTIVE TECHNOLOGIES	c EIN-PN 46-4829661-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	CYRUS BIOTECHNOLOGY, INC.	c EIN-PN 47-1015686-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	D JAMES TREE, ATTORNEY	c EIN-PN 91-1504225-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	DESERT LAWN MEMORIAL PARK	c EIN-PN 91-0601032-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	DESIGN SERVICE CORPORATION	c EIN-PN 91-1182270-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	DINSMORE, INC.	c EIN-PN 84-2878248-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	DOBBS & YOUNG LAW OFFICE, P.S.	c EIN-PN 91-1541212-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	E C WILSON COMPANY, INC.	c EIN-PN 91-0835297-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	EXPERT SLEEP CENTERS	c EIN-PN 82-3080553-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	FERNANDO VEGA MD	c EIN-PN 91-1160406-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	FORKS ABUSE PROGRAM	c EIN-PN 91-1198027-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	FRANKLIN ROOFING ENTERPRISES	c EIN-PN 26-0015513-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	FRONT STREET SALON, INC.	c EIN-PN 41-2034549-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GARDEN TERRACE SENIOR LIVING	c EIN-PN 91-6087782-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GH MOEN, LLC	c EIN-PN 20-0289088-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GIANT PACIFIC COMPANIES	c EIN-PN 60-0064161-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GIRLS ON THE RUN WESTSOUND	c EIN-PN 46-2162341-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GLACIERVIEW, LLC	c EIN-PN 61-1789748-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GRAVELLY LAKE DENTISTRY	c EIN-PN 42-1578209-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GREATHEART CONSULTING	c EIN-PN 26-2971861-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	GREEN LIGHTNING, INC.	c EIN-PN 26-0543389-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	HARBORVIEW CAPITAL, LLC	c EIN-PN 45-5450459-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	HARRISON BERKMAN CLAYPOOL & GUARD, PLLC	c EIN-PN 91-2002224-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	HERRERA ENVIRONMENTAL CONSULTANTS, INC.	c EIN-PN 91-1329346-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	ILF MEDIA, LLC	c EIN-PN 91-2025147-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	IMMERSION NETWORKS, INC.	c EIN-PN 47-1457192-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	INSPECTIFY, INC.	c EIN-PN 85-1416073-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	INTERCITY EXPRESS INC.	c EIN-PN 37-1730733-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	J WATTS SALES, LLC	c EIN-PN 27-0250413-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	JAMAR INVESTMENTS, INC.	c EIN-PN 91-1697575-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	JONSON & JONSON, P.S.	c EIN-PN 91-0876139-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	KING COUNTY FLOOD CONTROL ZONE DISTRICT	c EIN-PN 30-0537424-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	KITTS & KITTS, PLLC	c EIN-PN 84-2127064-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	LAW OFFICE OF JOSEPH A BLUMEL III PS	c EIN-PN 91-1705950-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	LEVITATE BIO LLC	c EIN-PN 99-0990090-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor LINDQUIST DENTAL CLINIC FOR CHILDREN	c EIN-PN 91-0615378-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MARK OSBORN LABORATORY CONSULTANCY, LLC	c EIN-PN 27-0205709-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MARKEY MACHINERY CO., INC.	c EIN-PN 91-0307520-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MI CENTRO	c EIN-PN 91-1488193-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MILAM, INC.	c EIN-PN 91-0698642-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MILLEN ENTERPRISES, INC.	c EIN-PN 91-2037237-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MOLLY'S MARKET	c EIN-PN 83-1410461-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MONDO AND SONS	c EIN-PN 91-0824506-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MOUNTAIN SHADOW NURSERY, LLC	c EIN-PN 91-1980256-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor MUNDY JO HOLDINGS, LLC	c EIN-PN 60-2720222-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor NETHER INDUSTRIES, INC.	c EIN-PN 91-1732158-501
