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 - MANUFACTURING

1b Three-digit plan number (PN) ▶ 505

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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1816
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)**	1816
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1784
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1787
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1787
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 6
- **(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 177514969

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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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	1790	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

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

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

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

(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** [ ] 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**	54165
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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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	200000145	1787	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** [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	15698367
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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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	1785	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

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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	

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)**	70435		
(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)**	70435
b Benefit charges (1) Claims paid	**9b(1)**	55363		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	55363
(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)**	12702		
(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)**	12702
(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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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	475	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)**	372530		
(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)**	372530
b Benefit charges (1) Claims paid	**9b(1)**	290178		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	290178
(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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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	24	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)**	9372		
(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)**	9372
b Benefit charges (1) Claims paid	**9b(1)**	8649		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	8649
(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)**	937		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**	164		
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	1101
(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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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	372	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	29239
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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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

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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		2991	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		6336	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]	456709	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]	1283775	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		242768	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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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 - MANUFACTURING

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

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 - MANUFACTURING

B Three-digit plan number (PN) ▶ 505

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	70366	33222
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	887890	1098227
(2) U.S. Government securities	1c(2)	575917	420377
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	807430	1045024
(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)	162160	172073
(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	2503763	2768923
Liabilities			
1g Benefit claims payable	1g	302143	347415
1h Operating payables	1h	1544	25
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4272	180908
1k Total liabilities (add all amounts in lines 1g through1j)	1k	307959	528348
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2195804	2240575

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)	16488695	
(B) Participants	2a(1)(B)	29894	
(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)		16518589
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9377	
(B) U.S. Government securities	2b(1)(B)	18438	
(C) Corporate debt instruments	2b(1)(C)	39957	
(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)		67772
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	3800	
(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)		3800
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	945359	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	935716	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		9643
(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)		23802
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		16623606
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)	16292276	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16292276
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)	242768	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	6336	
(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)	2991	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	34464	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		286559
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16578835
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		44771
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 | REGU

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – MANUFACTURING

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 – MANUFACTURING
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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 – Manufacturing
Olympia, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of AWB HealthChoice Employee Benefits Trust – Manufacturing, 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 – Manufacturing 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 – Manufacturing 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 – Manufacturing '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 – Manufacturing'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 – Manufacturing'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 – MANUFACTURING
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Cash	$ 10,652	$ -
Investments, at Fair Value	2,725,049	2,433,397
Contributions Receivable	16,128	882
Pending Transfers	17,094	69,484
Total Assets	2,768,923	2,503,763
LIABILITIES		
Administrative Fees Payable	5,123	4,272
Accounts Payable	25	1,544
Premium Credits	175,785	-
Total Liabilities	180,933	5,816
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,587,990	$ 2,497,947

See accompanying Notes to Financial Statements.

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

ADDITIONS:	
Employer Contributions	$ 16,488,695
COBRA Contributions	29,894
Interest and Dividend Income	71,572
Net Appreciation in Fair Value of Investments	33,445
Total Additions	16,623,606
DEDUCTIONS:	
Premiums to Carrier	16,247,004
Administrative Fees	242,768
Professional Fees	38,606
Office Expense	5,185
Total Deductions	16,533,563
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	90,043
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	2,497,947
End of Year	$ 2,587,990

See accompanying Notes to Financial Statements.

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

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Premiums Payable	$ 347,415	$ 302,143
TOTAL BENEFIT OBLIGATIONS	$ 347,415	$ 302,143

See accompanying Notes to Financial Statements.

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – MANUFACTURING
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	$ 302,143
Premiums and Fees Incurred to Insurance Carriers	16,292,276
Insurance Companies' Premiums and Fees Paid	(16,247,004)
TOTAL BENEFIT OBLIGATIONS - END OF YEAR	$ 347,415

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 – Manufacturing (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 – Manufacturing, and was assigned to be the Plan providing benefits to the Manufacturing 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 $242,768 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 $25 and $1,544.

