

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
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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 ☒ 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 SERVICE BENEFIT TRUST FUND WELFARE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/2023
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) SERVICE BENEFIT TRUST FUND 1900 S CARSON ST CARSON CITY, NV 89701-5261
2b	Employer Identification Number (EIN) 93-6527140
2c	Plan Sponsor's telephone number 775-882-1565
2d	Business code (see instructions) 813000

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	JULIE ANN EVANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/22/2026	JULIE ANN EVANS
	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 ☒ 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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1088
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1088 6a(2) 2398 6b 7 6c 6d 2405 6e 6f 2405 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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) ☒ 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **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 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 174856216

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
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SERVICE 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 SERVICE BENEFIT TRUST FUND	D Employer Identification Number (EIN) 93-6527140	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, 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
88-0177026	48305	CCCSERPPO	978	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 393210	(b) Total amount of fees paid 19502
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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
AHP EXPERTS NV CC 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	
71784	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSURED PARTNERS OF NEVADA LLC
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	
66538	0	N/A	3

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

ACS BUSINESS INSURANCE SERVICES

3724 LAKESIDE DR SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35743	0	N/A	3

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

L/P INSURANCE SERVICES LLC

9918 BLUE VILLA COURT
LAS VEGAS, NV 89178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30838	0	N/A	3

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

NEVADA INSURANCE AGENCY CO

3724 LAKESIDE DRIVE #100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26753	0	N/A	3

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

HEALTH BENEFITS ASSOCIATES

3716 LAKESIDE DRIVE SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25443	0	N/A	3

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

A AND H INSURANCE INC

3301 S VIRGINIA ST
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23256	0	N/A	3

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

SERVICE BENEFIT TRUST FUND

1900 S. CARSON ST.
CARSON CITY, NV 89701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	19502	SERVICE CONTRACT FEES	5

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

MFG BENEFITS LLC

1325 AIRMOTIVE WAY SUITE 390
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18424	0	N/A	3

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

LAURIE MCLELLAND

P.O. BOX 34570
RENO, NV 89533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12852	0	N/A	3

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

THE LAZZARONE GROUP LLC

3716 LAKESIDE DR. #200
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10556	0	N/A	3

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

PCF INS SERVICES OF THE WEST LLC

520 HAMMILL LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8680	0	N/A	3

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

HENDRICKS ASSOCIATES INC.

190 W. HUFFAKER LANE SUITE 403
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7039	0	N/A	3

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

COMSTOCK INSURANCE AGENCIES INC

9424 DOUBLE R BLVD
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6468	0	N/A	3

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

MM INSURANCE AGENCY LLC

2088 FOREST GROVE LN
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6384	0	N/A	3

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

KAREN DURST

2323 HOLCOMB RANCH LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5992	0	N/A	3

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

DISTINCTIVE INSURANCE

9555 HILLWOOD DR. # 140
LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4760	0	N/A	3

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

DIGITAL INSURANCE

200 GALLERIA PARKWAY #1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3864	0	N/A	3

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

R J INSURANCE SERVICES LLC

5476 RENO CORPORATE DR
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3108	0	N/A	3

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

ROBERT HOWARD

4260 SADDLEHORN DR
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3024	0	N/A	3

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

NORMAN DEPUTY

5410 GOLDENROD DR
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2772	0	N/A	3

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

JOHN COBBEY

PO BOX 135
SILVER CITY, NV 89428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2576	0	N/A	3

