Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

1b Three-digit plan number (PN) ▶ 503

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)
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

PO BOX 1872
OLYMPIA, WA 98507-1872

1414 CHERRY ST SE
OLYMPIA, WA 98501

2b Employer Identification Number (EIN)
61-6496436

2c Plan Sponsor's telephone number
360-943-1600

2d Business code (see instructions)

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.	10/14/2026	TED BURNS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	TED BURNS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	6013
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)**	6013
a(2) Total number of active participants at the end of the plan year	**6a(2)**	6449
b Retired or separated participants receiving benefits	**6b**	10
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6459
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	6459
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 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	**(1)** [X] 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

- **(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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 7
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... [X] Yes [ ] No

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 177467878

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
PREMERA BLUE CROSS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0499247	47570	200000143	6248	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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	52126642
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 [X] 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

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
WILLAMETTE DENTAL OF WASHINGTON 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
91-1702099	47050	WA385	83	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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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)**	46315		
(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)**	46315
b Benefit charges (1) Claims paid	**9b(1)**	42743		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	42743
(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)**	4631		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**	811		
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	5442
(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**	
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 [X] 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

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0234392	6344	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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ AD&D

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)**	0
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**	156123
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 [X] 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

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0621480	47341	09450-09457	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

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

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

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

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

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

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

(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.	**6d**	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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)**	2104615		
(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)**	2104615
b Benefit charges (1) Claims paid	**9b(1)**	1639370		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	1639370
(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**	
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 [X] 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

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	168475-6,168505	785	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

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

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

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

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

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

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

(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.	**6d**	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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**	65125
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 [X] 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

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	122482630016-19	6312	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

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

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

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

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

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

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

(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.	**6d**	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] 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)**	241095		
(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)**	241095
b Benefit charges (1) Claims paid	**9b(1)**	189505		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	189505
(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)**	43477		
(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)**	43477
(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**	
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 [X] 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

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

1 Coverage Information:

(a) Name of insurance carrier
LIFEWISE HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-1950223	52633	200000167-173	31	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

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

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

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

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

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

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

(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.	**6d**	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	447918
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

BARNES & THORNBURG LLP

11 SOUTH MERIDIAN ST
INDIANAPOLIS, IN 46204

35-0900596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		10343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

CLIFTONLARSONALLEN LLP

220S 6TH ST
STE 300
MINNEAPOLIS, MN 55402

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		21274	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

FORTERRA INC

PO BOX 7508
OLYMPIA, WA 98507

20-3642694

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49			Yes [X] No [ ]	Yes [ ] No [X]	1553485	Yes [ ] No [X]

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

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

PROPOINT LLC

525 COLUMBIA ST NW
SUITE 204
OLYMPIA, WA 98501

27-3322664

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22			Yes [X] No [ ]	Yes [ ] No [X]	4364843	Yes [ ] No [X]

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

VIMLY BENEFIT SOLUTIONS INC

PO BOX 75449
SEATTLE, WA 98175

91-1603312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49		824484	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

b Name of plan sponsor SEE SCH D, ATTACHMENT | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

D Employer Identification Number (EIN)
61-6496436

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	153403	156121
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	824699	931004
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	387917	935509
(2) U.S. Government securities	1c(2)	332293	242550
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	465873	602959
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	93563	99283
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2257748	2967426
Liabilities			
1g Benefit claims payable	1g	834344	1041089
1h Operating payables	1h	15637	92
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	11692	506849
1k Total liabilities (add all amounts in lines 1g through1j)	1k	861673	1548030
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1396075	1419396

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	56208002	
(B) Participants	2a(1)(B)	78319	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		56286321
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31873	
(B) U.S. Government securities	2b(1)(B)	10641	
(C) Corporate debt instruments	2b(1)(C)	23061	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		65575
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	2194	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2194
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	545610	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	540045	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5565
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13737
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		56373392
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	55374924	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		55374924
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	824484	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21274	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	10343	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	119046	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		975147
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		56350071
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		23321
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION

FINANCIAL STATEMENTS AND ERISA—REQUIRED SUPPLEMENTAL SCHEDULE

AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

Right there with you

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AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
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AS OF DECEMBER 31, 2025 AND 2024 AND
FOR THE YEAR ENDED DECEMBER 31, 2025

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
AWB HealthChoice Employee Benefits Trust – Construction
Olympia, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of AWB HealthChoice Employee Benefits Trust – Construction, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and changes in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of AWB HealthChoice Employee Benefits Trust – Construction as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in plan benefit obligations for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AWB HealthChoice Employee Benefits Trust – Construction's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about AWB HealthChoice Employee Benefits Trust – Construction's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Spokane, Washington
October 13, 2026

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Cash	$ 39,017	$ -
Investments, at Fair Value	1,841,284	1,279,646
Contributions Receivable	156,121	153,403
Pending Transfers	931,004	824,699
Total Assets	2,967,426	2,257,748
LIABILITIES		
Administrative Fees Payable	15,492	11,692
Accounts Payable	92	15,637
Premium Credits	491,357	-
Total Liabilities	506,941	27,329
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,460,485	$ 2,230,419

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
Employer Contributions	$ 56,208,002
COBRA Contributions	78,319
Interest and Dividend Income	67,769
Net Appreciation in Fair Value of Investments	19,302
Total Additions	56,373,392
DEDUCTIONS:	
Premiums to Carrier	55,168,179
Administrative Fees	824,484
Professional Fees	133,010
Office Expense	17,653
Total Deductions	56,143,326
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	230,066
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	2,230,419
End of Year	$ 2,460,485

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Premiums Payable	$ 1,041,089	$ 834,344
TOTAL BENEFIT OBLIGATIONS	$ 1,041,089	$ 834,344

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2025

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS	
Balance - Beginning of Year	$ 834,344
Premiums and Fees Incurred to Insurance Carriers	55,374,924
Insurance Companies' Premiums and Fees Paid	(55,168,179)
TOTAL BENEFIT OBLIGATIONS - END OF YEAR	$ 1,041,089

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

General

Since inception, AWB HealthChoice Employee Benefits Trust (the Consolidated Plan) has consisted of nine industry-specific plans with related subtrusts. The structure of the Consolidated Plan was amended effective December 1, 2020 from one which maintained subtrusts for each of nine participating industry groups to one having a separate trust for each industry group in anticipation of reporting the Consolidated Plan as nine separate plans on nine separate Form 5500's effective January 1. 2021. The AWB HealthChoice Employee Benefits Trust – Construction (the Plan) is a continuation of a portion of the Consolidated Plan and its related trust arrangement.

The Consolidated Plan went into operation on January 1, 2014. Effective October 1, 2013, the Consolidated Plan established a trust (the Trust) and the Board of Trustees of the Consolidated Plan appointed U.S. Bank as custodian. The Trust was created and established to receive and to hold contributions of participating employers and serve as the conduit for payment of insurance premiums to the insurance companies that insure plan benefits and of other plan expenses.

Effective December 1, 2025, the Trust arrangement was amended to reflect that there are 10 separate plans each of which will separately file for Form 5500 reporting purposes. The separate plans provide benefits for the following industry group classifications: manufacturing, professional services, retail & wholesale, hospitality, construction, agriculture, automotive, communications, technology, and transportation (collectively, the Successor Plans). The Consolidated Plan was renamed the AWB HealthChoice Employee Benefits Trust – Construction and was assigned to be the plan providing benefits to the Construction industry group.

The Trust continues to receive and hold contributions for each of the 10 plans in a single bank account with separate accounting for each of the Successor Plans. Trust assets are used for the exclusive benefit of the plans' participants and beneficiaries and to pay expenses of the plans.

The Plan is a fully insured health plan providing medical, life, dental, vision, short- and long-term disability benefits to and for eligible employees and dependents of employers who are members of the Association of Washington Business (AWB), and which operate within the Plan's industry group.

The Plan is a group insurance arrangement classified as a "Multiple Employer Welfare Arrangement" as defined by the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations. The Plan is operated by AWB in coordination with the participating employers and through contracts with third parties. Each employer that participates in the Plan is the Plan administrator with respect to the coverage for its employees for purposes of ERISA. The Plan's trustees act as sponsor of the Plan for ERISA reporting purposes.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Administration

The Plan is administered by a Board of Trustees that is assisted by a contract administration organization and various professional service providers. Administrative expenses are borne by the Plan.

The Plan receives services under an agreement with Vimly Benefit Solutions, Inc. (Vimly), to act as a third-party administrator. Vimly performs the billing, collection, eligibility determination, benefit processing, recordkeeping, and reporting for the Plan.

Fees to Vimly totaled $824,484 for the year ended December 31, 2025, and are included in administrative fees in statement of changes in net assets available for benefits. Administrative fees payable to Vimly as of December 31, 2025 and 2024 totaled $92 and $15,637.

Employer Eligibility

To be eligible for participation in the Plan, an employer must meet the following criteria:

- Must be a member in good standing of AWB.
- Must be a firm, corporation, partnership, or proprietorship directly engaged in a business employing at least two eligible employees that work at least 20 hours per week. For dental coverage, two is the minimum number of eligible employees.
- Must be classified in the construction industry. The employer determines the industry in which they operate by providing their North American Industry Classification System (NAICS) code on their application and renewal. It is then reviewed by the Plan for accuracy of classification.
- A minimum of 50% of enrolling employees must live and work in Washington State.

Employee Eligibility

Each participating employer is responsible for defining the classification of employees eligible for benefits, within the parameters established by the Plan.

At a minimum, in order to be eligible for coverage, an employee of the participating employer must meet all of the following qualifications:

- Employee must be paid on a regular, periodic basis through the participating employer's payroll system with wages reported by the participating employer for Social Security purposes (i.e., on Form W-2) or must be an owner working a minimum of 20 hours per week in the business.
- Employee must appear on the participating employer's quarterly report of wages filed with the State Employment Security Department (this does not apply to owners of the employer).
- Employee must meet the participating employer's criteria for full-time, regular status working a minimum of 20 hours per week; and
- Employee must satisfy the waiting period that the participating employer has specified on the Plan's Master Application for Insurance Coverage. The waiting period cannot exceed 90 days from the date of hire.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Employee Eligibility (Continued)

Eligible dependents include the employee's spouse or domestic partner and dependent children.

Eligibility for coverage under the Plan will terminate at the earliest of any one of the following: (1) the end of the calendar month in which the employee ceases to be actively employed by a participating employer, (2) on the last day of the calendar month in which an employer ceases to participate in the Plan, or (3) on the date the Plan itself terminates.

