

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 CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2014
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) BEND CHAMBER OF COMMERCE 1567 SW CHANDLER AVENUE, #204 BEND, OR 97702
2b	Employer Identification Number (EIN) 46-7282940
2c	Plan Sponsor's telephone number 541-382-3221
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.	07/02/2026	SARA OLDENDAHAL
	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 ☒ 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 2035
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) 2035 6a(2) 1698 6b 0 6c 0 6d 1698 6e 6f 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 0

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 4D 4E

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 176826977

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	B Three-digit plan number (PN)	501
CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BEND CHAMBER OF COMMERCE		
46-7282940		

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					
PROVIDENCE HEALTH 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
93-0863097	95005	640XXX	2576	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
1027182	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
UNKNOWN
UNKNOWN
BEND, OR 97702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
655990	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHNSON BENEFIT PLANNING
550 NW FRANKLIN AVENUE, SUITE 378
BEND, OR 97703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
371192	0		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	18290983
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. ▶

DID NOT PROVIDE THE ADDRESS FOR THE AGENT/BROKER.

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 CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE	D Employer Identification Number (EIN) 46-7282940	

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
OREGON DENTAL SERVICE

(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
93-0438772	54941	100000070	877	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 30433	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNKNOWN UNKNOWN
BEND, OR 97702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21773	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CASCADE EAST BENEFITS, INC. 777 NW WALL STREET, SUITE 100
BEND, OR 97701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8660	0		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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
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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)		
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(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	434232
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. ▶

DID NOT PROVIDE THE ADDRESS FOR THE AGENT/BROKER.

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 CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2014
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) BEND CHAMBER OF COMMERCE 1567 SW CHANDLER AVENUE, #204 BEND, OR 97702
2b	Employer Identification Number (EIN) 46-7282940
2c	Plan Sponsor's telephone number 541-382-3221
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.

Signed by:

SIGN HERE	Sara Odendahl C11137D515A04F8...	7/2/2026	Sara Odendahl
	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

Form 5500 (2025)		Page 2	
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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	2035
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)	2035
a(2) Total number of active participants at the end of the plan year		6a(2)	1698
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d	1698
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 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 4D 4E			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☒ Insurance		
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts		
(3) ☐ Trust	(3) ☐ Trust		
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☐ R (Retirement Plan Information)	(1) ☐ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ A (Insurance Information) – Number Attached 2
(4) ☐ DCG (Individual Plan Information) – Number Attached _____	(4) ☐ C (Service Provider Information)
(5) ☐ MEP (Multiple-Employer Retirement Plan 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)
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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 000176826977

Account Name	Tax ID (EIN)
Contractors Trust	
BCOC Sunset Plumbing of Bend Inc	931020325
BCOC G5 Investments LLC	352174809
BCOC Eastern Oregon Heating and Air Conditioning	271534198
BCOC Rahns Inc	930639555
BCOC Cove Electric Inc	462658189
BCOC Hydro Mechanical LLC	203984099
BCOC 7 Peaks Paving	274732224
BCOC Pressure Point Roofing LLC	931052886
BCOC Pendleton Electric	930448174
BCOC Sage Ridge Inc	261782763
BCOC KGB Enterprises Inc	810677801
BCOC Keeton King Contracting LLC	455305844
BCOC RBE Inc	271369605
BCOC Kellcon Inc	475219919
BCOC Grant Ryder Concrete Inc	900237726
BCOC Hannan Construction Inc	542169979
BCOC Rod Anderson Construction	911778800
BCOC Davis Glass Inc	930654560
BCOC Temp-Rite Mechanical LLC	461593174
BCOC Hamptons Inc	930892862
BCOC Shelco Electric Inc	930510131
BCOC Dan Kauffman Excavating Inc	931169148
BCOC NW Crane Service Inc	203553053
BCOC Bend Rigging Supply LLC	200932718
BCOC Kerry Fuller Enterprises	931017015
BCOC Tri-County Plumbing Contractors Inc	931260143
BCOC Empire Construction & Development LLC	201692972
BCOC Rickabaugh Construction LLC	812374014
BCOC Nehalem Bay Ready Mix	930592923
BCOC JKD Construction	262169830
BCOC Freeman Rock Inc	300161016
BCOC A Sharp Painter LLC	931251033
BCOC Russell Anderson Contracting LLC	832956578
BCOC Gordons Heating and Cooling	651191811
BCOC Leading Edge Stone & Tile LLC	461681643
BCOC Stephens Heating & Cooling Inc	931246713
BCOC Bend Concrete Service Co	930816200
BCOC Over The Top Plumbing LLC	814239590
BCOC Green Thumb Industries Inc	261658408
BCOC Lotus Electric LLC	844176323