a	Plan name SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor NEWMAN TOWN, PLLC	c EIN-PN 46-2696487-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	NFI ENTERPRISES LLC	c EIN-PN 27-2601480-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	NORTH FORTY GROUP LLC	c EIN-PN 20-0692521-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	NORTHERN DESERT CARDIOLOGY	c EIN-PN 91-1586490-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	NPR COMMERCIAL CONSTRUCTION	c EIN-PN 36-4651190-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	NW LIFE CHURCH	c EIN-PN 91-1081345-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	OLYMPIA PHYSICAL THERAPY & INDUSTRIAL REHABILITATION	c EIN-PN 51-0420545-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	OLYMPIA WOMENS HEALTH	c EIN-PN 91-1497494-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	OUTSIDE THE BOX FITNESS, LLC	c EIN-PN 45-1872006-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PACIFIC CREST SCHOOL	c EIN-PN 91-1486734-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PASCALA	c EIN-PN 82-4541134-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PIEYAK, INC.	c EIN-PN 91-1751462-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PINNACLE CONSULTING GROUP	c EIN-PN 91-1454173-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PIONEER TOWING COMPANY	c EIN-PN 91-0367670-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PRELUDE COAST CONSTRUCTION LLC	c EIN-PN 86-3276514-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PRUKTHA, LLC	c EIN-PN 85-1991583-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PYBUS PUBLIC MARKET	c EIN-PN 45-5388721-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	PYRUS ORCHARDS, INC.	c EIN-PN 80-4361079-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RAIKES FOUNDATION	c EIN-PN 91-2173492-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RAIN CITY CAPITAL, LLC	c EIN-PN 27-0441646-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RAINIER ARMS, LLC	c EIN-PN 20-2581550-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RANGLES SAND & GRAVEL, INC.	c EIN-PN 91-1386269-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RC IMPORTS, LLC	c EIN-PN 27-3686790-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RED DOG INTERACTIVE, INC.	c EIN-PN 68-0524650-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RICHARD REPASS MD, PLLC	c EIN-PN 46-2925032-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RICK'S TIRE & SERVICE, INC.	c EIN-PN 91-1642956-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	ROSA M. ABETYA, LLC	c EIN-PN 91-1760786-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	RTB ENTERPRISES, INC.	c EIN-PN 82-2242266-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SEATTLE IMPLANT AND PROSTHETIC DENTISTRY, PS	c EIN-PN 81-3162708-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SEATTLE POWDER COAT	c EIN-PN 26-1964358-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SEATTLE SPERM BANK, LLC	c EIN-PN 11-3837713-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SEQUOIA SCIENTIFIC, INC.	c EIN-PN 91-1668783-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SEWELL PROCUREMENT, LLC	c EIN-PN 85-1316077-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SHAPE THERAPEUTICS	c EIN-PN 60-4281791-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SHOTGUN CREEK INVESTMENTS, LLC	c EIN-PN 26-2728577-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SKAGEN INSURANCE AGENCY, INC.	c EIN-PN 83-1249220-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SLATE GROUP CONSULTING, LLC	c EIN-PN 91-1694915-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SMALL MIRACLES	c EIN-PN 45-3638485-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	SMITH & LOWNEY, PLLC	c EIN-PN 91-1724137-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	ST. DEMETRIOS GREEK ORTHODOX CHURCH	c EIN-PN 91-0583384-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	STACK RESOURCES, LLC	c EIN-PN 91-1437246-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	STATIC ELECTRIC	c EIN-PN 20-2037685-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	TANNIAN CONSULTING, INC.	c EIN-PN 74-3036484-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	TAX RESOURCE CENTER, INC.	c EIN-PN 81-4202494-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	THOMAS ARCHITECTURE STUDIOS, INC.	c EIN-PN 45-3613859-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	TROY CONSULTING, LLC	c EIN-PN 03-0580604-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	TURBINE ENGINE WORKS, LLC	c EIN-PN 83-2019990-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	UNIVERSITY PLACE PEDIATRIC CLINIC	c EIN-PN 91-1725495-501
a	Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b	Name of plan sponsor	URBAN FOREST CARBON REGISTRY	c EIN-PN 47-4860929-501