Continuation of health care benefits to employees who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), normally applies to all employers employing 20 or more employees during a calendar year. Due to plan provisions, all participants in the Plan are COBRA eligible. The Plan provides these benefits on a self-pay basis if a participant loses coverage because they no longer satisfy the requirements for eligibility. The contribution amount is set by the Plan.

Retired employees and their dependents are not eligible (unless eligible for COBRA).

Contributions and Participation

To become and remain a participating employer in the Plan, the employer must contribute at least 75% of the coverage charge per eligible employee. This is the minimum employer contribution, but the employer may contribute up to 100% of the coverage charge. There is no minimum employer contribution requirement for dependent coverage. Dependent contribution percentage may not be higher than the contribution toward employee coverage. If the employee contributes to the cost of coverage, the employer must collect the funds and include the amount with the employer's remittance on one check to the billing administrator.

Accounting principles generally accepted in the United States of America require separate disclosure of employer and employee contributions. Each employer determines the cost allocation between employee and employer to provide benefits. Based on how the Plan is administered, it is not feasible to segregate between the source of the contributions, and consequently, that information is not disclosed in the accompanying financial statements.

The Plan provides a variety of options for medical, dental, vision, life, and short-term and long-term disability coverages. Contributions for the various insurance coverages are determined based upon the coverage chosen by the participating employer.

Accounting principles generally accepted in the United States of America require separate disclosure of employer and employee contributions. Each employer determines the cost allocation between employee and employer to provide benefits. Based on how the Plan is administered, it is not feasible to segregate between the source of the contributions and, consequently, that information is not disclosed in the accompanying financial statements.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Termination

The Plan may be amended, restated, or terminated by AWB or the Board of Trustees at any time and for any reason. The Board of Trustees also reserves the right to increase the amount of employer contributions. In addition, participating employers may amend the eligibility rules for their employees, as long as any changes are consistent with the insurance contracts and any rules established by the Plan. Employers may also terminate their enrollment of the Plan at any time and for any reason.

In the event of termination of the Plan, the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using accounting principles generally accepted in the United States of America.

Use of Estimates

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

Interest-Bearing Cash (included in Investments)

Interest-bearing cash, included in Investments on the statements of net assets available for benefits consists of a checking account which is held in the Trust and is insured by the Federal Deposit Insurance Corporation up to the limits prescribed by law. Trust cash balances may exceed such limits during the year. Management believes there is minimal credit risk related to its cash balances.

The balance of the Plan's interest in the Trust's checking account is based on the balance at the beginning of the year plus actual contributions and allocated interest income and loss, less actual premiums to carriers and related commissions, and allocations of other fees and costs which are shared amongst the Successor Plans.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Contributions Receivable and Unearned Contributions

Amounts held in the cash account maintained by Vimly which relate to 2025 or 2024 coverage for the Plan are recorded as pending transfers or contributions receivable as of December 31, 2025 and 2024. Pending transfers represent funds received by Vimly, after the December transfer, through December 31, for each year-end. Amounts held in the cash account maintained by Vimly which relate to coverage subsequent to year-end have been excluded from these financial statements. Amounts remitted by Vimly which represent overpayments and other adjustments are recorded as unearned contributions as of December 31, 2025 and 2024. Contributions receivable recorded as of December 31, 2025 and 2024 were considered fully collectible. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2025 and 2024, the allowance for credit losses was insignificant.

Premiums

Insurance premiums are paid to the insurance companies that insure the Plan benefits and are recorded when paid. Approximately 95% of premiums paid during the year ended December 31, 2025 were paid to Premera Blue Cross.

Premium Credits

Premium credits are related to assets that were transferred from another plan and are being used to reduce the participating employer contributions. See Note 7 for additional details.

Administrative Expenses

Administrative expenses are paid by the Plan through the Trust and include direct costs of Plan administration, plus an allocation of shared costs incurred by the Successor Plans. Shared costs are allocated using the Plan's proportionate share of contributions.

Benefit Obligations

Benefit obligations include any obligations for premiums due, but not paid, under insurance arrangements in accordance with accounting principles generally accepted in the United States of America. The Plan is fully insured. Therefore, there is no obligation for benefit claims that have been incurred but not reported by the insurance carriers.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tax Status

The revenues received from participating employers do not represent taxable income. Investment earnings of the Plan in excess of deductible expenses are subject to income tax. The Trust reports taxable income as required by taxing authorities.

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

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date which the financial statements were available to be issued.

NOTE 3 FAIR VALUE OF INVESTMENTS

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

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

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

U.S. Government Issue – Investments in the U.S. government securities are valued based on the closing prices reported in the active market in which the individual securities are traded.

Corporate and Foreign Issues – Investments in bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	$ 896,492	$ -	$ -	$ 896,492
U.S. Government Issues	242,550	-	-	242,550
Corporate Issues	-	516,336	-	516,336
Foreign Issues	-	86,623	-	86,623
Mutual Funds	99,283	-	-	99,283
Total	$ 1,238,325	$ 602,959	$ -	$ 1,841,284

	2024			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	$ 387,917	$ -	$ -	$ 387,917
U.S. Government Issues	332,293	-	-	332,293
Corporate Issues	-	420,426	-	420,426
Foreign Issues	-	45,447	-	45,447
Mutual Funds	93,563	-	-	93,563
Total	$ 813,773	$ 465,873	$ -	$ 1,279,646

NOTE 4 RELATED PARTY TRANSACTIONS

Administrative Fees

In 2014, the Consolidated Plan entered into an agreement with Forterra, Inc. (Forterra), a wholly owned subsidiary of AWB. The Plan receives various administrative services under this agreement. The agreement was assumed by and renewed with the Successor Plans in 2021 and amended and restated in 2024.

The fees paid to Forterra by Vimly during the year ended December 31, 2025 totaled $1,553,485, which have been accounted for as indirect expenses and therefore not recognized as Plan expenses in these financial statements.

Agency Services and Commissions

In 2014, the Consolidated Plan entered into an agreement with ProPoint LLC (ProPoint), a wholly owned subsidiary of Forterra and licensed insurance agency in Washington State, to provide various services. The agreement was amended and restated in 2024.

The total fees paid to ProPoint by Vimly during the year ended December 31, 2025 were $4,364,843, which are accounted for as indirect expenses and therefore not recognized as Plan expenses in these financial statements.

NOTE 5 RISKS AND UNCERTAINTIES

The Washington State Office of Insurance Commissioner (OIC) has the authority to review and approve or disapprove large-group rate filings, including association health plans (AHP), on an annual basis. However, the carrier for the Consolidated Plan is a health services contractor, therefore filings are considered “file and use” which means they do not need to be approved in advance of going to market. Changes in healthcare reform legislation and the OIC rules and interpretations concerning AHPs could have an effect on future revenue.

The Plan provides for investment in a variety of investment securities. In general, investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits as reported in the financial statement to Form 5500 as of December 31:

	2025	2024
Net Assets Available for Benefits per the Financial Statements	$ 2,460,485	$ 2,230,419
Less: Premiums Currently Payable	(1,041,089)	(834,344)
Net Assets Available for Benefits per Form 5500	$ 1,419,396	$ 1,396,075

The following is a reconciliation of changes in net assets for plan benefits as reported in the financial statements to Form 5500 available for the year ended December 31, 2025:

Net Increase in Net Assets Available for Benefits per the Financial Statements	$ 230,066
Add: Plan Benefit Obligation - Beginning of Year	834,344
Less: Plan Benefit Obligation - End of Year	(1,041,089)
Net Income per Form 5500	$ 23,321

NOTE 7 TRANSFER OF ASSETS AND LIABILITIES

Effective December 1, 2025, the AWB HealthChoice Plan (the AWB Grandfathered Plan) was dissolved, and its remaining assets and related obligations were transferred to the Consolidated Plan. The transferred assets and obligations were allocated among the 10 industry-based trusts based on the anticipated utilization of premium credits by employers that transitioned from the AWB Grandfathered Plan to the Consolidated Plan, with allocations determined according to each employer's respective industry classification.

The transferred assets and related obligations are included in investments and premium credit liabilities on the statement of net assets available for benefits. Premium credits subsequently applied to reduce participating employers' monthly contribution requirements are reflected in employer contributions in the statement of changes in net assets available for benefits.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Mutual Funds:			
*	U.S. Bank Money Market	Variable	$ 876,210	$ 876,210
	First Am Govt MM	Variable	20,282	20,282
	Total Money Market Mutual Funds		896,492	896,492
	U.S Government Issues:			
	FHLMC MTN	4.350% 3/27/28	19,743	19,736
	FNMA MTN	3.750% 9/25/28	19,709	19,721
	U.S. Treasury	4.000% 2/15/26	19,429	19,730
	U.S. Treasury	4.375% 12/15/26	19,873	19,879
	U.S. Treasury	4.000% 1/15/27	19,684	19,819
	U.S. Treasury	4.125% 2/15/27	22,809	23,162
	U.S. Treasury	4.250% 3/15/27	19,639	19,891
	U.S. Treasury	3.875% 10/15/27	19,590	19,856
	U.S. Treasury	4.125% 11/15/27	19,702	19,949
	U.S. Treasury	4.000% 12/15/27	26,649	27,107
	U.S. Treasury	3.875% 3/15/28	8,775	8,837
	U.S. Treasury	3.875% 7/15/28	24,706	24,863
	Total U.S. Government Issues		240,308	242,550
	Corporate Issues:			
	Ally Bk Sandy	3.800% 9/28/26	8,757	8,783
	American Express	5.000% 9/21/26	2,724	2,768
	American Exp	4.050% 5/08/28	19,696	19,867
	American Honda Mtn	4.450% 10/22/27	19,627	19,893
	Austin Cap Bk	4.600% 5/29/26	19,724	19,800
	Bny Mellon NA CD	3.700% 8/28/28	19,724	19,693
	Bmw Bk North CD	3.600% 9/19/28	19,652	19,642
	Blue Ridge Bk	4.300% 12/28/26	2,192	2,206
	Capital One	4.600% 5/26/26	6,568	6,598
	Cross Riv Bk	4.700% 6/15/26	9,842	9,908
	Customers Bk	5.050% 3/24/26	3,287	3,296
	First Fndtn	4.700% 6/29/26	19,685	19,822
	First Gty Bk	3.700% 11/14/28	19,694	19,684
	First Natl Bk	4.850% 9/21/26	19,527	19,904
	Forbright Bk CD	4.850% 6/14/27	19,724	20,056
	Goldman Sachs	4.000% 3/20/28	21,877	22,048
	Morgan Stanley	4.050% 4/10/28	19,724	19,865
	Morgan Stanley	3.875% 1/27/26	18,946	19,721
	Morgan Stanley CD	4.600% 3/15/27	13,676	13,856
	Morgan Stanley CD	4.000% 7/17/28	2,737	2,756
	Optum Bk Draper CD	3.850% 8/21/28	22,430	22,513
	Popular Bk	4.747% 9/04/26	21,916	22,105