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

NORTHERN NEVADA INSURANCE AGENCY

592 CALIFORNIA AVE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2352	0	N/A	3

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

CK INSURANCE SERVICES INC

4795 CAUGHLIN PKWY SUITE 200
RENO, NV 89519

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2156	0	N/A	3

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

AUDREY PETERSON

1344 DISC DR. #410
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1960	0	N/A	3

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

LARRY PEYTON

10089 ORCHARD HILL DRIVE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1876	0	N/A	3

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

DL BUTCHER CONSULTING LLC

415 CHURCH ST UNIT 2302
NASHVILLE, TN 37219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1568	0	N/A	3

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

CLINT D. DUROCHER INSURANCE AGENCY

190 W. HUFFAKER LANE 406
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1540	0	N/A	3

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

AWAREGOLD INC

445 APPLE ST #110
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
896	0	N/A	3

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

LAUGHTON COMPANY

140 WASHINGTON STREET #100
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
672	0	N/A	3

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

JOHN DRAKULICH

2215 N MCCARRAN BLVD
SPARKS, NV 89431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
560	0	N/A	3

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

ASSET SOLUTIONS GROUP INC

825 ARLINGTON COURT
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
536	0	N/A	3

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

JOHN S. BARSANTI INSURANCE AGENCY

1655 CATALPA LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
448	0	N/A	3

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

BREEN INSURANCE INC

7155 PARK VALLEY CT
RENO, NV 89523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
420	0	N/A	3

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

MICHAEL WALLACE

50 W LIBERTY ST STE 500
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
392	0	N/A	3

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

JM LEWIS INC

1664 US HIGHWAY 395 N STE 101
MINDEN, NV 89423

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
336	0	N/A	3

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

PROSESSION INC

1 EAST LIBERTY SUITE 600
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
336	0	N/A	3

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

CORE NEVADA LLC

8311 W SUNSET RD SUITE 110
LAS VEGAS, NV 89113

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	5232851
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SERVICE 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 SERVICE BENEFIT TRUST FUND	D Employer Identification Number (EIN) 93-6527140	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HOMETOWN HEALTH PLAN, 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
88-0231433	95350	CCCSERHMO	2791	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 858194	(b) Total amount of fees paid 47886
--	--

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 NV CC 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	
166176	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSURED PARTNERS OF NEVADA LLC
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	
100572	0	N/A	3

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

L/P INSURANCE SERVICES LLC

9918 BLUE VILLA COURT
LAS VEGAS, NV 89178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95438	0	N/A	3

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

HEALTH BENEFITS ASSOCIATES

3716 LAKESIDE DRIVE SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70863	0	N/A	3

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

A AND H INSURANCE INC

3301 S VIRGINIA ST
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58820	0	N/A	3

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

SERVICE BENEFIT TRUST FUND

1900 S. CARSON ST.
CARSON CITY, NV 89701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	47886	SERVICE CONTRACT FEES	5

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

CK INSURANCE SERVICES INC

4795 CAUGHLIN PKWY SUITE 200
RENO, NV 89519

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41188	0	N/A	3

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

DIGITAL INSURANCE

200 GALLERIA PARKWAY #1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37548	0	N/A	3

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

PROSESSION INC

1 EAST LIBERTY SUITE 600
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34356	0	N/A	3

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

ACS BUSINESS INSURANCE SERVICES

3724 LAKESIDE DR SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31372	0	N/A	3

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

MFG BENEFITS LLC

1325 AIRMOTIVE WAY SUITE 390
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26292	0	N/A	3

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

JOHN COBBEY

PO BOX 135
SILVER CITY, NV 89428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23352	0	N/A	3

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

COMSTOCK INSURANCE AGENCIES INC

9424 DOUBLE R BLVD
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16772	0	N/A	3

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

MM INSURANCE AGENCY LLC

2088 FOREST GROVE LN
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14476	0	N/A	3

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

SHANNON AUBLE

1990 CALIFORNIA AVE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13524	0	N/A	3

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

R J INSURANCE SERVICES LLC

5476 RENO CORPORATE DR
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13412	0	N/A	3

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

KAREN DURST

2323 HOLCOMB RANCH LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12432	0	N/A	3

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

HENDRICKS ASSOCIATES INC.

190 W. HUFFAKER LANE SUITE 403
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11868	0	N/A	3

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

PCF INS SERVICES OF THE WEST LLC

520 HAMMILL LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9968	0	N/A	3

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

LAURIE MCLELLAND

P.O. BOX 34570
RENO, NV 89533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9408	0	N/A	3

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

DISTINCTIVE INSURANCE

9555 HILLWOOD DR. # 140
LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8484	0	N/A	3

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

ELEVATED BENEFITS LLC

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	
8204	0	N/A	3

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

CLINT D. DUROCHER INSURANCE AGENCY

190 W. HUFFAKER LANE 406
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6104	0	N/A	3

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

AWAREGOLD INC

445 APPLE ST #110
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5936	0	N/A	3

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

EMPLOYER BENEFITS

31 KEYSTONE AVE
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5936	0	N/A	3

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

MICHAEL WALLACE

50 W LIBERTY ST STE 500
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5768	0	N/A	3

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

JEWELS BENEFITS INC.