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

a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	VERONTE, INC.	c EIN-PN 91-1217325-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	WALLA WALLA COUNTY CONSERVATION DISTRICT	c EIN-PN 91-1095786-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	WASHINGTON BUSINESS BANK	c EIN-PN 91-1611072-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	WASHINGTON WOMEN IN NEED	c EIN-PN 91-1559848-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	WELLNESS OCCUPATIONAL THERAPY	c EIN-PN 46-4138295-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	WEST SEATTLE FOOT & ANKLE CLINIC, PLLC	c EIN-PN 26-0510948-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	WOMENS RESOURCE CENTER OF NCW	c EIN-PN 91-1109429-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	ZEN ASSET MANAGEMENT	c EIN-PN 83-4013690-501
a Plan name	SLINGSHOT BENEFITS HEALTH TRUST	
b Name of plan sponsor	ZOOLOGICAL SOCIETY OF WASHINGTON	c EIN-PN 91-3126735-501
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

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 06/01/2024 and ending 05/31/2025	
A Name of plan SLINGSHOT BENEFITS HEALTH TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 SLINGSHOT BENEFITS HEALTH TRUST	D Employer Identification Number (EIN) 47-6342357

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4052
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	1310
(2) Participant contributions	1b(2)	222
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85496
(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)	137527
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	143200

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	224333	189091
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	36127	17677
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	33506	21555
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	69633	39232
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	154700	149859

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)	1336319	
(B) Participants.....	2a(1)(B)	999	
(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)		1337318
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	639	
(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)		639
(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)	6197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6197
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		26273
d Total income. Add all income amounts in column (b) and enter total	2d		1370427

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1153658	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1153658
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)	11406	
(2) Contract administrator fees	2i(2)	53613	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17000	
(5) Investment advisory and investment management fees	2i(5)	533	
(6) Bank or trust company trustee/custodial fees	2i(6)	976	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	16657	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	121425	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		221610
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1375268

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4841
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: **ANASTASI, MOORE, & MARTIN, PLLC**

(2) EIN: **20-8149084**

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Slingshot Benefits Health Trust

Financial Statements and Independent Auditors' Report

May 31, 2025 and 2024



Slingshot Benefits Health Trust

May 31, 2025 and 2024

Table of Contents

	<i>Page</i>
INDEPENDENT AUDITORS' REPORT	2-4
 FINANCIAL STATEMENTS:	
<i>Statements of net assets available for benefits</i>	5
<i>Statements of changes in net assets available for benefits</i>	6
<i>Statements of benefit obligations</i>	7
<i>Statements of changes in benefit obligations</i>	8
<i>Notes to financial statements</i>	9-14
<i>Note 1 – Description of the trust</i>	
<i>Note 2 – Summary of significant accounting policies</i>	
<i>Note 3 – Income tax status</i>	
<i>Note 4 – Priorities upon termination</i>	
<i>Note 5 – Risks and uncertainties</i>	
<i>Note 6 – Noninterest-bearing cash and interest-bearing cash</i>	
<i>Note 7 – Fair value measurements</i>	
<i>Note 8 – Merger and consolidation</i>	
<i>Note 9 – Reconciliation of financial statements to Form 5500</i>	
 SUPPLEMENTARY INFORMATION:	
<i>Assets held for investment</i>	15

INDEPENDENT AUDITORS' REPORT

Trustee
Slingshot Benefits Health Trust
Mukilteo, Washington

Opinion

We have audited the accompanying financial statements of the Slingshot Benefits Health Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Slingshot Benefits Health Trust (the Trust) as of May 31, 2025 and 2024, and the changes in its net assets available for benefits and of changes in benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we—

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

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

Supplemental Schedule Required by ERISA

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

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Anastasi, Moore & Martin, PLLC

Spokane, Washington

March 10, 2026

Slingshot Benefits Health Trust
Statements of Net Assets Available for Benefits
 May 31, 2025 and 2024

	2025	2024
ASSETS:		
Noninterest-bearing cash	\$ 4,052	\$ -
Interest-bearing cash	39,764	85,496
Mutual fund, at fair value	143,200	137,527
Employer contributions receivable	1,853	1,310
Participant contributions receivable	222	-
Total assets	<u>189,091</u>	<u>224,333</u>
LIABILITIES:		
Checks in excess of deposits	-	4,034
Accounts payable and accrued expenses	17,677	36,127
Unearned employer contributions	20,120	26,115
Total liabilities	<u>37,797</u>	<u>66,276</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 151,294</u>	<u>\$ 158,057</u>

See accompanying notes to financial statements.