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate Issues (Continued):			
	Realty Income Corp	4.125% 10/15/26	$ 19,134	$ 19,744
	Sallie Mae Bk	4.000% 7/10/28	19,694	19,841
	Schwab Charles Corp	0.900% 3/11/26	17,459	19,612
	State Bank India CD	4.850% 6/24/27	4,931	5,015
	State Bank CD	4.300% 6/16/28	27,279	27,637
	Toyota Financial	4.350% 7/26/27	19,665	19,926
	Ubs Bk USA	5.150% 11/02/26	19,694	19,980
	Valley Natl	3.950% 8/20/27	19,694	19,806
	Valley Natl	3.900% 8/27/27	4,377	4,398
	Wells Fargo Bank	4.900% 12/07/26	5,479	5,545
	Wells Fargo Bank	4.850% 5/21/27	19,694	20,049
	Total Corporate Issues		508,832	516,336
	Foreign Issues:			
	Bank Montreal Medium	5.203% 2/01/28	20,002	20,224
	Royal Bk Cda Mtn	4.900% 1/12/28	19,854	20,118
	Sumitomo Mitsui Finl	3.364% 7/12/27	19,367	19,584
	Toronto Mtn	5.156% 1/10/28	6,614	6,724
	Toronto Domi	4.980% 4/05/27	19,504	19,974
	Total Foreign Issues		85,339	86,623
	Mutual Funds			
	Fidelity 500 Index Fund	Variable	63,263	99,283
	Total Mutual Funds		63,263	99,283
			$ 1,794,234	$ 1,841,284

* Indicates party-in-interest



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AWB Healthchoice Employee Benefits Trust - Construction

61-6496436_Plan 503

Schedule D, Attachment 1

Name	Tax ID	% of Total Contributions
2 SONS PLUMBING LLC	822672904	0.438%
360 Excavating LLC	465357884	0.139%
3CK LLC	811546771	0.252%
530 Earthworks LLC	333094109	0.091%
5789, LLC	453571319	0.140%
A & R Aviation Services Inc	010904547	0.008%
A and D Quality Construction Co LLC	911947780	0.005%
A Roofing, Inc.	201290536	0.071%
A&D Mechanical	911930417	0.109%
A&M Cable, LLC	272924560	0.018%
A&N Plumbing & More LLC	473369801	0.065%
A.C.I Coatings	911743205	0.069%
A-1 Mobile Lock & Key, Inc	470902185	0.049%
A-1 Pepperworth Plumbing, Inc.	911076003	0.102%
AA Remodeling LLC	473622768	0.179%
Aardvark Bark Blowing & Landscape Svcs	260257922	0.054%
ABCO Rooter The Drain Doctors Inc	201016162	0.050%
Absolute Choice Electric, LLC	474250670	0.082%
Absolute Comfort Technology Electric LLC	823491325	0.116%
Absolute Comfort Technology LLC	454002289	0.048%
Absolute Drywall	371897317	0.107%
Absolute Heating & Cooling, Inc	471967285	0.287%
Absolute Power, Inc	262517490	0.094%
Absolutely Fine Concrete, Inc	270654098	0.080%
AC Electric Services, Inc.	911881144	0.091%
Accord Contractors LLC	264721753	0.123%
Ace Electric Inc.	912000666	0.128%
Aces Four Enterprises LLC	853989129	0.031%
ACK Electric LLC	812436697	0.093%
Acme Roofing Inc.	203429688	0.029%
Adam Leland Homes Inc	911955168	0.002%
Advanced Electrical Concepts	203800123	0.085%
Advanced Excavation Inc.	421640781	0.003%
Advanced Water Management Inc.	912011596	0.009%
Advantage Contractors Inc	911745845	0.081%
Agate Pass Investment & Management LLC	273330362	0.043%
Agents of Good Roots, LLC	202043588	0.118%
Aguiar Pavers, LLC	900445272	0.291%
Airco Heating and AC LLC	933031429	0.024%
Airtherm Corporation	911336298	0.544%
Air-Tight Windows & Remodeling LLC	990562821	0.003%
Airvana, LLC	394852798	0.071%
AK Electric Inc	911578893	0.053%
Alexander Group Northwest	911090748	0.043%

All Covered Painting & Property Services	275212879	0.038%
All Phase Heating and Air Conditioning I	464316328	0.067%
All Pro Plumbing Northwest LLC	921667213	0.023%
All Seasons Contracting Inc	911953764	0.047%
All Weather Heating, Air Conditioning &	593838886	0.053%
AllCounty Operations, Inc.	200149606	0.085%
Allied Plumbing & Pumps LLC	320279819	0.031%
Alluring Landscapes LLC	364863954	0.074%
Almet Metal LLC	452394063	0.181%
Alpine Glass, Inc	411814787	0.064%
Alt Inc.	452000177	0.211%
AM Excavating LLC	550821226	0.066%
AM Landshaper Inc	911717114	0.046%
American Air Heating & Cooling, LLC	474916755	0.064%
American Concrete Company of Gig Harbor	912181500	0.014%
American Construction Co., Inc.	910562492	0.114%
American Resort Marketing Inc.	911105568	0.100%
American Water Damage Restoration	853644014	0.069%
American West Landscaping & Construction	331008445	0.282%
AMS Financial Group LLC	208579109	0.051%
Amsberry's Painting, Inc.	911987321	0.672%
Anderson Drilling LLC	911936195	0.038%
AP Plumbing LLC	720600692	0.531%
Apex Landscaping & Construction LLC	461200495	0.056%
Apols Landscape Maintenance LLC	911671965	0.040%
Aqua Spas and Pools	471458475	0.063%
Archie Michael P	273240908	0.319%
Arcos Consulting LLC	271703177	0.007%
Arden Construction Inc	352529204	0.027%
Arken Inc	814123164	0.047%
Artisan, Inc.	911488147	0.208%
Ascent Building Company, LLC	260418815	0.012%
Aspire Capital Advisors LLC	831630900	0.102%
Associated Finishes Inc	911986137	0.226%
Associated Paving, LLC	333637365	0.033%
Associated Products Shipping Solutions	464920215	0.052%
Avery11 Construction, LLC	874089302	0.086%
AVIT LLC	272896866	0.059%
Aztec Electric LLC	882244657	0.102%
B & B Excavating, Inc.	912048305	0.173%
B & G NW, Inc.	911950208	0.063%
B & G Property Maintenance, LLC	273052738	0.054%
B & L Plumbing LLC	992152635	0.042%
B & L Utility, Inc.	911675485	0.526%
B n B Mechanical LLC	812389323	0.151%
B&B Aircraft Equipment, Inc.	911567136	0.046%
B&H Fire and Security LLC	812440133	0.004%
B.C. Pavers, Inc	912190652	0.013%
Back on the Horse LLC	271855878	0.039%
Bainbridge Community Foundation	912155208	0.072%

Bainbridge Heating & Air	453844579	0.032%
Baker & Sons Concrete Construction LLC	464971478	0.168%
Baker Electric, Inc	911702764	0.080%
Banner Electric, Inc.	202009845	0.140%
Basin Refrigeration and Heating, Inc.	911234198	0.004%
Baxter's Excavation & Tree Removal LLC	813260885	0.044%
Bayside Supply Co. LLC	261180228	0.102%
Beacon Plumbing & Mechanical, Inc.	992122858	0.243%
Becker Blacktop, LLC	320350828	0.032%
Becker Excavation, Inc.	832996533	0.216%
Beckstead Electric	911570954	0.083%
Bee's Plumbing, Heating, and Sewer Corp	815141380	0.057%
Belcher, Inc	472374505	0.021%
B-Elite Inc.	842165004	0.193%
Belotti McHugh Design and Construction S	454346599	0.226%
Benchmark Recycling Inc.	912109014	0.075%
Benson Service Electric Inc.	201776972	0.026%
Benton Bray, PLLC	821028623	0.050%
Benton Franklin Power Vac, Inc.	562481765	0.018%
Bergdahl Real Property, Inc	201943457	0.002%
Berry & Co General Contractor LLC	364690799	0.160%
BES Electrical Service, LLC	473433247	0.093%
Beth Billington Real Estate	533842373	0.058%
Betschart Mechanical, Inc.	911165390	0.170%
Big Mountain Enterprises, LLC	161673737	0.142%
Billington Daniel	871865380	0.120%
Bios LLC	134228454	0.036%
Black Forest Hardwood Floors LLC	200651363	0.144%
Blackstone Construction LLC	460889278	0.136%
Blake Commercial Real Estate LLC	842968217	0.021%
Blank Paper LLC	264275639	0.155%
BLP Plumbing LLC	333674077	0.393%
Blue Fern Management LLC	832957806	0.159%
Blue Sky Electrical Contracting & Design	320501471	0.221%
Blue Sound Construction, Inc	205027619	0.170%
BML Development Corporation	911361219	0.017%
BNB Works, LLC	452325589	0.126%
Boilermasters Inc	911533341	0.089%
Bolt Electric LLC	833667453	0.008%
Bonafide Lock & Safe, Inc.	911577348	0.132%
Booth & Sons Construction	912127567	0.336%
Boretec 1 Inc.	273600544	0.014%
Born Electric LLC	814385741	0.172%
Bosa Concrete Finishing, Inc	731730213	0.040%
Bosch II Contruction Co.	912021522	0.252%
Bouwer Construction Company	263566086	0.034%
Bovey & Associates Inc	223653879	0.128%
Bowen Contractors Inc.	453581589	0.022%
Bowman Connect, LLC	821892468	0.015%
Bransen Drill LLC	203328505	0.100%