Account Name	Tax ID (EIN)
Contractors Trust	
BCOC North Rim Electric LLC	473356167
BCOC McLean Concrete Construction LLC	474077087
BCOC Prineville Heating & Cooling Inc	931123633
BCOC Between the Boards LLC	823691262
BCOC Morris Plumbing LLC	992330910
BCOC Brown Bear Masonry LLC	800590427
BCOC Deschutes Plumbing Co LLC	832820786
BCOC I Plumbing Inc	474521213
BCOC Oaks Enterprises Inc	930739806
BCOC Olaf & Company LLC	472652000
BCOC Hans Andersen & Son Landscaping Inc	911752421
BCOC R-2 Contractors Inc	263775266
BCOC Owens Asphalt LLC	844482503
BCOC Sun Forest Construction LTD	930782547
BCOC Lyon Holdings Inc	320410043
BCOC Bright Services LLC	871471085
BCOC JP Mechanical Inc	464088722
BCOC Relson Contracting	812002561
BCOC Blankenship Builders	753014975
BCOC Townsend Holdings Inc	931275632
BCOC Bulk Materials Inc	680516209
BCOC Bartlett Excavation & Construction LLC	843918026
BCOC Smith Five Electric LLC	473665791
BCOC Silver Creek Contracting LLC	464327209
BCOC Kronsberg Electric Inc	911780659
BCOC Rock Enterprises Inc	462252805
BCOC Advanced Security & Electrical Tech Inc	432116301
BCOC Forma Builders LLC	831116082
BCOC Wade Rogers Excavation LLC	271805993
BCOC Central Oregon Glass Inc	274711303
BCOC Woodhill Homes Inc	200787387
BCOC Patriot Services LLC	872548578
BCOC Welbuilt Homes LLC	874527558
BCOC Cascade Civil Corp	833713350
BCOC JR Faulkner Excavation II Inc	870795027
BCOC Wilson Curb Inc	364346467
BCOC ACW Inc	931167813
BCOC Meltebeke Construction	930595077
BCOC McGraw Industries	930913698
BCOC Montgomery Heating & Air Conditioning Inc	205261741

Account Name	Tax ID (EIN)
Contractors Trust	
BCOC Schelskys Landscape and Irrigation Inc	931132684
BCOC Black Pearl Excavating	271410915
BCOC McDiarmid Controls Inc	930751985
BCOC Mid-State Industrial Service	870861494
BCOC Spot on Septic LLC	873784876
BCOC NW Roofing & Siding Pros	811777257
BCOC MW Construction Services Inc	991879064
BCOC Central Service Inc	452452411
BCOC MSW Co	263815654
BCOC Verheyden Works	463081083
BCOC River Roofing Bend LLC	931259656
BCOC Grizzly Mountain Excavation LLC	571233596
BCOC Masters of Disaster LLC	844649377
BCOC Bend Electric Inc	550848041
BCOC Hendon Construction Co Inc	931076163
BCOC Widner Electric & Industrial Inc	930660031
BCOC McCormack Construction	930221433
BCOC Kuenzi Electric	010717356
BCOC BC Mechanical LLC	273534506
BCOC AccuAir, Inc.	364619551
BCOC Total Home Solutions	811044699
BCOC FS Unlimited	141962290
BCOC Technology Design Associates	274665696
BCOC Bender Mechanical Services Inc	412105761
BCOC Industrial Commercial Electric	870741338
BCOC C4 Plumbing LLC	863924939
BCOC Shamrock Northwest Construction LLC	275495816
BCOC Vern Sampels Landscaping	201153011
BCOC Stans Heating	260703075
BCOC Kipco Construction LLC	464996780
BCOC Smith Rock Electric LLC	811117937
BCOC Builders Electric Inc	930496538
BCOC Hawkins Electric LLC	272751361
BCOC Mid Columbia Concrete	882099124
BCOC Pacific Northwest Hydro LLC	873511853
BCOC D & T Johnson Electric	731642428
BCOC WB Painting and Decorating Inc	931215473
BCOC McKenzie Commercial Contractors	930844841
BCOC Perrine Industrial Electricians Inc	930474731
BCOC Eric's Tree Service, LLC	562452745