1027 LADERA DRIVE
CARSON CITY, NV 89701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4256	0	N/A	3

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

THE LAZZARONE GROUP LLC

3716 LAKESIDE DR. #200
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3948	0	N/A	3

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

JM LEWIS INC

1664 US HIGHWAY 395 N STE 101
MINDEN, NV 89423

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2912	0	N/A	3

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

HEFFERNAN INSURANCE BROKERS

1350 CARLBAC AVE
WALNUT CREEK, CA 94596

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2828	0	N/A	3

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

MIKE DANIEL INSURANCE AGENCY INC.

5470 S. KIETZKE LN. #300
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2436	0	N/A	3

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

SILVER SUMMIT AGENCY INC.

4838 SPARKS BLVD STE 100
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1876	0	N/A	3

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

ASSET SOLUTIONS GROUP INC

825 ARLINGTON COURT
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1864	0	N/A	3

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

DL BUTCHER CONSULTING LLC

415 CHURCH ST UNIT 2302
NASHVILLE, TN 37219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1540	0	N/A	3

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

MARK AVILA

2320 FIRESIDE CIRCLE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1456	0	N/A	3

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

CORE NEVADA LLC

8311 W SUNSET RD SUITE 110
LAS VEGAS, NV 89113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1232	0	N/A	3

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

NEVADA INSURANCE AGENCY CO

3724 LAKESIDE DRIVE #100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1209	0	N/A	3

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

VICTORIA TRIPP

1221 ALDERTON LANE
LAS VEGAS, NV 89144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1120	0	N/A	3

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

DILLON HEALTH LLC

329 FLINT ST
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
840	0	N/A	3

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

JOHN DRAKULICH

2215 N MCCARRAN BLVD
SPARKS, NV 89431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
672	0	N/A	3

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

AARDVARK INSURANCE OF NEVADA

4600 KIETZKE LANE #A-105
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
672	0	N/A	3

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

JOEL LEWIS

1535 DESERET DRIVE
MINDEN, NV 89423

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
588	0	N/A	3

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

JOHN S. BARSANTI INSURANCE AGENCY

1655 CATALPA LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
476	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	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	10572101
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. ▶

Multiple-Employer Welfare Plan Participating Employer Information

Service Benefit Trust Fund Welfare Benefit Plan

EIN: 93-6527140, Plan Number: 501

Plan Year Ending 12/31/2025

Name of Participating Employer	EIN
5 G AUTOMOTIVE, LLC	47-4017432
684 INCORPORATED	46-1363412
941 S VIRGINIA LLC	92-3968615
A BLACK HOLE, INC	20-3800562
A MASTER MECHANIC LLC	30-0474157
A+ TIRES AND SERVICES INC	82-3530351
A-1 RADIATOR REPAIR	88-0203028
ACADEMY FOR CAREER EDUCATION	71-0869065
ACM ENTERPRISES INC.	45-5637721
ADOPT A VET DENTAL PROGRAM, INC.	36-4946417
ADVANCED AESTHETIC PLASTIC SURGERY, LTD., PHILLIP E. DAHAN, M.D.	88-0511632
ADVANCED DENTISTRY BY DESIGN	20-8092093
ADVANCED GYNECOLOGY OF RENO (POPPEN), PLLC	88-2947027
ADVANCED MATERIALS AND DEVICES	88-0427860
AERO SPEED EXPEDITED DELIVERY SERVICES, LLC	20-1572539
AIMEE N. SNELL, DDS, MS, P.C. DBA BIG BLUE PEDIATRIC DENTISTRY	81-3704210
AIMS PROVISIONS LLC	99-3412898
AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	94-2225784
AIRPORT GARDENS INVESTORS LLC	88-0151473
AKC VENTURES, LLC	85-4107040
ALI NAIRIZI MD P.C.	84-2435357
ALL AMERICAN LOCK & SAFE, INC	26-1636860
ALL IN THE DETAILS LLC	93-1827392
ALL POINTS TOWING, INC.	88-0267878
ALL SMILES FAMILY DENTISTRY LLC	82-1391321
AL'S ROD & CUSTOM, INC.	86-0850617
AMADINS INC.	88-0413037
ANDERSON KEUSCHER PLLC	45-4870480
ANTHONY J. MATTIOLI, DDS, LTD	88-0115999
APPLIED HYDROLOGIC LTD	84-4319247
ARBOR PROS LLC	81-3199393
ARRIGHI, BLAKE & ASSOCIATES LLC	27-4646615
ASSET MANAGEMENT GROUP LLC	76-0706858
AWAREGOLD, INC	47-4092211
B. MICHAEL SOUTHAM, O.D., PC	90-1031458
B. NEUGEBAUER, D.K. FOLGNER, C. MCELROY, RENO DENTAL ASSOCIATES, LT	88-0122578
BAILEY CHARTER ELEMENTARY SCHOOL	88-0497331