Slingshot Benefits Health Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2025 and 2024

	2025	2024
ADDITIONS:		
Employer contributions, net	\$ 1,336,319	\$ 1,347,702
Participant contributions, net	999	1,829
Appreciation in fair value of investments, net	-	14,586
Interest and dividend income	6,836	19,636
Other income	26,273	-
Total additions	<u>1,370,427</u>	<u>1,383,753</u>
DEDUCTIONS:		
Insurance premiums paid, net	1,155,580	1,184,313
Accounting and audit fees	17,000	16,600
Administration fees	53,613	224,246
Bank service charges	976	973
Broker commissions	65,365	67,826
Consulting and program management fees	53,613	374,246
Investment fees	533	1,709
Legal fees	16,657	116,773
Printing and postage	949	678
Trustee fees	11,406	61,773
Website, technology, and maintenance	1,498	1,498
Total deductions	<u>1,377,190</u>	<u>2,050,635</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(6,763)	(666,882)
NET ASSETS MERGED FROM WASHINGTON ALLIANCE FOR HEALTHCARE INSURANCE TRUST	-	811,207
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>158,057</u>	<u>13,732</u>
End of year	<u>\$ 151,294</u>	<u>\$ 158,057</u>

See accompanying notes to financial statements.

Slingshot Benefits Health Trust

Statements of Benefit Obligations

May 31, 2025 and 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Premiums due to insurers	<u>\$ 1,435</u>	<u>\$ 3,357</u>

See accompanying notes to financial statements.

Slingshot Benefits Health Trust
Statements of Changes in Benefit Obligations
Years Ended May 31, 2025 and 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Balance, beginning of year	\$ 3,357	\$ 9,070
Insurance premiums approved for payment	1,153,658	1,178,600
Insurance premiums paid	<u>(1,155,580)</u>	<u>(1,184,313)</u>
Balance, end of year	<u>\$ 1,435</u>	<u>\$ 3,357</u>

See accompanying notes to financial statements.

Slingshot Benefits Health Trust

Notes to Financial Statements



Slingshot Benefits Health Trust

Notes to Financial Statements

Note 1 – Description of the Trust

Slingshot Benefits Health Trust (the Trust) was originally established as the Northwest Benefit Alliance effective June 1, 2014. Effective May 1, 2021, the Trust was renamed the Slingshot Benefits Health Trust.

The Trust was established to hold insurance policies and other health care contracts through which participating employers can provide programs of health, and other insurance benefits under the employee benefit plans they maintain for their employees and dependents, and also to provide for the collection and transmission of insurance premiums in cases where the policies are held by the participating employers or their plans.

The Trust is considered a “group insurance arrangement” as defined by the regulations promulgated under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA regulations define a “group insurance arrangement” as an arrangement providing benefits to the employees of two or more unaffiliated employers, fully insuring one or more welfare plans of each participating employer, and using a trust as the holder of the insurance contracts and conduit for payment of premiums to the insurance company(ies). The types of benefits available through May 31, 2025, are described as follows: dental and vision benefits.

An employer is entitled to participate in the Trust and to provide its employees who are eligible to be participants with the benefits of this Trust if it satisfies the following requirements: 1) on or after May 1, 2021, the employer has a Master Application with the Trustee adopting the Trust Agreement for the purpose of providing health insurance benefits to its employees and their dependents; 2) the employer is accepted for participation in the Trust pursuant to any underwriting rules established by insurers of insurance policies issued to the Trust; and 3) the employer makes all contributions required by the Trust and included contributions due under insurance policies and health care contracts issued to the Trust. The only individuals who are entitled to participate in and to receive benefits from the Trust are those employees identified by participating employers.

By signing its Master Application, a participating employer agrees to promptly remit to the Trust contributions that are required to adequately cover the payment of premiums for its participants and beneficiaries due under the insurance policies and health care contracts issued to the Trust, and to the Trust its share of any reasonable and necessary obligations and expenses of the Trust including reserves incurred or required during its participation. Failure to make required contributions constitutes grounds for immediate disqualification and termination of an employer from participation in and coverage of its participants and beneficiaries under insurance policies issued to the Trust or the employer or plan. The Trustee may bring action to collect contributions if coverage has been provided or benefits have been paid and no contributions or an incorrect amount of contributions have been paid. If the Trustee is successful in bringing legal action, the employer will owe, in addition to the contributions, interest, court costs, and attorney’s fees.

Employer and participant contributions are received and held by the Trust pending payment of approved insurance premiums. The basis on which contributions are made is described in the Master Application. The basis on which payments are paid out of the Trust is specified in the Trust Agreement and the other documents, contracts, or other instruments governing any plan or program of health insurance benefits provided under the Trust.