Braseth Construction Company	911202774	0.016%
Bravo Enterprises Inc	800014948	0.087%
Brickmaster LLC	830683612	0.077%
Bridge Street Trading Company.LLC	822895149	0.009%
Bridger Development Company	911705820	0.030%
Brother's Plumbing, Inc.	911408566	0.141%
Bruch & Bruch Construction, Inc.	911195163	0.150%
Bruggman Mechanical, Inc	911934374	0.281%
Bruhn Logging & Tree Service, LLC	472637213	0.079%
BSI Tech LLC	922319300	0.005%
Buchanan General Contracting Company	911279654	0.314%
Burdick's Security Hardware Service, Inc	911365156	0.662%
Burgess Contracting LLC	844681271	0.037%
Burris Electric LLC	352318917	0.002%
Bustard Custom Construction Inc.	261790504	0.046%
Butler Property Group LLC	455426960	0.073%
C & C Yard Care Inc.	911941045	0.020%
CAD Homes	472302088	0.040%
Cains Pressure Washing & Property Mgt	912014334	0.000%
CAMBIUM INC.	911891085	0.076%
Cambria Corporation	200273351	0.083%
Capstone Structures LLC	811224118	0.086%
Carley Construction Inc	912016993	1.155%
Cascade Construction Company	550810066	0.172%
Cascade Custom Homes & Design Inc.	912033597	0.067%
Cascade Energy Services Electrical, LLC	883588537	0.011%
Cascade Plumbing LLC	874189629	0.054%
Cascade Roofing Company, Inc	911687785	0.082%
Cascade Tub Repair LLC	743129206	0.110%
Catalyst Commercial Partners	911912803	0.485%
Catlin Electric Inc.	470903826	0.014%
Caviezel Wealth Management LLC	823569072	0.001%
CB Electric LLC	471925915	0.083%
CCD Enterprises, Inc.	091013447	0.074%
Cedar Industries, Inc.	263506140	0.012%
Center Point Realty LLC	901249294	0.189%
Chameleon Colors Inc.	912114703	0.009%
Champion Tree Care LLC	463651650	0.116%
Chelan Realty Group, LLC	463014886	0.176%
Chelan Valley Heating and Cooling	880565905	0.254%
Chris Akins Masonry LLC	263763577	0.129%
Chuckanut Builders LLC	273122590	0.035%
Citadel Electric LLC	471400750	0.055%
CJT Corp	161652346	0.042%
Clarks Concrete Pumping LLC	822762289	0.038%
Clark's Electric & Photovoltaic, Inc.	911760888	0.058%
Clean Air Heating & Cooling	462791937	0.056%
Climatek LLC	460617533	0.156%
Closet Creations Inc.	271597281	0.028%
Coast to Coast Turf LLC	465396868	0.003%

Coastal Construction LLC	475500921	0.040%
Coates Design, Inc.	203846915	0.039%
Coleman Investments LLC	842602974	0.083%
Color & Arches Corporation LLC	300658421	0.045%
Colton Construction, Inc.	911880961	0.355%
Columbia Basin Striping LLC	743755225	0.237%
Columbia Cascade Plumbing Inc.	830814474	0.195%
Columbia Electrical LLC	871170820	0.079%
Columbia Environment Group, LLC	917045710	0.030%
Columbia River Plumbing & Mechanical, LL	264690326	0.096%
Columbia River Steel & Construction, Inc	911996988	0.032%
Columbia Sweeping Service, Inc.	911691063	0.072%
Comcrete, Inc.	271748151	0.054%
Comfort Experts Plumbing Inc.	364687550	0.023%
Commercial Hardware Services	911976385	0.043%
Commercial Retail Services, LLC	800772094	0.280%
Complete Design, Inc.	203881035	0.110%
Complete Electric Service LLC	274820613	0.113%
Complete Heating & Sheetmetal Inc	931162137	0.024%
Complete Landscape, Inc.	208727484	0.054%
Com-Steel, LLC	911676143	0.085%
Concrete Services, Inc.	911531106	0.346%
Consolidated Outdoor Services Inc.	992399430	0.098%
Continental Door Company, LLC	753150539	0.025%
Contractor's Roof Service, Inc.	911749301	0.713%
Copper Creek Landscaping, Inc.	200044023	0.137%
Copper Penny Holdings LLC	933660946	0.042%
CORCO LLC	472995309	0.021%
Core Contractors LLC	990570500	0.120%
Corliss Management Group, LLC	270545334	0.145%
Cornerstone Construction NW, Inc.	263858792	0.003%
Corridor Electric, Inc.	912172568	0.034%
County Line Cutting, LLC	352275089	0.031%
Cowboy Custom LLC	861593688	0.055%
Craftsman Building Fine Homes LLC	474096809	0.132%
Craig Reimer Custom Homes, LLC	271968152	0.037%
Crane Electric Corporation	471276273	0.153%
Crawford Garage Doors	911586054	0.014%
Creative Bros Landscape Corp	911743475	0.027%
Creative Countertops Inc	200952002	0.036%
Creative Stoneworks, Inc	861073223	0.114%
Crowder Construction LLC	463672532	0.096%
Crown Property Management LLC	943388280	0.027%
CRS Service LLC	465550443	0.031%
Crystal Panes LLC	820781256	0.016%
Crytyl Enterprises Incorporated	911629845	0.031%
Cultivar LLC	270642348	0.042%
Cutter Electric LLC	770674461	0.030%
Cutting Edge Earthworks Inc	453912295	0.032%
Cutting Edge Landscape Maintenance, Inc.	912105297	0.177%

D & E Electric Inc.	911786679	0.181%
D F Electric, Inc	911946435	0.152%
D L Sigler Construction, LLC	271741074	0.126%
D&R Communications, Inc.	275086151	0.020%
Dan Tapani Excavating, LLC.	912156129	0.015%
Davis Plumbing Inc.	205062239	0.030%
Dax Moreno Construction Company, LLC	814190865	0.047%
DB Fine Carpentry LLC	882562134	0.212%
DB General Contractors, Inc	743189536	0.926%
DBC Construction, Inc.	472670594	0.013%
DDN Interior Supply	461974494	0.063%
Dean Financial Management Inc.	204995173	0.076%
DeBoer Construction LLC	271609989	0.285%
Dee-Dubs Plumbing, Inc	912103786	0.074%
DeJong Heating & Refrigeration Inc.	481261608	0.080%
Delta Heating & Cooling, Inc.	911632037	0.106%
Denali International LLC	831907823	0.013%
DePaolos Painting Inc	912039052	0.060%
DesignLine Dental Systems LLC	260129358	0.064%
Devoted Builders LLC	202341181	0.056%
Devout Excavation LLC	873586936	0.032%
Dews Electric, L.L.C.	263812704	0.069%
DH Construction & Assoc. LLC	472375472	0.007%
Dharma Construction Inc	811351423	0.268%
DHT Construction & Roofing LLC	463777913	0.047%
Diamond Communications Inc	912086650	0.089%
Diamond Landscapes, LLC	842531267	0.496%
Dickman-Hines Lumber Company	911299359	0.071%
Dign-4U, Inc.	481264483	0.142%
Dillbrothers Inc	473629255	0.109%
Dillon Electric Inc.	861675250	0.458%
Dima Construction LLC	823741266	0.079%
Distinctive Audio & Video LLC	463933755	0.055%
DJ & DJ Contracting, LLC	264631389	0.062%
Dolan Construction, INC	843486721	0.019%
Dominke Sascha & Sharmin C	534617329	0.072%
Done Right Plumbing & Sewer Repair LLC	452674553	0.079%
Double A Plumbing, LLC	464808510	0.061%
Double J S Construction LLC	812461254	0.029%
Dream Turf LLC	412029105	0.030%
DRX2, LLC.	851447194	0.027%
Dug Excavation LLC	830470933	0.090%
Duga Roofing & Construction	814506359	0.010%
Duke's Plumbing Services LLC	820701157	0.346%
Dzingle's Landscaping LLC	911689983	0.057%
E3 Solutions, Inc.	270062000	0.055%
Eagle Fence & Iron LLC	452445160	0.015%
Eagle Roofing and Painting LLC	274746174	0.023%
Easton Services Corporation	994817154	0.021%
Eastside Asphalt Inc.	911955329	0.000%

Ecotech Energy Systems, LLC	510592178	0.075%
ECS Northwest LLC	912173815	0.032%
Ectypos Architecture LLC	331416539	0.127%
Electrical Outfitters NW, Inc.	862275413	0.153%
Elevated Restoration Services LLC	933420233	0.027%
Eleven E Electric LLC	922152262	0.138%
Elliott Bay Landscape Design Inc.	900210623	0.062%
Ellis Machinery & Equipment Inc	911909081	0.048%
Ellison Earthworks LLC	861365415	0.497%
Ellsnorth Electric, LLC	900882477	0.042%
Embrace Home Transitions LLC	273148961	0.023%
Emerald State LLC	651273545	0.216%
Enerconn Electrical Solutions	389725596	0.122%
Energy Technologies LLC	800405700	0.044%
Enviro Tech Diving Inc.	920139522	0.034%
Environmental Construction, Inc	911874768	0.032%
Environmental Insulation & Contracting,	811050302	0.004%
Envision Homes, Inc	912032473	0.051%
Epic Construction Management Inc.	263927063	0.044%
Epic Plumbing, LLC	851501558	0.039%
ER Flooring, LLC	832925877	0.094%
Esary Roofing & Siding Co Inc	911189270	0.016%
ESMB, Inc.	274241395	0.281%
Essential Fence Center, LLC	854212857	0.090%
Essex, Mark Alan	912076376	0.123%
Ethan Home Repair & Remodeling, LLC	830483763	0.103%
Ethropy Corporation	862012780	0.136%
Evergreen Drywall & Construction, LLC	205901735	0.081%
Evergreen Furniture, Fixtures and Equipm	823471720	0.071%
Evergreen Golf Design Inc	911423330	0.326%
Evergreen State Interiors LLC	474383751	0.060%
Experience Plumbing LLC	810943190	0.020%
Express 24 Hr Plumbing and Drain LLC	822456489	0.353%
Faber Knobbs LLC	833404766	0.184%
Fairhaven Floors LLC	473903395	0.027%
Family Tides Farm LLC	461078660	0.049%
Fannin Litigation Group, PS	030560550	0.047%
Fatboy Construction Inc	527256685	0.042%
Fawcett Plumbing, Inc	911910784	0.020%
Feller Bros Painting, Inc	912123425	0.013%
Ferreri Homes and Land LLC	931669789	0.037%
Fire Protection Specialists, LLC	911936647	0.317%
Fire Protection Systems LLC	680503935	0.007%
Fireshield, Inc.	911883970	0.059%
Fletcher LLC	475229413	0.030%
Flooring Direct LLC	901712202	0.038%
Flow Financial Planning L.L.C.	475173175	0.055%
Foremost Construction	834712569	0.023%
Foster Real Estate Inc.	593771376	0.059%
Four Seasons Roof & Remodel Services, In	912005468	0.077%