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 manufacturing 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 3 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 97% 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 Issue – 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	$ 1,087,575	$ -	$ -	$ 1,087,575
U.S. Government Issues	420,377	-	-	420,377
Corporate Issues	-	894,893	-	894,893
Foreign Issues	-	150,131	-	150,131
Mutual Funds	172,073	-	-	172,073
Total	$ 1,680,025	$ 1,045,024	$ -	$ 2,725,049

	2024			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	$ 887,890	$ -	$ -	$ 887,890
U.S. Government Issues	575,917	-	-	575,917
Corporate Issues	-	728,662	-	728,662
Foreign Issues	-	78,768	-	78,768
Mutual Funds	162,160	-	-	162,160
Total	$ 1,625,967	$ 807,430	$ -	$ 2,433,397

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 $456,709, 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 $1,283,775, 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 benefits as reported on the financial statements to Form 5500 as of December 31:

	2025	2024
Net Assets Available for Benefits per the Financial Statements	$ 2,587,990	$ 2,497,947
Less: Premiums Currently Payable	(347,415)	(302,143)
Net Assets Available for Benefits per Form 5500	$ 2,240,575	$ 2,195,804

NOTE 7 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net Increase in Net Assets Available for Benefits per the Financial Statements	$	90,043
Add: Plan Benefit Obligation - Beginning of Year		302,143
Less: Plan Benefit Obligation - End of Year		(347,415)
Net Income per Form 5500	$	44,771

NOTE 8 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 – MANUFACTURING
E.I.N. 61-6496436 PLAN NO 505
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HEALD AT END OF YEAR)
YEAR ENDED 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	$ 1,052,423	$ 1,052,423
	First Am Govt MM	Variable	35,152	35,152
	Total Money Market Mutual Funds		1,087,575	1,087,575
	U.S. Government Issues:			
	FHLMC MTN	4.350% 3/27/28	34,217	34,205
	FNMA MTN	3.750% 9/25/28	34,159	34,180
	U.S. Treasury	4.000% 2/15/26	33,673	34,195
	U.S. Treasury	4.375% 12/15/26	34,443	34,453
	U.S. Treasury	4.000% 1/15/27	34,116	34,349
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	U.S. Treasury	3.875% 3/15/28	15,208	15,316
	U.S. Treasury	3.875% 7/15/28	42,820	43,092
	Total U.S. Government Issues		416,492	420,377
	Corporate Issues:			
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	American Express	5.000% 9/21/26	4,722	4,797
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	First Gty Bk	3.700% 11/14/28	34,134	34,116
	First Natl Bk	4.850% 9/21/26	33,843	34,496
	Forbright Bk CD	4.850% 6/14/27	34,185	34,760
	Goldman Sachs	4.000% 3/20/28	37,917	38,212
	Morgan Stanley	4.050% 4/10/28	34,185	34,429
	Morgan Stanley	3.875% 1/27/26	32,836	34,180

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – MANUFACTURING
E.I.N. 61-6496436 PLAN NO 505
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HEALD AT END OF YEAR) (CONTINUED)
YEAR ENDED 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):			
	Morgan Stanley CD	4.600% 3/15/27	$ 23,703	$ 24,015
	Morgan Stanley CD	4.000% 7/17/28	4,744	4,776
	Optum Bk Draper CD	3.850% 8/21/28	38,874	39,018
	Popular Bk	4.747% 9/04/26	37,983	38,312
	Realty Income Corp	4.125% 10/15/26	33,162	34,219
	Sallie Mae Bk	4.000% 7/10/28	34,134	34,387
	Schwab Charles Corp	0.900% 3/11/26	30,260	33,990
	State Bank India CD	4.850% 6/24/27	8,546	8,692
	State Bank CD	4.300% 6/16/28	47,279	47,899
	Toyota Financial	4.350% 7/26/27	34,082	34,535
	Ubs Bk USA	5.150% 11/02/26	34,134	34,629
	Valley Natl	3.950% 8/20/27	34,134	34,327
	Valley Natl	3.900% 8/27/27	7,585	7,622
	Wells Fargo Bank	4.900% 12/07/26	9,496	9,610
	Wells Fargo Bank	4.850% 5/21/27	34,134	34,747
	Total Corporate Issues		881,887	894,893
	Foreign Issues:			
	Bank Montreal Medium	5.203% 2/01/28	34,666	35,051
	Royal Bk Cda Mtn	4.900% 1/12/28	34,410	34,867
	Sumitomo Mitsui Finl	3.364% 7/12/27	33,566	33,942
	Toronto Mtn	5.156% 1/10/28	11,462	11,653
	Toronto Domi	4.980% 4/05/27	33,803	34,618
	Total Foreign Issues		147,906	150,131
	Mutual Funds			
	Fidelity 500 Index Fund	Variable	109,645	172,073
	Total Mutual Funds		109,645	172,073
			$ 2,643,504	$ 2,725,049

* Indicates party-in-interest

Global
INDEPENDENT
NETWORK MEMBER

CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Securities and investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor, member FINRA/SIPC.

