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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
IDAHO HOME BUILDERS ASSOCIATION BENEFIT TRUST FUND WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 08/30/2022

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
IDAHO HOME BUILDERS ASSOCIATION

6206 N DISCOVERY WAY STE A
BOISE, ID 83713-1526

6206 N DISCOVERY WAY STE A
BOISE, ID 83713-1526

2b Employer Identification Number (EIN)
82-0316571

2c Plan Sponsor's telephone number
208-378-0101

2d Business code (see instructions)
236110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/22/2026	ROSE ALMANZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	439
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	439
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	875
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	877
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	877
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 Characteristic Codes in the instructions:

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

4A

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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.) ..... [X] Yes [ ] No

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 174662990

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
IDAHO HOME BUILDERS ASSOCIATION BENEFIT TRUST FUND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IDAHO HOME BUILDERS ASSOCIATION

D Employer Identification Number (EIN)
82-0316571

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
BLUE CROSS OF IDAHO HEALTH SERVICE, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
82-0344294	60095	IHBAPPO	1707	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
387219	82332

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

AHP EXPERTS ID HB LLC
825 ARLINGTON COURT
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
133364	0	N/A	3

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

IHBA BENEFIT TRUST FUND
6206 N DISCOVERY WAY STE A
BOISE, ID 83713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	66682	SERVICE CONTRACT FEES	5

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

TRAVIS, TY

11850 SW 67TH AVE, SUITE 100
PORTLAND, OR 97223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35897	2700	BONUS	3

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

COMADENA, KENNETH

465 S 400 E, STE 300
SALT LAKE CITY, UT 84111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28501	0	N/A	3

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

WHEELER, BRET

12939 E PINECROFT WAY
SPOKANE VALLEY, WA 99216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20801	465	BONUS	3

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

FALLICK, JEFFREY

200 GALLERIA PARKWAY, STE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
17363	2320	BONUS	3

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

CHRISTENSEN, SHELDON

591 PARK AVE, STE 103
IDAHO FALLS, ID 83402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14196	1065	BONUS	3

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

CAMPBELL, BRANDEN

100 OTTAWA AVE SW
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14459	540	BONUS	3

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

CLARKE, LINDSAY

3380 W AMERICANA TER SUITE 330
BOISE, ID 83706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12499	1185	BONUS	3

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

GROULIK, VICTORIA

PO BOX 51019
IDAHO FALLS, ID 83405

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9115	720	BONUS	3

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

FELECIANO, BRIAN

5340 KIETZKE LANE, SUITE 201
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6371	450	BONUS	3

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

BROWN, LAURA

5240 FAIRVIEW AVE
BOISE, ID 83706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6136	300	BONUS	3

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

DONNELLON, LISA
2600 ROSE HILL STE 101
BOISE, ID 83705

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5108	550	BONUS	3

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

LINDBERG, DANNY
2929 W. NAVIGATOR DRIVE STE 130
MERIDIAN, ID 83642

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4782	840	BONUS	3

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

BLOMQUIST MINTZ, HAILEE
PO BOX 1788
GRAND RAPIDS, MI 49501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4544	390	BONUS	3

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

BOSTROM, ISAAC
960 S BROADWAY AVE STE 500
BOISE, ID 83706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4241	630	BONUS	3

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

ANDERSON, LYNNETTE
311 E MULLAN AVE
POST FALLS, ID 83854

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4761	0	N/A	3

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

SPENCER, ALICIA

6220 N DISCOVERY #110
BOISE, ID 83713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4432	0	N/A	3

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

TALBOTT, SHELBY

57 S. BALTIC AVE. SUITE 110
MERIDIAN, ID 83642

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3792	555	BONUS	3

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

STEPHENSON, DEREK

100 OTTAWA AVE SW
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4018	0	N/A	3

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

MCPHERSON, JENNIFER

2429 E 46TH AVE
SPOKANE, WA 99223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3302	615	BONUS	3

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

BRODSKY, MITCHELL

135 BLAIR PLACE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3696	210	BONUS	3

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

PETERSON, JOSHUA

501 N RIVERPOINT BLVD STE 403
SPOKANE, WA 99202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3792	0	N/A	3

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

SPRAY, GERALD

PO BOX 4848
POCATELLO, ID 83205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3576	120	BONUS	3

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

PRITCHETT, MARY

2600 ROSE HILL SUITE 101
BOISE, ID 83705

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3033	540	BONUS	3

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

SKELTON, MARK

1650 S ALBRIGHT, STE 101
BOISE, ID 83709

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3400	165	BONUS	3

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

JOSKI, JEFFREY

65 N PLUMMER ROAD
STAR, ID 83669

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3032	390	BONUS	3

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

KOLENO, EMILY

PO BOX 16410
BOISE, ID 83715

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2776	0	N/A	3

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

WILSON, JOHN

16211 N. BRINSON. SUITE 130
NAMPA, ID 83687

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2468	105	BONUS	3

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

HARTRUFT, STEPHANIE

1818 W STATE ST
BOISE, ID 83702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2441	0	N/A	3

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

BIRD, BRENDA

PO BOX 1882
IDAHO FALLS, ID 83401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2360	0	N/A	3

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

ROJAS, PEDRO

PO BOX 51019
IDAHO FALLS, ID 83405

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2336	0	N/A	3

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

TAYLOR, ZACHARY
PO BOX 171
SANDPOINT, ID 83864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1820	60	BONUS	3