Fowler Financial Group, Inc	263887595	0.019%
Fox Island Excavation LLC	812239772	0.041%
Francisco Capital, Inc.	934185353	0.037%
FredricksonCRE LLC	412331920	0.061%
Freese Excavation LLC	814908594	0.003%
Friend Excavating LLC	460978800	0.140%
Frontier Fence, Inc.	910922081	0.085%
Full Spectrum Electric Inc.	874839779	0.028%
Full Spectrum Electric, Inc.	874839779	0.063%
FY Ventures LLC	923677401	0.003%
Gardenstone Masonry LLC	911994014	0.032%
Gary Timpe LLC	204864534	0.181%
GCW Electric LLC	473523697	0.085%
Gem Construction Inc.	912033833	0.031%
General Sheet Metal, Inc	900195406	0.028%
George's Electric Inc.	825459798	0.002%
Gessel Dallas Lenn	465030023	0.054%
Gibson Fence and Deck LLC	861810926	0.054%
Gilpin Construction LLC	680612447	0.078%
Gintz Heating & Air LLC	832004754	0.093%
GKO Inc	810914057	0.026%
Glacier Pacific LLC	464742000	0.037%
GMG Construction, Inc.	061641269	0.049%
Go Green Heating and Air Conditioning LL	475671699	0.282%
Good Sense Electric LLC	261941247	0.160%
Gray Sky Builders, LLC	850957446	0.094%
Great NW Homes LLC	460512961	0.034%
Greco General Contracting, Inc.	611755057	0.054%
Green Builders LLC	814984618	0.023%
Green House Plumbing LLC	454084925	0.024%
Green Way Homes LLC	832528224	0.027%
Greenbuild Development	453190276	0.213%
Greenpoint Landscaping LLC	205130941	0.056%
Greenwalt Electric, LLC	260208635	0.058%
Greenwood International LLC	912090824	0.195%
Greg Anderson Painting	911651392	0.044%
Gregory Drilling Inc.	450364168	0.001%
Groundswell Studio PLLC	832746449	0.119%
Guide Advisors, Inc.	911739231	0.144%
Gustin Hay Company LLC	461673328	0.052%
GVC Plumbing & Mechanical Inc.	912151804	0.104%
H&C Mechanical	990489526	0.066%
Haas Development & Construction	814220692	0.066%
Hagseth Excavating, Inc	814866810	0.068%
Hallmark Framing	833773142	0.010%
Hampton Construction Inc.	460847779	0.138%
Handys Heating Inc	911551559	0.041%
Hansen Plumbing, LLC	811486412	0.099%
Harkey Construction and Development, Inc	912003241	0.008%
Harm's Paving Co Inc	910865934	0.063%

Harnasch & Stoeck LLC	412238890	0.036%
Harper Winn, Inc.	473598362	0.011%
Harvest Valley Pest Control Inc	811111509	0.047%
Headwaters Investments LLC	352679548	0.231%
Heartwood Builders, Inc.	912167270	0.085%
Heggins Construction LLC	831170542	0.091%
Heppner Construction LLC	263815114	0.056%
Hidden Rivers Sprinklers of WA, Inc.	911219686	0.031%
High Country Excavating LLC	882246301	0.187%
High Mountain Plumbing & Heating, Inc.	810878009	0.032%
Highcraft Group LLC	825244902	0.209%
HIGHLINE CONSTRUCTION	900762519	0.043%
Hilger Construction, Inc.	911550748	0.023%
Hilt Venture Cap Inc.	844846431	0.016%
Home Resource Co. Inc.	912163147	0.122%
Home Run Electric LLC	861060300	0.120%
Homes and Development Northwest, Inc.	921776112	0.092%
Homes by Landmark, Inc	911776210	0.045%
Hone Landscape & Excavating LLC	900790920	0.077%
Hoppet Design & Construction, Inc	912177554	0.221%
Horizon Roofing	470992525	0.069%
Horse Heaven Crane Service	833488142	0.129%
House Bros Construction Inc	911577595	0.020%
House of Stiles LLC	831598469	0.046%
Hoyer Homes LLC	462315804	0.038%
Hubbard and Sons Construction LLC	208153977	0.047%
Hudy Plumbing & Heating, Inc	911907772	0.041%
Hutteball & Oremus Architecture, Inc.	911678080	0.161%
HW Services LLC	862373519	0.098%
Hydroseeding & Bark Blowers, Inc.	911417059	0.089%
Illumination Services, LLC	275292953	0.049%
Inclign LLC	821486823	1.085%
Industrial Light & Energy, Inc	911723596	0.032%
In-House Electrical Services Inc.	203684952	0.325%
Innovative Door Solutions, Inc.	453930344	0.038%
Instinct Builders LLC	464397589	0.038%
Integrity Home Integration, Inc.	202321233	0.012%
Interwest Telecom Services Corp	911510494	0.009%
Invesco Solutions Group Inc	202668574	0.048%
Irish Brothers LLC	471360667	0.033%
Irrigators, Inc.	951661650	0.216%
J & C Bergman Contracting LLC	263687296	0.138%
J Ferguson Concrete LLC	862261831	0.041%
J Kerzie Homes LLC	271661523	0.009%
J Long Incorporated	141980026	0.070%
J. Ritter Dirt & Asphalt, LLC	813030040	0.146%
J.M. Pacific Construction, Inc.	834266889	0.077%
Jack Russell Home Services Inc	851909051	0.051%
Jacques Construction Inc	912000986	0.036%
James Johnson LLC	465732531	0.100%

Jamie Parrish Plumbing, Inc	460777744	0.065%
Jason Lane Industries Inc	830565908	0.128%
JBeloff Homes LLC	832637107	0.066%
JCC Investment Group LLC	272852070	0.300%
JCC Real Estate LLC	852664548	0.703%
Jefferson Associated Counsel	113738023	0.102%
Jeffrey's Appliances Service Inc	911542162	0.124%
Jet Heating and Cooling LLC	843863821	0.088%
Jet Millwork Installations LLC	208708188	0.041%
JGen Cabinets, LLC	845167744	0.231%
JJ Plumbing LLC	412050953	0.077%
JNM Electric Inc	463484213	0.085%
Jo Absolute Plumbing Inc	462854981	0.032%
Joanie Brennan, Inc	472150401	0.122%
Jody Miller Construction, Inc.	911041423	0.270%
Joe Myers Construction, Inc	810675182	0.101%
Joe's Excavation Inc	912096605	0.061%
John Piazza Jr Construction and Remodeli	453941137	0.126%
Johnson and Sons Construction LLC	262114432	-0.005%
Johnson Max K & Mary H	516864826	0.048%
Johnson's Glass and Upholstery, LLC	814806606	0.075%
Josan Real Estate LLC	873998741	0.037%
JP Landscaping Services, Inc	912030771	0.108%
JRV Construction Inc	824405236	0.022%
JT Custom Homes, LLC	331082275	0.051%
JT Painting Company LLC	260476975	0.039%
Junity Construction LLC	992278416	0.110%
K Con LLC	833079178	0.049%
K-5 Contracting, Inc.	272067052	0.014%
KAPCO LLC	562399278	0.043%
Kari Haas Real Estate Team, Inc.	823809742	0.040%
Karma Air, LLC	334868425	0.060%
Kat Trax Inc.	453124790	0.019%
KB Concrete Services, LLC	843989504	0.022%
KBE Electric Co., Inc	911612066	0.585%
Keith Eric Cash	205334046	0.091%
Kenmore Team LLC	680632124	0.405%
Kernel Labs Inc.	475158098	0.025%
KG Fencing LLC	810887704	0.058%
Kiel Mechanical LLC	873672927	0.288%
Kimian Backflows LLC	993667454	0.049%
Kings-Men Construction, Inc.	911125877	0.102%
Kings-Men Painting, LLC	871993388	0.029%
Kingto International, LLC	800151615	0.077%
Kipper LLC	822917841	0.081%
Kitsap Septic Pumping, Inc.	680612720	0.020%
KKT Corp	571226435	0.272%
Kole Enterprises LLC	465539465	0.028%
KOR-BAR LLC	932585210	0.048%
L&S Engineering Associates, Inc.	911231747	0.033%

L.N.S Electric LLC	863273674	0.083%
LA Olson Construction Inc	911347697	0.008%
LaDue Fencing, Inc.	814490333	0.077%
Laika Construction LLC	851310600	0.258%
Lake Union Partners Seattle LLC	270372545	0.019%
Lake Wenatchee Properties, Inc.	911678491	0.014%
Lakeland Builders Inc	911551741	0.065%
Lakewood Plumbing & Mechanical Inc	911960249	0.038%
Land Pro Group, Inc.	811208090	0.132%
Landmark Homes of WA Inc.	262872032	0.068%
Lane and Company Services Inc.	300244979	0.018%
Laramore Enterprises Corp	510637391	0.045%
Larry Haights Residential Roofing Co.	911282170	0.097%
Larson, Brent Raymond	851109681	0.008%
Law Office of William E Pierson, Jr PC	201411385	0.114%
Lawton Builders Inc	412239654	0.474%
LE Iddings & Sons, Inc	651175943	0.054%
Leavenworth Electric and Excavation, Inc	911229455	0.255%
Legend Plumbing and Mechanical, LLC	874387037	0.062%
Lehmann and Fleck	911624234	0.025%
Lekisch, Jennifer Lynne	832651129	0.081%
Leo's Excavating, LLC	383915167	0.084%
Lever Action Excavation LLC	920635676	0.058%
Lewis Construction and Development, Inc.	260254443	0.136%
Lexly LLC	833754573	0.010%
Liberty Pro Services LLC	393386695	0.063%
Lighthouse Plumbing, LLC	612186115	0.176%
LightSmith Electric LLC	474750332	0.046%
Limited Energy Services Inc.	205285994	0.138%
Live Laugh Love LLC	208089690	0.067%
Lloyd Logging, Inc.	910866987	0.046%
Loewen Electric Inc	203898469	0.119%
Longs Landscape LLC	431992502	0.006%
Lorn Coatings LLC	854012019	0.135%
LST Electric	920509704	0.184%
Lubbesmeyer Construction Inc	911438044	0.089%
Lux Design Builds LLC	824486535	0.108%
Lux Painting Inc.	205518654	0.109%
Lybbert Fielding Real Estate LLC	721566831	0.007%
Lynsen Electronic Corp	911496741	0.075%
M Sevigny Construction Inc.	260653305	0.038%
M2 Industrial, Inc	911547713	0.061%
MA Builds LLC	812604264	0.060%
MacCoy Home Solutions LLC	471011640	0.058%
Madcon LLC	830980124	0.129%
Madison Park Capital Advisors	471446148	0.034%
Madrona Advisory Group, LLC	881285256	0.096%
Magnolia Dreams LLC	770615976	0.001%
Magnum Construction	470912759	0.039%
Malesis Kevin J	680566851	0.258%