Name of Participating Employer	EIN
BAR2K INC	03-0587430
BARNARD, VOGLER & CO., CERTIFIED PUBLIC ACCOUNTANTS	88-0118801
BATTLE BORN EXPRESS, INC.	46-0793336
BATTLE BORN TREE SERVICE, LLC	46-3810045
BDG WEB DESIGN	27-1790316
BEER NV, LLC	47-3432459
BILLIE CASSE, DO, PLLC	86-3873483
BLAKE EXPRESS, INC	20-2158255
BLUE RIBBON MEAT CO.	88-0090926
BMEVANS INSURANCE AGENCY LLC	47-4395629
BONANZA PEST CONTROL, INC.	88-0418755
BONE-ITO	86-2975669
BONNIE G. MAHAN ESQ., LTD.	01-0605101
BOYS & GIRLS CLUB OF MASON VALLEY, INC.	88-0407331
BP NEVADA, INC.	88-0501547
BRANCOLE ENTERPRISES, INC	47-3434784
BRANDED PLANET LLC	27-0325844
BUILDING CONCEPTS, INC.	88-0321571
BUSINESS AND PROFESSIONAL COLLECTIONS SERVICE INC	88-0068449
CALVARY CHAPEL OF RENO/SPARKS	88-0300706
CAMPBELL'S CARPET OF NEVADA INC.	20-8072651
CARE CHEST OF SIERRA NEVADA	94-3118373
CARMAN'S CLEAR CREEK DENTAL, PLLC	46-4561114
CBA HEALTHCARE LLC	45-4420218
CENTER FOR ADVANCED EYE CARE LLC	88-0422211
CENTER FOR PLASTIC SURGERY	88-0347783
CENTER OF HOPE	36-4572218
CENTERFIELD ENTERPRISES LLC	45-2218711
CHALK CONCEPTS, LLC	93-3291689
CHALLAPALLI CARDIOLOGY, P.C.	88-4018842
CHICKEN HAWK TRANSPORT, LLC	82-0516501
CHOICES FOR ALL LLC	27-4712604
CLINT D DUROCHER INSURANCE AGENCY INC	46-2887495
COLLETTI MD PC	88-0231460
COLLISION BROTHERS, LLC	33-4160907
COMMUNITY CHEST, INC	88-0266600
COMPREHENSIVE FAMILY WELLNESS, PLLC	88-0525522
CONDOR EQUIPMENT LEASING, LLC	20-8423553
CORRELLI LAW LLC	87-4565955
CORY'S LAWN SERVICE LLC	45-4604155
CREATIVE HOT TUB DESIGNS LLC	10-3836137