Account Name	Tax ID (EIN)
Contractors Trust	
BCOC Deschutes Home Renovations	933777330
BCOC Lee Built Construction Co	931331554
BCOC Timberline Construction of Bend LLC	383769901
BCOC Eagle Mountain Construction Inc	930730843
BCOC John Hyland Construction Inc	930713989
BCOC Sierra James Construction LLC	821624358
BCOC Commercial Interior Contractors Inc	931063285
BCOC G A W Inc	930912409
BCOC MacAdam Floor and Design	461557232
BCOC Saxon Enterprises	364647322
BCOC Home Comfort	931086954
BCOC Central Coast Ready Mix	931199997
BCOC Allen & LaPorte General Contracting	931014429
BCOC Smok'n Gingers LLC	883505780
BCOC Sisters Glass and Mirror	874063203
BCOC Four Seasons Heating and Air Conditioning Inc	931135757
BCOC Staton Companies	930609882
BCOC Stone Roofing & Construction Inc	464460423
BCOC Infinity Electrical Contractors Inc	471718616
BCOC Vernam Crane Service Inc	510508319
BCOC Pilot Rock Excavation Inc	200217366
BCOC Sport Court of Oregon	921017579
BCOC NW Civil Construction LLC	990463708
BCOC Siskiyou Pump Service	931287970
BCOC Dave Rush Construction	473264062
BCOC Flatworx Concrete Inc	463726822
BCOC Mac Contractors	931970330
BCOC Deschutes Electric LLC	874433018
BCOC Bulls Eye Directional Boring	931304578
BCOC Eagle Cap Joseph Electric Inc	993696105
BCOC Cascade Pump and Irrigation	931285732
BCOC Reinwald Electric LLC	262675563
BCOC Mighty Dog Roofing of West Portland	933909039
BCOC Linnius LLC	823140127
BCOC Prineville Ready Mix	831966579
BCOC Vista Plumbing	901252173
BCOC Rainbow Valley Design and Construction	930966856
BCOC Deschutes Custom Homes	881151038
BCOC Norms Electric Inc	930969942
BCOC Broken Top Window Coverings Inc	208247199

Account Name	Tax ID (EIN)
Contractors Trust	
BCOC Paramount Ironworks LLC	472370159
BCOC Riverdell Construction	931164054
BCOC Soil Solutions Environmental Services Inc	931314357
BCOC Big River Electric	931302317
BCOC Brotherton Pipeline Inc	680045066
BCOC Griffin Construction LLC	931283435
BCOC Long Bros Building Supply Inc	930628397
BCOC Quinn's Well Drilling	278372668
BCOC Patriot Electric Inc	205513886
BCOC Braun Excavating Inc	931146684
BCOC Kaminski Construction LLC	412270458
BCOC Johnny Cat Inc	931181192
BCOC Momentasize Construction Inc	863726991
BCOC Johnson & Sons Electrical LLC	270902924
BCOC The Saunders Company	931100632
BCOC All Systems Electric LLC	651231987
BCOC Stedman Sheetmetal Inc	208124641
BCOC Craftsman Homes	550870516
BCOC MC Carlton Contracting	843882618
BCOC Stone Heating & Air Inc	832956823
BCOC DL Reforestation Inc	203806046
BCOC McLennan Excavation and Da-Tone Rock Products	454027712
BCOC Western Concrete Inc	271983076
BCOC NorthStar Electrical Contractors	931109091
BCOC GrassRoots Landscaping Company	275443140
BCOC Bridge Masters Inc	931251772
BCOC Bruce Johnson Construction LLC	931331145
BCOC Neptune Swimming Pools	930474266
BCOC Franklin Brothers Homes LLC	461881184
BCOC DRG Enterprises Inc dba Bend Glass and Mirror	204810160
BCOC Cobalt Builders Inc	862984252
BCOC Amp Pro Electric	465666529
BCOC Purple Rain Construction LLC	931939892
BCOC Diversified Heating and Cooling	274543306
BCOC Rock Solid Roofing	823593368
BCOC Bentley Welding	931098909