Mario's Finishes LLC	832081957	0.073%
Marr's Heating + Air Conditioning, Inc.	911578171	0.074%
Martini Brokerage Services, INC	821845532	0.070%
Martinson Painting LLC	861136663	0.129%
Marvin Sheet Metal LLC	320165807	0.143%
MAS Global Inc	205523187	0.007%
Master Builder Construction NW LLC	272256414	0.053%
Mathews Electric Corporation	454609192	0.058%
Maudslien, LLC	536965027	0.129%
Maven Mechanical LLC	861536858	0.083%
Mawer Brothers LLC	421543917	0.017%
Mayda and Sons, LLC	900326365	0.113%
Mayhall's Painting LLC	991255647	0.074%
MC Northwest, LLC	261372001	0.013%
McAdams Remodeling & Design, LLC	463672966	0.032%
McBoyz Contracting LLC	651320702	0.076%
McCabe By Design LLC	921448963	0.038%
McCarthy Electric and Technologies	862324415	0.002%
McCown Crafted Inc	201912019	0.006%
McIntosh Pole Buildings, Inc.	203225998	0.007%
MDK Construction Inc	911702752	0.148%
ME & T Corporation	911539784	0.071%
Mechanical Resource Services Inc.	911605891	0.085%
Medical Gas System Services LLC	472074147	0.054%
Medina Gardening & Landscape, Inc.	482623474	0.068%
Medport Electric Inc.	473065035	0.610%
Mercer Management Inc.	911128133	0.007%
Merrills Carpet Cleaning INC	204565801	0.122%
Merritt Builders LLC	814864692	0.115%
Metro Air, Inc.	912167588	0.070%
Metropolitan Sewer Service, LLC	562520812	0.018%
Michael Mulligan Construction	901078186	0.166%
Mickelo Construction LLC	911276134	0.017%
Microbial Remediation Solutions, Inc.	870749466	0.071%
Mid Columbia Construction, Inc.	911632328	0.184%
Middleton Painting Inc.	911603598	0.006%
Miles Construction NW, LLC	203133951	0.014%
Mill Creek Ventures, LLC	531823897	0.081%
Minner & Co. LLC	911993695	0.044%
Miranda Custom Homes LLC	991230620	0.169%
Mission Electric Inc	911747296	0.040%
Moceri Construction, Inc.	911259925	0.237%
Modern Buildings LLC	472733692	0.022%
Modern Construction Services LLC	465196221	0.023%
Modern Resurfacing, LLC	922730058	0.152%
Modern Structures LLC	850714523	0.046%
MOE Asphalt Patching & Sealcoating, Inc.	912107993	0.085%
Moen Plumbing LLC	474378254	0.023%
Momentum Civil LLC	851335349	0.026%
Montello Design LLC	010960784	0.019%

Moon Electric Company	912103130	0.291%
Moonlight Stone Works, Inc	862171171	0.033%
Moore Mud Masonry, Inc	510502846	0.661%
Moran Brothers Shipbuilding LLC	223920255	0.041%
Morning Day, Inc	821479702	0.023%
Morris Floors and Interiors Inc	465475117	0.036%
MRF Construction Inc.	911710445	0.071%
MRP, Inc	911618392	0.031%
Multi M Contracting, LLC	364633590	0.152%
MVL Inc.	263058628	0.054%
MVM Quality Drilling, LLC	911826663	0.156%
N.W. Sand and Gravel Products Inc	911707469	0.007%
Naillon Company Inc	911707724	0.072%
Narrows Heating & Air Conditioning Inc	911037311	0.251%
Naselle Rock & Asphalt Company	911540862	0.102%
Natures Way Tree Service LLC	262128907	0.055%
Navone James Michael	912021506	0.088%
Neeley Construction Company	910759164	0.048%
Nelson Geotechnical Associates, Inc	911086278	0.175%
Nelson Heating, Inc	471498707	0.047%
NEM Contractors, LLC	260099900	0.095%
New Horizons Painting LLC	454946851	0.037%
Newcastle Construction LLC	815483168	0.204%
Nickel Bros House Moving USA Inc	980364763	0.049%
Nolans Roofing, Inc.	203365301	0.035%
Nordholm Companies Inc	833738050	0.024%
Nordland Construction Northwest, Inc.	412182880	0.085%
Norpac Financial LLC	261761592	0.028%
North County Lawn Care, LLC	200948119	0.152%
North Creek Contractors Inc	810851863	0.093%
North Pacific Electric, Inc.	910864071	0.030%
North Pacific Homes LLC	873833100	0.188%
North Point Land	810988943	0.131%
North Sound Communications LLC	460562768	0.077%
North West Painting Specialty Inc.	911771192	0.003%
Northern Environmental LLC	262146016	0.039%
Northern Hardwood Company Inc	911356437	0.074%
Northern Territory, LLC	262863612	0.038%
Northern Waters Inc.	911678264	0.218%
Northstar Broadcast Contractors Inc.	571210472	0.088%
Northwest Controls Contractors	464600752	0.158%
Northwest Electrical Solutions LLC	800704742	0.042%
Northwest Excavators Inc.	911721258	0.108%
Northwest Plumbing and Repair LLC	811587076	0.136%
Northwest Professional Services, Inc	911680610	0.104%
Norwil Electric Inc	161689504	0.060%
NU Elegance Marble, LLC	881013086	0.020%
NW Bathworks, LLC	475059953	0.198%
NW Boiler Inc	851386173	0.045%
NW Central Construction Inc	912163231	0.155%

NW Custom Plumbing LLC	464757062	0.020%
NW Evergreen Heating & Cooling Inc	203488200	0.116%
NW Luxury Spas and Pergolas LLC	992097710	0.035%
NW Modern Fab LLC	811669807	0.006%
NW Natural Homes LLC	871463219	0.229%
NW Real Estate Biz Inc	464105866	0.088%
NW Ridgeline LLC	851386438	0.037%
NW Utility Services LLC	912123608	0.155%
NWAP, Inc	912062075	0.006%
Oak Hills Construction, LLC	473696141	0.073%
Oasis Construction Group Inc	204199853	0.151%
Obot Electric LLC	262621100	0.065%
OHM Electrical Contracting LLC	815050898	0.104%
OHMCO Electrical Inc	874372827	0.111%
Olden Marine LLC	393343642	0.131%
Oliver Machinery Company	912076797	0.028%
Olkam, LLC	843336064	0.362%
Olsson Construction Inc	911724275	0.015%
Olympic Door & Trim, LLC	912150253	0.045%
Olympic Elevator Company	202851315	0.100%
Olympic Equipment Rentals, Inc	455014533	0.083%
Olympic Glass & Building Materials Inc	810753339	0.030%
One Way Construction NW Inc	912106554	0.023%
Onedurr, Inc.	911465557	0.074%
O'Neill Plumbing Co	910924342	0.018%
Opportunity Industries	911148696	0.034%
Orcas Electric Inc.	010642079	0.039%
Orcas Excavators Inc.	911110470	0.064%
Orcas Sewage Design	911119778	0.105%
Otis David Edward	831589419	0.083%
Otter Plumbing & Construction LLC	870916302	0.054%
Outdoor Escapes, LLC	721610220	0.006%
Overbrook Construction, Inc.	911629788	0.104%
Overhead Door Company of Bellingham	911021952	0.150%
P&A Civil, LLC	932254037	0.090%
Pace Plumbing, Inc.	203845531	0.175%
Pacific Conservatory of Music INC	471779434	0.105%
Pacific Edge Builders LLC	471317922	0.224%
Pacific Environments, LLC	861091363	0.139%
Pacific Star Excavating, Inc.	911678062	0.072%
Pacific Tree Management LLC	451309655	0.076%
Page & Beard Architects, PS	911506010	0.011%
Palazzo Ponds & Waterfalls LLC	421698926	0.140%
Palensky Dozing Inc.	911665694	0.030%
Pape & Son's Construction, Inc.	911043352	0.031%
Paradigm Electric Inc.	274295780	0.032%
Paradigm Industries LLC	833567496	0.036%
Pat Hall Construction Inc	832925355	0.060%
Pat's Plumbing Inc.	911565601	0.084%
Patton Construction Services Inc	461139605	0.144%

Paul's Air F/X Ltd.	473186598	0.049%
PAVCO, Inc	911251801	0.185%
Pavement Markings, Inc.	342016772	0.075%
PCL Coatings, Inc.	810832408	0.129%
Peak Electric Inc.	263752070	0.378%
Pegram Construction Inc	911660271	0.027%
Peninsula Roofing LLC	911665677	0.128%
Pennell Consulting, Inc	912096606	0.084%
Percival, LLC	900518095	0.025%
Perdue Builders & Supply Inc	911961515	0.089%
Peter Davis Builders Inc.	911576859	0.032%
Peterson Rock, Inc	800031746	0.059%
PFC Hardwood LLC	863140733	0.039%
PGH Excavating, Inc.	208910265	0.177%
Phillips Bradley J	204255972	0.104%
Phillips Excavating Inc	527256424	0.068%
Picasso Paving LLC	812079534	0.116%
Pick Electric Inc	911276808	0.081%
PIN FOUNDATIONS, INC.	911542970	0.136%
Piper-Caluori Steel Erectors,LLC	301005251	0.135%
Pitman IMP LLC	911972948	0.114%
Platinum Hot Tubs and Yard Worx LLC	863071962	0.059%
Plugged-in Electrical LLC	920704532	0.240%
Plum Construction LLC	263008802	0.015%
Plum Projects LLC	271995870	0.018%
Plumber Boys LLC	921271592	0.094%
PNW Installs LLC	824291507	0.074%
Polarity River LLC	825395577	0.058%
Pony Up Parking Lots, Inc.	823295592	0.036%
Poplin Construction Inc.	911696536	0.033%
Portal, LLC	301234307	0.043%
Power Trip Energy Corporation	743111947	0.055%
Powers Concrete Foundation Inc	810827874	0.113%
PP&C, Inc	264126177	0.071%
PPS Heating & Air Conditioning Inc	911357054	0.147%
Precision Concrete Solutions, LLC	454368731	0.034%
Precision Contracting LLC	271592635	0.047%
Precision Wall Systems LLC	753109172	0.139%
Preferred Industrial Electric, LLC	830969732	0.113%
Premier Electrical Contractors LLC	922445387	0.065%
Premier Fence, Inc.	912094864	0.146%
Premier West Construction, LLC	824060993	0.069%
Presco Telecommunications Inc	911575805	0.037%
Prime Parking Systems, LLC	453953810	0.007%
Private Advisory Group LLC	464161984	0.054%
Pro Electric & Controls	862252685	0.551%
Prodigy Plumbing Inc	452323103	0.199%
Profection Painting, Inc.	912058997	0.152%
Pro-Long Roof Care + Gutters Inc.	270450880	0.214%
Proscapes, Inc.	450476506	0.124%