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

BERGSMA, LORI
643 CANYON DR
TWIN FALLS, ID 83301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1796	0	N/A	3

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

CAPE, JULIE
200 GALLERIA PKWY, STE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1755	0	N/A	3

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

MAYFIELD, SHANNON
311 E MULLAN AVE
POST FALLS, ID 83854

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1620	0	N/A	3

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

KULHANEK, JUSTIN
815 CLEVELAND AVE, #200
MOUNT VERNON, WA 98273

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1600	0	N/A	3

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

LESTER, ALLEN

1084 N. SKYLINE DR.
IDAHO FALLS, ID 83402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1596	0	N/A	3

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

SEMONS, MATTHEW

2824 POLELINE RD
POCATELLO, ID 83201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1512	75	BONUS	3

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

PADOUR, KADEN

9952 W JEWELL STREET
BOISE, ID 83704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1233	90	BONUS	3

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

SCHNEIDER, JOELLEN

1818 WEST STATE STREET
BOISE, ID 83702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1264	0	N/A	3

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

WOODS, JR, RICHARD

1053 21ST ST
LEWISTON, ID 83501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
810	0	N/A	3

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

LUHMANN, ERIC

1809 E 11TH
WEISER, ID 83672

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
124	405	BONUS	3

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

BLOMQUIST, HAILEE M

410 N MAIN STREET
HAILEY, ID 83333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
479	0	N/A	3

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

HARRINGTON, TYSON

PO BOX 51019
IDAHO FALLS, ID 83405

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
308	165	BONUS	3

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

BOSWELL, SUE

6103 W HWY 52
EMMETT, ID 83617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
438	0	N/A	3

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

LOUIE, GARY

P.O BOX 216
HAYDEN, ID 83835

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
204	0	N/A	3

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

DELBRIDGE, JIMMIE
1924 E FOXBOROUGH CT
HAYDEN, ID 83835

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56	0	N/A	3

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

LINDBERG, DANIEL
8850 W EMERALD STREET UNIT 194
BOISE, ID 83704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12	0	N/A	3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	7150028
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

Multiple-Employer Welfare Plan Participating Employer Information
Idaho Home Builders Association Benefit Trust Fund Welfare Benefit Plan
EIN: 82-0316571, Plan Number: 501
Plan Year Ending 12/31/2025

Name of Participating Employer	EIN
ABCB Incorporated dba AGE Heating and Cooling	88-0560948
Agile Design Co	26-0879233
Anthem Pacific Homes	82-2122476
Arrowrock Building Group	87-4756443
Avimor Development LLC	27-2700360
Barlow Truss	26-0022366
Biltmore Company LLC	27-0869804
Blackrock Homes LLC	82-0847748
Brown Construction	82-0466506
Burgess Pump and Supply LLC	45-2663010
Cascade Custom Construction	81-4240951
CDA Structures	20-8090850
Center Lane Construction LLC	36-4970497
Classic Stoneworks	26-0876014
Clear Water Audio	93-3195211
Conger Management Group	82-0517809
Conner Construction LLC	82-0714085
Core Building Company	45-4800945
Corona Contracting LLC dba Volterra Systems	46-5526523
Dennis Phipps Well Drilling Inc.	82-0461773
Elton Development Inc	87-2585918
Hathaway Homes	30-1243672
Hazel Asphalt, LLC	27-1365101
Highland Homes	90-0219128
Horizon Supply LLC	82-2489322
Idagon Homes LLC	26-4179155
Idaho Home Builders Association	82-0316571
Idaho Management Company dba Boise Hunter Homes	45-5088141
Idaho Mountain Builders Inc	26-1715575
Jerry Short Cabinets & Millwork Inc	82-0517876
Johnson Brothers Planing Mill	82-0277470
Kartchner, Inc.	45-3024469
Lake Creek Consulting LLC dba Lake Creek Comfort	82-1260069
Liberty Landworks	93-0145980
Lippert Excavation & Pipeline Inc	45-3009719
Merit Professional Coatings	46-3402040
Monarch Custom Homes	82-0531351

Name of Participating Employer	EIN
Mountain States Roofing Inc	26-1702268
Northcon Inc	82-0529783
Northern Peak Mechanical	93-4975603
Northern Water and Power LLC	93-1354454
Odyssey Homes LLC	84-4488414
Pathway Builders	85-1328825
Pinetop Group LLC	27-0280212
Poster Construction	82-0528921
Precision Excavation & Construction Inc	71-0925139
Quigley's Heating & Sheet Metal Inc	82-0337830
Rennison Companies Inc	81-1987899
River City Electric LLC	81-0667617
Selkirk Products LLC	82-0863872
Skidmore Inc	82-0261734
Stephen's Electric Inc	82-0476837
Synscapes of Idaho LLC	84-3668597
Tapley Cabinet Works	82-0421990
TH Construction LLC	26-4621422
The Easy Home Buyer LLC	84-3987994
Thomas Nelson Homes LLC	81-1246052
Todd Campbell Construction	41-2072284
Toomer Construction Inc	82-0348750
Tradewinds General Contracting Inc	27-1834349
Una Tile LLC	26-4148924
Valley Creek Roofing Inc	92-3877571