Name of Participating Employer	EIN
CREDO TECHNOLOGY GROUP, LLC	46-0908268
CROSS CHECK AVIATION	88-0415910
CROSSED KEYS COUNSELING	82-4170923
CUPIT, MILLIGAN, OGDEN & WILLIAMS	88-0189498
CYPRESS SYSTEMS INC	86-0847917
D & G DRAPERIES, INC.	88-0150236
DAMARK LLC	85-1311442
DANG888 ENTERPRISE, PC	30-0472994
DAVE TAYLOR APPLIANCE SERVICE, LLC	84-4111532
DBR HOLDINGS, LLC DBA ROSE LAW OFFICE	88-0390422
DELICATE DEFINITIONS INC. DBA MILLENIUM MEDICAL SPA	88-0491262
DEMERS FAMILY VISION GROUP INC.	20-5317308
DENIS G. PATTERSON, D.O., P.C.	26-4664305
DENTAL ARTE STUDIO INC.	47-2807545
DESERT INVESTMENT GROUP, LTD	86-0871474
DESIGN FINANCIAL	51-0675113
DESO SUPPLY LLC	83-2076098
DIGITAL SOLID STATE PROPULSION INC.	46-4347916
DL FREIGHT SOLUTIONS LLC	85-4272247
DML FRAMING, INC. DBA THE FRAME SHOP AT LAKESIDE	83-1018734
DOUGHBOYS DONUTS 2	27-2917410
DR TEETH LTD.	99-4055433
DRIVELINE & GEAR SERVICES	88-0111081
DS ENTERPRISES LLC	92-3754142
DYNAGRAPHICS, LLC	88-1156265
EDWARDS & VON RAVENSBERG, PROF LLC	47-1013467
ENDODONTIC ASSOCIATES, PLLC, ZEFF & CERCEK	20-1384426
ERIC A. ESCOBAR, DDS, LTD.	27-3296879
EVANS, NELSON & COMPANY	83-4379094
EYE CARE ASSOCIATES OF NEVADA, LLC	20-1999779
FAMILY HEALTH CARE	73-1630393
FARNAZ KHANKHANIAN O D PROFESSIONAL CORP.	87-0810594
FEEDING PETS OF THE HOMELESS	26-3010540
FERRARI LUND REAL ESTATE INC	88-0239426
FG.F, INC.	88-0382147
FIFTY FIFTY TRUCKING	84-4899508
FLOSS DENTAL BOUTIQUE	82-1068725
FOREST WEALTH PLANNING	53-0299205
FRANCIS J. BUSH MBR	30-0454423
FRIEDMAN & THROOP, PLLC	47-1981829
GALENA VETERINARY HOSPITAL, MICHAEL S. FORD, D.V.M., LTD.	88-0397235

Name of Participating Employer	EIN
GARDNERVILLE WATER CO	88-0142280
GARRISON, WISKERCHEN & COATES, LTD	47-3622602
GARY P. GILROY PUBLICATIONS	20-2342089
GATES BRAIN HEALTH INC	84-4789191
GET SUN KISSED TANNING LLC	83-1747266
GFI NEVADA LLC	81-0804063
GOALS FOR AUTISM, INC.	27-1430286
GOOD DEALS ON WHEELS LLC	36-4642373
GOURMELT, LLC DBA TWO CHICKS	27-4765322
GRACE COMMUNITY CHURCH OF RENO	88-0256896
GREASY BEARS LLC	87-2166554
GREAT BASIN COMMUNITY FOOD COOPERATIVE INC	45-4091773
GREAT BASIN DENTAL GENERAL PARTNERSHIP	81-1084951
GREATER RENO COMMUNITY ICE SKATING ASSOCIATION	46-5526756
GREENHOUSE GARDEN CENTER INC	88-0144206
GROWING SMILES PEDIATRIC DENTISTRY PLLC	39-2532005
GUNDERSON LAW FIRM, A PROFESSIONAL CORPORATION	88-0233327
HALLADOR INVESTMENT ADVISORS INC	20-1067389
HANDPIECE TECHNICIANS, INC.	75-3184279
HEALING MINDS, LLC	45-3655846
HIGH DESERT TIRES, INC.	47-3393785
HOLLINGER CHIROPRACTIC, INC.	27-1821592
HONORS ACADEMY OF LITERATURE	45-4777374
HORNING, LINGENFELTER & COMPANY, LLP	26-1627825
INDEPENDENT ORDER OF ODD FELLOWS RENO LODGE #14	88-0033650
INNOVATEU, LLC	81-1486816
INNOVATIVE EQUIPMENT, INC.	20-0016046
INTERNATIONAL SENIOR CARE INVESTMENT GROUP LLC	82-2642865
ISLEEP, LLC	82-3161315
IT'S MY COMMUNITY STORE LLC	45-4041052
J & J NAVARRO INC	47-2942965
J&D TRANSPORT INC	82-5297252
J.J.'S PIE CO., INC.	88-0189360
J.K. BELZ & ASSOCIATES, INC.	88-0476775
JACK COTE REAL ESTATE, P.C.	81-2133168
JACKSON & JACKSON CPAS, LTD.	81-4751082
JAMES M FEWINS AGENCY, INC	90-0114206
JIMMY'Z LLC	85-2069045
JOEL T. GLOVER, D.D.S., LTD DBA GLOVER DENTISTRY	88-0149010
JOHN S. BARSANTI INSURANCE AGENCY, INC.	20-3122337
JON KULESA, DDS	91-1732124