Protocol Plumbing And Sewer LLC	711015932	0.089%
Puget Construction Services Inc.	464287232	0.047%
Puget Sound Composites LLC	843530225	0.172%
Puget Sound Construction Partners Inc	883182840	0.002%
Puget Sound Equipment Sales	760815030	0.074%
Puterbaugh General Construction Co Inc.	910927583	0.028%
Pyramid Pools Inc	912093996	0.070%
Quad S Corporation	911611674	0.035%
Quincy Heating	455065030	0.122%
Quinn Consulting LLC	462366023	0.123%
R&R Construction, Inc.	911609371	0.020%
R. Connors, Inc.	911918678	0.045%
Rain City Industries, LLC	471443033	0.062%
Rain City Paving, Inc.	473009701	0.120%
Rainbow Federal, Inc.	911044612	0.071%
Rainier Construction LLC	811226870	0.088%
Rainier Custom Plumbing Inc.	911456846	0.034%
Rainstate Earthworks, LLC	832924088	0.049%
Ranch Creek Partners LLC	475632614	0.267%
Randel Construction LLC	272788736	0.347%
Rayfield Brothers Excavation Inc	911646526	0.072%
RBS Holdings, LLC	200356763	0.050%
REC Residential Electric, Inc	911946808	0.049%
Recco Consulting Inc.	912158291	0.494%
Recor Door LLC	462652613	0.168%
Red Dog Plumbing LLC	813777475	0.057%
Red Moose Landscape Maintenance, LLC	861349874	0.040%
Redline Design, Inc	824907656	0.048%
Reecer Creek Excavating, L.L.C.	911721194	0.141%
Remarkable Door Company, LLC	990768036	0.028%
Renew Electric, LLC	923958327	0.250%
Repin Construction LLC	800404874	0.029%
RES Group NW LLC	465295236	0.180%
Revival Home Performance LLC	463371068	0.031%
Revivify Surface, LLC.	814866729	0.058%
Riddco, Inc	911786217	0.137%
Riggle Plumbing, Inc.	911622349	0.023%
RJ Exploration & Drilling Company	812758786	0.040%
RM Construction NW Inc	911936088	0.618%
RNC Lath & Plaster Inc.	421546847	0.007%
Rob Ottosen, Inc	680535943	0.013%
Robert Jefferies Logging & Tree Service	475091971	0.029%
Robs Kitchen Services & More LLC	461233162	0.055%
Rock Quality Construction Inc.	911657803	0.104%
Rock Services, Inc	911759780	0.066%
Rolling Thunder Mobile Wash, LLC	920246458	0.076%
RoninZ Corporation	912074568	0.029%
Roof Therapy, Inc	912086764	0.031%
Rooster Homes, LLC	471638982	0.055%
Rory's Custom LLC	474109484	0.189%

Rosco Precision Machinery, LLC	200745568	0.172%
RP Development LLC	813051212	0.094%
RS Mechanical LLC	911898428	0.068%
Russ Construction LLC	825082812	0.042%
Ryan Pro Appliance Inc	453956791	0.038%
S2 Siding Company, Inc	203148743	0.026%
Safe Set Construction LLC	463676720	0.063%
Sagetree Electric of Tri-Cities, Inc.	911582724	0.059%
Sail Electric, Inc.	911657674	0.043%
Salinas Sawing & Sealing, Inc	911725669	0.007%
Salish Plumbing Co. PLLC	920252830	0.039%
SANDA Inc	463720055	0.014%
Sanders Excavation, LLC	833520233	0.046%
Sapphire Star Capital LLC	473541464	0.020%
Saxon Construction LLC	843078373	0.026%
Schatz Services Unlimited, Inc.	421579809	0.091%
Scherer Trucking & Excavation INC	912181059	0.047%
Schmidt Investment Group LLC	204905611	0.076%
Schrader Construction & Consulting, Inc.	844172768	0.079%
Scott Electric, Inc	912178565	0.094%
Scotts Turf & Tree LLC	471764897	0.249%
Scribe Construction LLC	814911897	0.029%
SCW Technical Sales LLC	455094537	0.008%
SE Mechanical LLC	833560487	0.105%
Seaside Lndscp & Excvtn Davis Brushcutti	202335079	0.072%
Seattle Plumbing and Heating LLC	464128736	0.011%
SeaWest Construction Inc	911790603	0.040%
Secoma Fence	910921835	0.031%
Seegert Crushing, Inc	200010483	0.115%
Service Communications Inc.	911455044	0.219%
SG Northwest Inc.	473114558	0.056%
Shape Construction Inc	264706708	0.095%
Shaw, Inc	611734440	0.028%
Shawn Hyatt Excavating, Inc.	030482940	0.131%
Sherbenou LLC	200557612	0.064%
Shoemaker Excavation Inc.	911934447	0.073%
Sierra Plumbing Inc	800002194	0.016%
SignCraft, LLC	465716593	0.330%
Silverdale Plumbing & Heating, Inc	910970631	0.116%
Simple Solutions, Inc	522452784	0.122%
Six Weeks Inc.	261197172	0.020%
Skico Electric, Inc	911655056	0.042%
Sky Northwest, Inc.	911703247	0.067%
Skyline Marine Center, LLC	533687106	0.064%
Skyline Pump & Machine Co., Inc.	911743429	0.082%
Smith-Berger Marine, Inc.	911211020	0.183%
SMV Gregory, LLC	813002477	0.180%
SNKR Inc	823654618	0.134%
Sockeye Construction Corporation	260378998	0.023%
Sonlight Painting LLC	833971624	0.036%

Sound Building Components INC.	463455404	0.021%
Sound Contracting LLC	475439071	0.122%
Sound Earthworks, Inc.	453279378	0.029%
Sound Finance Corporation	812639042	0.214%
Sound Power LLC	811375157	0.287%
Sound Renovation, Inc.	911578084	0.048%
South Sound Electrical, LLC	800162061	0.141%
Southgate Electric, Inc.	910775623	0.021%
Sparks Construction LLC	275320978	0.155%
Specialized Insulation, Inc.	562644635	0.036%
Specialty Insulation NW	453421112	0.032%
Specialty Welding Inc	911563859	0.015%
Spectrum Plumbing & Heating	464503258	0.074%
Spokane Security Systems Inc	910924782	0.048%
Sprinx Fire Protection	911971736	0.110%
Spruce Properties, LLC	861583556	0.056%
SQI, Inc	910880444	0.053%
SS Gale Inc.	800002570	0.048%
Stansell Glass	431992278	0.165%
Stars and Stripes Plumbing LLC	993675439	0.065%
Stephens & Sons Construction Inc.	800000242	0.023%
Steve Finnegan, LLC	464451371	0.057%
Steve Kelly Construction Co. LLC	272056318	0.052%
Stone 8 Wealth Management LLC	463089730	0.091%
StoneCraft LLC	202672947	0.054%
Stonecrest Builders, Inc.	911875171	0.049%
Story Acoustics Inc	911171591	0.136%
Strange Construction Company	450511440	0.014%
Stretz Gentry C	526817903	0.041%
Stuth Company, Inc.	910935745	0.083%
Sullivan Solutions LLC	332254593	0.134%
Summit Electric LLC	201948711	0.113%
Summit Electric of Washington LLC	464082859	0.153%
Summit Fence Company, LLC	271424735	0.154%
Summit View Construction Northwest, LLC	271572192	0.094%
Suntay & Associates	912002041	0.055%
Superior Concrete Inc	911659228	0.067%
Superior Custom Plumbing LLC	814900553	0.042%
Superior Steel & Ironworkers, Inc	462298271	0.050%
Superior Stucco Services, Inc.	911499643	0.002%
Sure Green, Inc.	863578220	0.035%
Swal'Lech Construction, LLC	562526299	0.027%
Swan's Clean Care & Restoration, LLC	202986686	0.135%
Swenson Excavation LLC	824316890	0.052%
Swift Electric Inc	202252288	0.071%
T & T Electric Inc.	911253044	0.080%
T&S Modular, LLC	844149158	1.410%
Tacoma Plumbing & Heating Inc	910860744	0.006%
Tacoma-Pierce County Association of Real	910621487	0.042%
Tactical Plumbing & Piping LLC	814127732	0.000%

Taft Plumbing & Septic Inc	464171312	0.046%
Talos Engineering, Inc.	453681778	0.065%
Tastad Construction, Inc.	470920524	0.051%
Taylor's Plumbing Solutions, LLC	831557224	0.032%
T-Bar Construction	911622216	0.083%
TC Scott LLC	743249401	0.033%
TDC Clean and Dry LLC	993714176	0.036%
Tech City Plumbing and Drain LLC	843870167	0.247%
Technical Waterproofing	912123318	0.026%
Tempest Technologies LLC	030518130	0.023%
Tenorios' Landscape Company LLC	861862111	0.051%
TGLA, LLC	471858632	0.084%
TGR Enterprises LLC	471018786	0.138%
Thayer Excavating, LLC	201299985	0.099%
Thayer Manca Residential LLC	463417504	0.092%
The BJC Group, Inc.	911684506	0.011%
The Chimney Specialist Inc	911716041	0.044%
The Finish Factory by Diamond, LLC	392619329	0.065%
The Foundation Group, LLC	203679685	0.011%
The Heat and AC Guys	813835901	0.112%
Tiedeman Construction, LLC	862855022	0.072%
TILCO Vanguard Inc.	911422518	0.028%
Tillman's Inc.	911881461	0.051%
Timber Holdings, LLC	833101904	0.145%
TJ's Bulldozing LLC	753115329	0.116%
TL Erickson Construction Inc	262756791	0.073%
T-n-T Electric, Inc.	911557657	0.397%
Tom Osaka Garden Services Inc.	911279846	0.028%
Tommer Construction Company Inc	910861540	0.094%
Tony Guzman Excavating, LLC	475604205	0.166%
Tony's Plumbing LLC	208953940	0.006%
Top Tree Service, LLC	264357242	0.008%
TopGun Plumbing LLC	711013636	0.133%
Tradewinds Capital Management LLC	352429157	0.026%
Traffic Jams, LLC	721577620	0.151%
Trail Financial Planning LLC	821422715	0.028%
Transpac Marinas Inc	911291690	0.071%
Transportation Systems, Inc.	260907314	0.203%
Trecon, Inc.	911745173	0.021%
Trefethen & Co Inc.	261320265	0.141%
Tri C and L Limited Partnership	911582490	0.493%
Tri Coast Construction, LLC	770705248	0.046%
Tri Star Inc.	911497277	0.052%
Trimaxx Construction Inc	721565264	0.060%
Trinity Properties Inc	911539331	0.046%
Triton Homes	472893284	0.166%
True Light Electric, Inc	911687966	0.015%
True North LLC	272294402	0.076%
True Power Electric, LLC	462061046	0.214%
Trueman Plumbing Inc.	452160004	0.047%