Slingshot Benefits Health Trust

Notes to Financial Statements

Note 1 – Description of the Trust (Continued)

The Trust is administered by the Trustee with the assistance of Vimly Benefit Solutions, Inc., a contract administration organization; the Law Office of Richard A. Ekman, P.S., a legal services firm; ABD Insurance and Financial Services, Inc. dba Advanced Professionals Insurance and Benefit Solutions (AP), a benefits consulting firm; and, through December 2023, ProPlan Management, LLC, a benefits consulting firm. The Trust has also contracted with various insurance brokers including AP.

Note 2 – Summary of Significant Accounting Policies

- a. **Basis of accounting** – The accompanying financial statements of the Trust are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.
- b. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustee to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- c. **Noninterest-bearing cash** – Noninterest-bearing cash includes cash on hand and noninterest-bearing demand deposits held at financial institutions.
- d. **Interest-bearing cash** – Interest-bearing cash includes investments which are not subject to withdrawal restrictions and can be converted to cash on short notice. Interest-bearing cash includes interest-bearing demand deposits held at financial institutions, money market accounts, and certificates of deposit.
- e. **Investment valuation and income recognition** – The Trust’s investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Trust’s gains and losses on investments bought and sold as well as held during the year. See Note 7 for a discussion of fair value measurements.

- f. **Contributions recognition** – Employer and participant contributions are recognized as the Trust becomes obligated for the payment of insurance premiums. Therefore, contributions received after May 31 for premiums paid before the beginning of the subsequent year are recognized as contributions receivable. On the other hand, contributions received before May 31 for premiums to be paid in the subsequent year are recognized as unearned.
- g. **Payment of insurance premiums** – Insurance premiums are recognized when paid.
- h. **Subsequent events** – Subsequent events have been evaluated through March 10, 2026, which is the date the financial statements were available to be issued.

Slingshot Benefits Health Trust

Notes to Financial Statements

Note 3 – Income Tax Status

The Trust has not filed an application for tax-exempt status with the Internal Revenue Service (IRS) and, accordingly, is treated as a complex trust, taxable pursuant to the Internal Revenue Code (IRC). For the tax years ended May 31, 2025 and 2024, the Trust's qualified tax deductions exceeded the Trust's taxable income. As a result, the Trust recognized no income tax expense for the tax years ended May 31, 2025 and 2024. As of May 31, 2025 and 2024, there were no deferred income tax assets or liabilities.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the Trust has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

The trust administrator has analyzed the tax positions taken by the Trust and has concluded that as of May 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 4 – Priorities Upon Termination

The Trust may be terminated by agreement of the Trustee and the employers. The Trust Agreement will terminate upon the cancellation of all insurance policies issued to the Trust and upon the cessation of participation of all employers and distribution of all assets held in the Trust. Upon the termination of the Trust and Trust Agreement, the Trustee will conclude the affairs of the Trust and make appropriate arrangements for the distribution of any remaining assets. In the event the termination occurs as a result of a merger, any assets remaining in the Trust, after payment of expenses, will be used for the continuance of the benefits until such assets have been exhausted or transferred to the merger or consolidation partner, unless some other disposition is required by law. If assets remain in the Trust following termination of the Trust and following the payment of all benefits, expenses, and the discharge of all other liabilities, the assets may, in the discretion of the Trustee, be returned to the contributing employers according to a prescribed method of distribution.

Note 5 – Risks and Uncertainties

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

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

Slingshot Benefits Health Trust

Notes to Financial Statements

Note 5 – Risks and Uncertainties (Continued)

The Trust holds mutual funds which, in turn, hold various investment securities. Investment securities are exposed to various risks including interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of investments, it is at least reasonably possible that changes in the values of investments 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.

As of the audit report date, the Federal Deposit Insurance Corporation (FDIC) provides coverage up to \$250,000 per depositor, per ownership category on deposit accounts at FDIC insured institutions. As of May 31, 2025, the Trust maintained account balances at Heritage Bank totaling \$39,764.