Name of Participating Employer	EIN
JP ENGINEERING LLC	30-0333026
JP LANDSCAPING, LLC	92-0746469
JUICE BOX YOGA LLC	82-3928109
JULIO ESCOBAR, DDS, LTD.	27-3091864
JUNIPER HILL FURNITURE & ACCESSORIES, INC.	88-0468675
K & R REAL ESTATE, LLC	85-2677681
K SASSE SURGICAL ASSOCIATES PC DBA NEVADA SURGICAL ASSOCIATES	45-4731155
K2 ENGINEERING AND STRUCTURAL DESIGN, LLC	52-2450866
KATIE WEINGARTNER FOUNDATION DBA KATIE GRACE FOUNDATION	82-1885510
KELLY FAMILY DENTAL, PC	83-4224349
KEY LEARNING CONCEPTS, LLC	20-1207737
KIM'S WELLNESS LLC	83-2381583
KNT KENNELS, LTD.	20-5057367
LA TANA LLC	82-0661261
LAMPLIGHT ADVISORS LLC	85-4131115
LARRY PEYTON INSURANCE AGENCY, LLC	27-3718800
LAUGHLIN ASSOCIATES, INC.	88-0412286
LAW OFFICE OF JERRY CARTER, P.C.	46-4494848
LAW OFFICES OF KAREN MONRREAL, PLLC	87-2118267
LIFETIME OF LOVE NANNIES LLC	84-2714886
LITIGATION AND VALUATION CONSULTANTS, INC.	27-3069172
LITTLE GOLDEN LLC	83-4324445
LIVING STONES CHURCHES	27-1142184
M.K. ENTERPRISES LLC	61-1998302
MABBLE MEDIA LLC	46-5047647
MACLEAN FINANCIAL GROUP, INC.	88-0412743
MALAYA EATS, LLC	99-4306969
MARK FUNKE	88-0466193
MASON & SMITH VALLEY CONSERVATION DISTRICT	88-0158125
MATTHEW B. MILLS., M.D., LTD. DBA EYE CARE PROFESSIONALS	56-2350282
MAXED PROFESSIONALS, LLC	46-3447278
MBP ENTERPRISES	20-5975828
MCELHANEY STRUCTURAL ENGINEERS, L.L.C.	30-0393253
MERIDIAN SURVEYING & MAPPING, INC.	47-1253493
MLJ ENTERPRISES	47-0884741
MLPT LLC	84-4619626
MOUNTAIN VIEW TREE FARM LLC	88-2288503
MT. OLIVE CARE, LLC	26-4686307
NANNINI VISION CARE, PLLC	46-5283446
NATURE INSPIRED THERAPIES INC	99-3144279
NDK SHOP, LLC	92-1328266