AWB Healthchoice Employee Benefits Trust - Manufacturing

61-6496436_Plan 505

Schedule D, Attachment 1

Name	Tax ID	% of Total Contributions
A & H Printers	910818006	0.043%
Accurate Remanufacturing Corporation	200518240	0.753%
Aero-Lac, Inc.	911008622	0.115%
Agbanga Karite	200030790	0.270%
American Manufacturing & Engineering LLC	030588388	0.064%
American Roof Inc	911403236	0.167%
Armstrong Consolidated LLC	473638400	0.599%
Aslan Brewing Company LLC	460955552	0.505%
Atlas BiMetals Labs Inc	911822441	1.031%
Atomic Fabrications, LLC	261230713	1.052%
Auburn Auto Machine LLC	912014416	0.872%
Auburn Sign Company Inc	911605960	0.036%
Automated Ag Systems LLC	260654537	0.403%
B and G Industries Inc	911951094	0.598%
Basin Pallett Inc	911282520	0.014%
Benchmark Barrels, LLC	461476302	0.323%
Benik Corp	911278723	0.270%
Big Rock Industries LLC	800154781	0.043%
Blackies Grinding Service Inc.	911465959	0.238%
Blockhead Tools Inc	200117340	0.361%
Blue Sky Woodworks, Inc.	911876546	0.288%
Blue Star Coffee LLC	743189799	0.154%
Bodes Precast Inc.	910853112	0.518%
Breckenridge, LLC.	850832265	0.346%
Bretz, Thomas C	911294906	0.072%
BRIJWAY LLC	464460692	0.169%
Broadcast Tools Inc	911506382	1.237%
Brockman Machine Works LLC	200537541	0.138%
BT Manufacturing, LLC	921591832	0.438%
CAD Ceramics, LLC	854300177	0.078%
California Industrial Facilities Resourc	930920874	0.352%
Callahan Manufacturing, Inc.	911549444	0.245%
Canflex (USA) Inc	912136451	3.248%
Carbitex LLC	454585689	0.255%
Cascade Milling LLC	473847782	0.143%
Caster Solutions Inc.	912151110	0.164%
Chapter Two Hospitality, LLC	921792644	0.314%
Chemco Inc	930792237	0.452%
Classic Marble Inc.	384035112	0.227%
Clothier, Michael Lynn	911701129	0.012%
Coffey Charles	954526497	0.225%
Columbia Basin Ice LLC	473227616	1.002%
Compass Point Auto Sales LLC	472779509	0.136%
Complex Aerospace LLC	274446751	1.508%
Component Products Corporation	910824113	2.632%
Comptex Inc	912018412	1.749%