Trusted Plumbing and Heating LLC	812585262	0.111%
TT and E LLC	271150600	0.045%
Tughan Electric Inc	352265235	0.109%
Tumya Plumbing Contractor LLC	454823536	0.202%
TurfTec USA LLC	933788168	0.025%
United Plumbing, Inc.	911346429	0.026%
Universal Mechanical Service Company, In	911366353	0.391%
University District Property Associates	916034740	0.012%
Vaden Homes Inc	823899341	0.008%
Valley Asphalt LLC	845105026	0.110%
Valley Furnace, Inc.	910866635	0.045%
Valley Septic Services LLC	472568429	0.110%
Valley Steel Works, LLC	825011081	0.213%
Van Dam Welding, Inc.	261571553	0.003%
Van Halder LLC	911695111	0.024%
Van Zandt Design Build LLC	760756984	0.191%
Variety Roofing and Construction Inc.	462139374	0.048%
VB Services Inc	911983915	0.098%
Venetian Stone Works LLC	261712450	0.237%
Veristone Capital LLC	611694396	0.138%
Vertworks, LLC	463896128	0.049%
VFS Excavating LLC	861298790	0.027%
Viewridge Construction, LLC	522400003	0.042%
Viking Glass Company	911122875	0.095%
Viking Mechanical Inc.	814187346	0.014%
Vincent Brothers LLP	331117958	0.084%
Vision Builders Group, LLC	474336311	0.116%
Vitalitree LLC	272403656	0.087%
Voiss Construction Inc	911578620	0.019%
Volt-Tech Electric LLC	275314344	0.244%
Wagner Enterprises Inc	301276628	0.071%
Wakefield Excavation, LLC	842369075	0.044%
Walefins Construction LLC	872387162	0.095%
Wall Masonry	911760868	0.311%
Wallner Plumbing Company Inc	911558163	0.068%
Walz Construction/Othello Doors LLC	271942749	0.011%
Washington Roofing Solutions LLC	461334828	0.058%
Washington Smart Home Solutions LLC	365045722	0.067%
Water Recovery Services LLC	850566531	0.080%
Webber Lawn & Yard Care Inc.	911979253	0.002%
Welcome Construction Inc	911650425	0.003%
Welcome Ramp Systems Inc	912105195	0.070%
Wesmar Investments An LLC	911701927	0.068%
West 77 Partners LLC	464965666	0.022%
West Coast Building Inc.	814127925	0.026%
West Coast Plumbing and Heating, Inc.	383904012	0.336%
West Sound Comfort Systems, LLC	452191749	0.066%
Western Ranch Buildings	912174106	0.079%
Western States Steel & Fabrication, Inc.	911456616	0.035%
WestMark Construction Inc.	910892117	0.065%

Whealdon, Tom S	911216526	0.197%
White Construction Services Inc	274553832	0.122%
White Wolf Co, LLC	921794956	0.009%
WhiteSpace Engineering LLC	873358382	0.266%
Whitworth Excavating, Inc	912107696	0.140%
Wiersma Construction, Inc	201915403	0.078%
Wilderness Electric Inc	911241714	0.236%
Wildlands Inc	911523331	0.088%
Will Logging & Construction LLC	843982029	0.307%
Williams Contracting Inc	271182856	0.016%
Williamson Construction LLC	824080514	0.051%
Winchester Construction Inc.	753032805	0.108%
Windermere Real Estate PSR Inc.	454125537	0.086%
Winterbourne Construction	800548742	0.062%
Winterwood LLC	611666176	0.021%
Wittenberg Enterprises Inc	208065918	0.079%
Wolfskill Construction LLC	815068203	0.024%
Woodridge Custom Homes, LLC	753225996	0.064%
Woodys Septic Specialities Inc	223915792	0.065%
Wright Investment Properties LLC	842558923	0.078%
WS Contractors LLC	208175720	0.048%
Xander Real Holdings LLC	204020245	0.020%
Yarbrough Electric Inc.	470858131	0.109%
Zahn Family Homes Inc.	473707860	0.733%
Zemek Constructions Co LLC	274543389	0.058%
Zepp Construction Inc	473048217	0.180%
Ziva Enterprises Inc.	461424731	0.039%
Zufelt Construction Services, LLC	833974047	0.046%

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Mutual Funds:			
*	U.S. Bank Money Market	Variable	$ 876,210	$ 876,210
	First Am Govt MM	Variable	20,282	20,282
	Total Money Market Mutual Funds		896,492	896,492
	U.S Government Issues:			
	FHLMC MTN	4.350% 3/27/28	19,743	19,736
	FNMA MTN	3.750% 9/25/28	19,709	19,721
	U.S. Treasury	4.000% 2/15/26	19,429	19,730
	U.S. Treasury	4.375% 12/15/26	19,873	19,879
	U.S. Treasury	4.000% 1/15/27	19,684	19,819
	U.S. Treasury	4.125% 2/15/27	22,809	23,162
	U.S. Treasury	4.250% 3/15/27	19,639	19,891
	U.S. Treasury	3.875% 10/15/27	19,590	19,856
	U.S. Treasury	4.125% 11/15/27	19,702	19,949
	U.S. Treasury	4.000% 12/15/27	26,649	27,107
	U.S. Treasury	3.875% 3/15/28	8,775	8,837
	U.S. Treasury	3.875% 7/15/28	24,706	24,863
	Total U.S. Government Issues		240,308	242,550
	Corporate Issues:			
	Ally Bk Sandy	3.800% 9/28/26	8,757	8,783
	American Express	5.000% 9/21/26	2,724	2,768
	American Exp	4.050% 5/08/28	19,696	19,867
	American Honda Mtn	4.450% 10/22/27	19,627	19,893
	Austin Cap Bk	4.600% 5/29/26	19,724	19,800
	Bny Mellon NA CD	3.700% 8/28/28	19,724	19,693
	Bmw Bk North CD	3.600% 9/19/28	19,652	19,642
	Blue Ridge Bk	4.300% 12/28/26	2,192	2,206
	Capital One	4.600% 5/26/26	6,568	6,598
	Cross Riv Bk	4.700% 6/15/26	9,842	9,908
	Customers Bk	5.050% 3/24/26	3,287	3,296
	First Fndtn	4.700% 6/29/26	19,685	19,822
	First Gty Bk	3.700% 11/14/28	19,694	19,684
	First Natl Bk	4.850% 9/21/26	19,527	19,904
	Forbright Bk CD	4.850% 6/14/27	19,724	20,056
	Goldman Sachs	4.000% 3/20/28	21,877	22,048
	Morgan Stanley	4.050% 4/10/28	19,724	19,865
	Morgan Stanley	3.875% 1/27/26	18,946	19,721
	Morgan Stanley CD	4.600% 3/15/27	13,676	13,856
	Morgan Stanley CD	4.000% 7/17/28	2,737	2,756
	Optum Bk Draper CD	3.850% 8/21/28	22,430	22,513
	Popular Bk	4.747% 9/04/26	21,916	22,105

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – CONSTRUCTION
E.I.N 61-6496436 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate Issues (Continued):			
	Realty Income Corp	4.125% 10/15/26	$ 19,134	$ 19,744
	Sallie Mae Bk	4.000% 7/10/28	19,694	19,841
	Schwab Charles Corp	0.900% 3/11/26	17,459	19,612
	State Bank India CD	4.850% 6/24/27	4,931	5,015
	State Bank CD	4.300% 6/16/28	27,279	27,637
	Toyota Financial	4.350% 7/26/27	19,665	19,926
	Ubs Bk USA	5.150% 11/02/26	19,694	19,980
	Valley Natl	3.950% 8/20/27	19,694	19,806
	Valley Natl	3.900% 8/27/27	4,377	4,398
	Wells Fargo Bank	4.900% 12/07/26	5,479	5,545
	Wells Fargo Bank	4.850% 5/21/27	19,694	20,049
	Total Corporate Issues		508,832	516,336
	Foreign Issues:			
	Bank Montreal Medium	5.203% 2/01/28	20,002	20,224
	Royal Bk Cda Mtn	4.900% 1/12/28	19,854	20,118
	Sumitomo Mitsui Finl	3.364% 7/12/27	19,367	19,584
	Toronto Mtn	5.156% 1/10/28	6,614	6,724
	Toronto Domi	4.980% 4/05/27	19,504	19,974
	Total Foreign Issues		85,339	86,623
	Mutual Funds			
	Fidelity 500 Index Fund	Variable	63,263	99,283
	Total Mutual Funds		63,263	99,283
			$ 1,794,234	$ 1,841,284

* Indicates party-in-interest

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ 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) G

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

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

D Check box if filing under:
- ☒ 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
AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST - CONSTRUCTION

1b Three-digit plan number (PN) ▶ 503

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)
THE TRUSTEES OF THE EMPLOYEE BENEFITS TRUST

PO BOX 1872
OLYMPIA, WA 98507-1872

1414 CHERRY ST SE
OLYMPIA, WA 98501

2b Employer Identification Number (EIN)
61-6496436

2c Plan Sponsor's telephone number
360-943-1600

2d Business code (see instructions)

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	Signed by: Ted Burns 139821D24C134BC...	10/14/2026	Ted Burns
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signed by: Ted Burns 139821D24C134BC...	10/14/2026	Ted Burns
	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

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3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	6013
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)**	6013
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6449
b	Retired or separated participants receiving benefits	**6b**	10
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6459
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	6459
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 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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

- **(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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 7
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... [X] Yes [ ] No

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 177467878