Name of Participating Employer	EIN
NEVADA AGENCY AND TRANSFER COMPANY	88-0038180
NEVADA ENVIRONMENTAL CONSULTING, LLC	38-4005554
NEVADA INSURANCE AGENCY CO. GROUP	88-0038595
NEVADA PHYSICAL THERAPY	88-0247530
NEVADA REALTORS	88-0117651
NEVADA VETERINARY SERVICES PLLC DBA LUXPET VET	84-3107173
NICOLE WIDDIS LAW PLLC	83-2381855
NORTH EAST MEDICAL SERVICES	94-1722562
NORTHERN NEVADA ALLERGY CLINIC LTD - JEFFREY NUGENT MD	88-0113241
NORTHERN NEVADA COIN & BULLION	88-0304193
NORTHERN NEVADA ORAL AND MAXILLOFACIAL SURGERY	82-5264325
NOTE-ABLE MUSIC THERAPY SERVICES	86-1067227
NVISION OPTIX	99-3646082
ONE WORLD CHILDRENS ACADEMY	46-2421423
PALACE JEWELRY & LOAN CO.	88-0102253
PALOMINO PROPANE, LLC	87-3831134
PAMELA E. NETUSCHIL, M.D. LTD	80-0013474
PARIGINI ORTHODONTICS, INC.	26-3312613
PEAK PET URGENT CARE, LLC	93-2000682
PERENN	46-3539272
PERFORMANCE DIESEL SERVICE, LLC	38-4207215
PERFORMANCEDU INC.	80-0581229
PERRY B. YOUNG, D.D.S., LTD.	88-0384667
PERSING PROFESSIONAL GROUP, LLC	47-0994444
PHYSICIANS RECEIVABLES MANAGEMENT, LLC	27-4918276
PIZZAJEEP CORPORATION	47-4745686
PIZZAVA LLC	82-2530470
PLEASANTON INSURANCE & FINANCIAL SERVICES, INC.	82-3111407
PRECISION ENDODONTICS PLLC	99-3653826
PREMIER AUTO BODY	27-0370393
PROGRESSIVE PEST MANAGEMENT	20-4757772
PROSESSION INC.	46-5742580
QUEST COUNSELING AND CONSULTING, INC.	71-0930980
R. N. FULSTONE COMPANY	88-0071431
RAFFERTY OETJEN CPAS, INC.	33-1007129
REAL WORLD CANINE L.L.C	83-0726753
RECON TECHNOLOGIES, INC.	20-3533989
RENO BODY BARRE, LLC	81-2868186
RENO COUNSELING COLLECTIVE, LLC	86-3626533
RENO MOTOR SPORTS, INC.	88-0358013
RENO PAINT MART, INC.	88-0263056

Name of Participating Employer	EIN
RENO PHILHARMONIC ASSOCIATION, INC	94-2762076
RENO PROPERTY MANAGEMENT LTD.	88-0218850
RENO REGENERATIVE MEDICINE LLC	83-1345163
RENO SALVAGE COMPANY	88-0099213
RICK'S AEC REPROGRAPHICS, INC.	81-2165343
RIDGELINE MINERALS CORPORATION	30-1200952
RISING STAR LLC	47-4859350
RM TILE AND STONE, INC.	88-0350412
ROBERTSON AND KOENIG LTD.	88-0494659
ROBISON ENGINEERING COMPANY, INC.	47-0955825
ROBISON REDROCK DENTAL, LTD.	88-0449482
ROGUE GAMING STUDIO INC.	81-0900741
ROUGHT & ACCOUNTING, LLC	92-1444512
ROUNDS ENGINEERING, LTD.	20-0668493
ROUTE RUNNERS-NV LLC	85-2363041
RRG DISTRIBUTING	88-0136550
RS CONSULTING SERVICES LLC	20-4992150
RUTKOWSKI & FUNG, DDS, DMD, PLLC	88-0453845
SAFE EMBRACE	88-0366015
SAFETY FIRST GAMING, LLC	83-3665799
SAGE COLLECTIVE	82-0766847
SALTERN INVESTMENTS	88-0466296
SAVORY INVESTMENTS, LLC	27-0295809
SCHNEIDER DERMATOLOGY LLC	88-4285679
SDL JEWELRY, INC. DBA MICHAEL & SONS	88-0273746
SENDER MOTORS LLC	93-1415481
SHELDON & ASSOCIATES, LLC	20-8456004
SIERRA AIRFREIGHT EXPRESS, INC	90-0386962
SIERRA CYCLES MITH LLC	80-0771799
SIERRA NEVADA REAL ESTATE LLC	20-3619734
SIERRA NEVADA REPAIR LLC	86-1662279
SIERRA PACIFIC FEDERAL CREDIT UNION	88-0059367
SIERRA TRUCK & TRAILER	20-4286326
SILVER SAGE COLLISION CENTER	33-2303004
SILVER STATE LAW, LLC	82-2192053
SIMCO IMPORTED SHOES, INC.	88-0332569
SMALL SMILES OF RENO, LLC	20-3140812
SOLA VET MED, LLC	39-3757209
SORELLA APOTHECARY	81-2598270
SOSUTV CORPORATION	46-4129708
SOUTH MEADOWS DENTAL ARTS LLC	46-1159658