Cook Welding Services, Incorporated	810663036	0.163%
Cougar Mountain Baking Company	911688190	0.873%
Cowlitz Container & Display Inc	861277184	0.259%
Cucina Fresca Inc	911628368	0.494%
Custom Crating Company, Inc	911085256	0.081%
Custom Edge, Inc.	202807614	0.320%
Cutters Inc	134213107	1.313%
Cyclefab, LLC	463191269	0.045%
DAA Visual Solutions Inc.	331838941	0.301%
DCS Group, LLC	811252342	0.258%
Decorus Printing LLC	921713125	0.096%
Delta Tooling, Inc.	911993037	0.104%
Design Service Corporation	911182270	0.877%
Developmental Machine Inc.	261634956	0.176%
Dubs, Inc	912134013	0.040%
Dudley Family Group Inc	471851361	0.163%
Dundon Motorsports LLC	811118545	0.326%
Electronic Systems Technology Inc.	911238077	0.185%
Elliott Bay Industries LLC	912011707	0.815%
Evans Manufacturing Company LLC	264084061	0.347%
Evergreen Printing & Graphics, Inc	911303747	0.160%
Experimental Aircraft Metal Fabrication	202063993	0.692%
Extrusion Technology Group	200497996	0.390%
Fabtech Precision Sheet Metal, LLC	874574881	0.308%
Fabtech Systems LLC	912142190	0.211%
FAM Waterjet Inc	461893218	0.150%
Ferrotek Corporation	911375443	0.050%
Firland Foundation	910549079	0.694%
Forever Powder Coating Inc	463056356	0.044%
Foxy Roxy LLC	205010879	0.290%
Galen Callahan	473354288	0.015%
Grape Visions, LLC	470925267	0.373%
Graypants, Inc	261521086	0.127%
Green Vault Systems LLC	811562179	0.561%
Greenacres Gypsum & Lime Co, Inc	910949221	0.184%
Greer Tank, Inc	920153289	0.021%
GT Manufacturing LLC	882143087	0.330%
GTR Technologies, Inc.	264580546	0.730%
GW 42 Inc.	464504042	0.131%
HeR Interactive Inc	850368193	0.388%
Hirschler Manufacturing Inc.	910783196	0.367%
Holm Brewing Enterprises, LLC	462265880	0.275%
Holz Enterprises, Inc	911699512	0.351%
Hyland Cabinetworks, Inc.	911457854	0.448%
Inject Tool & Die, Inc.	930998971	0.974%
Integrity Design & Copyworks, LLC	721573429	1.027%
Interlube International Inc.	911137848	0.136%
IPC - Industrial Plating Corporation	205582543	0.062%
J & I Graphics, LLC	862457424	1.094%
Johnson Signs of Federal Way, Inc	473224079	0.116%
Jonathan Pauls Inc	912089572	0.106%
Kitsap Composites Inc	952241721	0.356%

KLW Manufacturing & Design	911433820	0.092%
L E Wilson Inc.	910819687	0.120%
Lammy Industries Inc	911544892	1.713%
Larkin Precision LLC	330995477	0.344%
Laz Tool & Manufacturing Co	910610723	0.215%
LDB Beverage Company	471954278	0.819%
Lino Tagliapietra, Inc	911619426	0.202%
Loder Instrument Co Inc	911559948	0.114%
M.D. Marine Electric, LTD	912019851	0.157%
M-1 Tanks Inc	911948740	0.123%
Machining Technology, Inc	911427945	0.376%
Manufacturing & Design Inc	911395736	0.926%
Manufacturing Technology, Inc	911717314	0.370%
Marcon Metal USA Inc.	301250001	0.477%
Marine Service & Supply Inc.	911489805	1.047%
Matella LLC	481305846	0.124%
McLaren Inc	910748134	0.198%
Melcher Manufacturing LLC	873256143	0.322%
ML Machine Works LLC	834544593	0.254%
MM Industries Tech LLC	993675713	1.689%
Moonlite Machining Inc	205730577	0.327%
Motion Engineering & Fabrication	821188875	0.218%
MSC of Washington Inc	912114850	0.201%
Naimor, Inc	455336044	0.051%
National Marine Exhaust, Inc.	911524746	0.109%
National Wirecraft Company, Inc	911092485	0.703%
Navarre Cellars Ltd	202738896	0.852%
Nisbet Oyster Company, Inc	911935400	0.305%
North Star Equipment Inc	911658036	0.148%
Northwest Custom Cabinets, Inc	911946055	0.211%
Northwest Sandblasting + Painting Inc	900422535	0.067%
NW Fibre, LLC	200286584	0.206%
Olympic Springs, Inc.	911514426	0.124%
Olympic Water Jet, LLC	862744699	0.425%
Online Data Processing Inc	910949550	0.111%
Opticyte	465696299	1.264%
Pacific Insulated Panel, LLC	263819305	0.289%
Pacific Machine Partners, Inc	813406434	0.401%
Pacific Mount Inc	911715226	0.182%
Pasco Machine Co Inc.	910357860	0.455%
Pateric Software LLC	912148758	0.310%
Penway Media LLC	271335431	0.178%
Peregrine Manufacturing, LLC	911893087	0.714%
Peripheral Visions Inc.	911374461	0.110%
Pioneer Metal Works Inc	911049935	2.606%
Plastic Injection Molding Inc.	911701136	0.447%
Premetco Inc.	454655859	0.335%
Primo Fabrication LLC	454507818	0.212%
Prism Designs Inc.	911552198	0.022%
Pro Controls Inc	911353625	1.342%
Process Heating Company, Inc.	910866262	0.539%
Prowse Manufacturing Group	831853131	0.391%