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

Note 6 – Noninterest-bearing Cash and Interest-bearing Cash

As of May 31, 2025 and 2024, noninterest-bearing cash consisted of a checking account at Heritage Bank with a net balance of \$4,052 and (\$4,034), respectively. The checking account has an interest-bearing business sweep account attached to it. Heritage Bank manages the related accounts in order to maintain the majority of the funds in the sweep account, while ensuring that adequate funds are present in the checking account to cover checks written as they are presented for payment. As of May 31, 2025 and 2024, interest-bearing cash consisted of a business sweep account at Heritage Bank totaling \$39,764 and \$85,496, respectively.

Note 7 – Fair Value Measurements

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

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

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

Level 2 – Inputs to the valuation methodology include:

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

Slingshot Benefits Health Trust

Notes to Financial Statements

Note 7 – Fair Value Measurements (Continued)

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

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

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

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

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

Level 2 – The Trust has no investments that are classified as Level 2 at May 31, 2025 or 2024.

Level 3 – The Trust has no investments that are classified as Level 3 at May 31, 2025 or 2024.

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

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

	May 31, 2025			Total
	Level 1	Level 2	Level 3	
Interest-bearing cash	\$ 39,764	\$ -	\$ -	\$ 39,764
Mutual fund	143,200	-	-	143,200
	<u>\$ 182,964</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 182,964</u>
	May 31, 2024			Total
	Level 1	Level 2	Level 3	
Interest-bearing cash	\$ 85,496	\$ -	\$ -	\$ 85,496
Mutual fund	137,527	-	-	137,527
	<u>\$ 223,023</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 223,023</u>

Slingshot Benefits Health Trust

Notes to Financial Statements

Note 8 – Merger and Consolidation

Effective June 30, 2023, the Washington Alliance for Healthcare Insurance Trust (WAHIT) and the Trust entered into an Agreement of Merger and Consolidation. All non-medical insurance coverages were transferred from WAHIT to the Trust. Furthermore, the Trust agreed to acquire, take on, exercise, and administer all of the rights, duties, responsibilities, commitments, assets (including investment and banking accounts and insurance contracts), claims and any other interests of WAHIT and its benefit programs, including WAHIT's obligations and commitments to participants, contract holders, and service provider contracts.

WAHIT's basic life and accidental death and dismemberment benefits contract expired as of June 30, 2023. The carrier did not renew that contract or begin a new contract and, therefore, basic life and accidental death and dismemberment benefits ceased at that time.

Note 9 – Reconciliation of Financial Statements to Form 5500

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

	May 31,	
	2025	2024
Net assets available for benefits per the financial statements	\$ 151,294	\$ 158,057
Premiums due to insurers	(1,435)	(3,357)
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 149,859</u>	<u>\$ 154,700</u>

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

	Years Ended May 31,	
	2025	2024
Insurance premiums paid, net	\$ 1,155,580	\$ 1,184,313
Less payments to WAHIT	-	(1,301)
Add premiums due to insurers, end of year	1,435	3,357
Less premiums due to insurers, beginning of year	(3,357)	(9,070)
Insurance premiums paid to insurance carriers per Schedule H of Form 5500	<u>\$ 1,153,658</u>	<u>\$ 1,177,299</u>

For the years ended May 31, 2025 and 2024, other payments to provide benefits per Schedule H of Form 5500 consisted of payments to the WAHIT. Such payments totaled \$-0- and \$1,301, respectively.

Slingshot Benefits Health Trust

Supplemental Information

Slingshot Benefits Health Trust

Form 5500, Schedule H – Part IV, Line 4i
May 31, 2025

EIN: 47-6342357 PN: 501

Assets Held for Investment				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	INTEREST-BEARING CASH:			
	Heritage Bank	Sweep checking account	\$ 39,764	\$ 39,764
	MUTUAL FUND:			
	Fidelity Government Cash Reserves	143,200 shares	<u>143,200</u>	<u>143,200</u>
			<u>\$ 182,964</u>	<u>\$ 182,964</u>

See accompanying independent auditors' report.

Slingshot Benefits Health Trust

Form 5500, Schedule H – Part IV, Line 4i
May 31, 2025

EIN: 47-6342357 PN: 501

Assets Held for Investment				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	INTEREST-BEARING CASH:			
	Heritage Bank	Sweep checking account	\$ 39,764	\$ 39,764
	MUTUAL FUND:			
	Fidelity Government Cash Reserves	143,200 shares	<u>143,200</u>	<u>143,200</u>
			<u>\$ 182,964</u>	<u>\$ 182,964</u>

See accompanying independent auditors' report.