Name of Participating Employer	EIN
SOUTHWEST VETERINARY HOSPITAL	26-1888403
SPARKS TRAILER REPAIR, LLC	88-0473060
SPCA OF NORTHERN NEVADA	88-0386601
ST. PAUL'S UNITED METHODIST CHURCH	88-0116749
STATEMENT INSURANCE, LLC	85-3587802
STEP 2, INC.	94-3025207
STEPHEN PALAZZOLO	88-0236990
STRATEGIC HR PARTNERS	45-3692696
SUGAR PINE FAMILY MEDICINE, P.C., PAUL SMITH M.D., ET AL.	81-4031853
SUMMIT VIEW HOSPICE	46-0944672
SUN VALLEY GENERAL IMPROVEMENT DISTRICT	88-0102296
SUNFLOWER PRESCHOOL, LTD.	88-0403581
SUTTON CONSULTING CO. DBA DYNAMICS CONSULTING L.L.C.	82-4306365
TAHOE FAMILY SOLUTIONS, INC.	88-0326582
TAILORED LAWN CARE LLC	46-4502332
TANGERINE AVEDA SALON & SPA	47-4054986
TEC 1, INC.	03-0460544
TECHTASTIC LLC	27-2832386
TEK INSPECTIONS, LLC	30-0362676
TEMPLE SINAI	88-0203508
THE AGAMAN CORPORATION	33-1172988
THE CARPET TENDER	88-0255532
THE EMPOWERMENT CENTER	56-2509441
THE PALLADIO CONDOMINIUM ASSOCIATION	26-0344072
THE PINK HOUSE INC.	47-3050796
THE POT LATCH SHOP	20-1980526
THE SPEICHER MEDICAL GROUP, LTD.	26-3060713
THOMPSON 2022 ENTERPRISES LLC	36-4745696
THREE NATIONS MANAGEMENT CORPORATION	88-2491325
TID SYSTEMS LLC	46-0913142
TNT AUTOMOTIVE	72-1564064
TOMAS G. DE BRUIN, D.D.S., LTD.	88-0511231
TRAVELLER GIFTS, LLC	88-0383426
TRIAD SCHOOL	47-1167407
TRIM-LINE OF RENO, INC.	88-0159115
TRUCKEE MEADOWS TOMORROW	88-0290211
TRUE NORTH TREATMENT CENTER LLC	47-5320063
VALLEY PEDIATRIC DENTISTRY, HEATHER M PARSONS DMD LTD	81-3347954
VETERANS GUEST HOUSE, INC.	94-3160109
VILLAGE DENTAL PLLC	84-4711685
VINTAGE CLASS MOTORCARS INC	88-0237714

Name of Participating Employer	EIN
VITAL BEAUTY AND WELLNESS DBA L'ESSENCE DAY SPA AND SALON	81-1126625
VITAL N GREEN	42-1723825
VITAL SYSTEMS CORPORATION	88-0321261
VKDG DEVELOPMENT LLC	81-1087679
VT SOLUTIONS, INC.	20-3042617
WALKER RIVER IRRIGATION DISTRICT	88-6001610
WESTERN EXPLORATION LLC	36-4773771
WESTERN INDUSTRIAL PARTS INC	88-0115300
WHISPERING VINE WINE COMPANY	20-0309212
WHITE SPACE, INC.	20-5993456
WILD RIDE, INC.	88-0303965
WILD WEST MOTORS, INC	20-2636106
WOODBURN AND WEDGE	88-0104505
YOSH'S UNIQUE DELI & CATERING CO. LLC	27-3964199
YVETTE KAUNISMAKI MD, PC	27-1585461
ZANE INVESTIGATIONS INC.	26-1620030