Puget Sound Steel	910830987	1.393%
QR Industries Inc.	200685683	0.206%
Quicktin Inc	912184334	0.185%
R&R Plastics USA LTD	911846494	1.432%
Raven's Brew Coffee, Inc.	920155577	0.651%
RBK Manufacturing Incorporated	911582478	2.500%
Reinke's Fabrication, Inc	910827097	0.025%
Revelry Vinters, LLC	204722786	0.241%
Revolution, Inc	912182520	1.775%
Ripelocker, LLC	473562017	0.398%
Riverside Cabinet Company, Inc.	911636986	0.752%
Roastmasters LLC	912068731	0.483%
Rozemas Boat Works Inc	911791546	0.167%
RRJ Real Properties LLC	912097547	0.015%
Russell's Custom Cabinets Inc	208922412	0.406%
RWoods II LLC	475108489	0.806%
Rydinski Michael C	911824990	0.200%
SAVr LLC	825287194	0.204%
Scheibler Brothers Inc	911152278	0.197%
Scott Jones Apparel LLC	931322991	0.266%
Screen Tek, LLC	825149404	0.796%
Seaboard Cabinet Company, Inc.	911661023	0.245%
Seamless Attenuating Technologies Inc	911500142	0.253%
Service Hydraulics, Inc.	911733943	0.235%
Shirtbuilders, Inc	911638160	0.505%
Sluys Poulsbo Bakery Inc	911968806	0.345%
Smith & Vallee Woodworks Inc	912094611	2.111%
Somi Foods Inc	822315782	0.191%
Sound Machine Products Inc	911665526	0.861%
Sound Metrics	912180471	0.619%
Source Management Investments LLC	920198475	0.173%
Spokane Metals, Inc	421715609	0.799%
Spontaneous Quirk LLC	273974963	0.135%
Squires Machine	911143838	0.200%
Squirrel LLC	461531878	0.075%
Star Transport Trailers, Inc	910982743	0.424%
Stat Corporation	911070961	0.000%
Stella Maris, LLC	994881865	0.561%
Stober & Chiaro Inc	911884949	0.107%
Studio 3 Signs	550854256	0.220%
Subset Games LLC	454745032	0.734%
Sunstream Boat Lifts	911737456	0.216%
Swan Net USA LLC	911664044	0.487%
Swiftwater Cellars, LLC	263400332	0.315%
Technical Marine & Industrial, LLC	824975425	0.166%
The Harbor Group	822804769	0.071%
The Print Guys Inc	201402929	0.229%
Thermaline, Inc.	711044414	0.159%
Thermion Inc.	911685496	0.196%
Tipke Manufacturing Company Inc	911191883	0.398%
Total Brand Management LLC	814063279	0.334%
Transition Composites Manufacturing, Inc	261752386	0.491%

Travel Chair Company	911438729	0.934%
Twisted Metal Works, Inc	201589132	0.222%
UES USA, LLC	454997798	1.480%
Unipar West INC	911104119	0.537%
US Syntec Corp	911661382	0.177%
Vehicle Monitor Corporation	911400169	0.200%
Vista Bakeshop	863332983	0.910%
Wanne, Inc	202851449	0.156%
Watts Specialties LLC	911656788	0.344%
Web Joist Northwest Corp.	911148088	0.067%
Western Metal Products, LLC	911973274	0.155%
Western Sintering Co., Inc	910787440	0.444%
White Wheat & Rye LLC	342020079	0.355%
Whitmus Enterprises Inc	832825488	0.018%
Winning Seasons	911263369	1.641%
Wood Products NW Inc	911708295	0.395%
Workskiff, Inc.	911644084	0.170%
Wynne & Sons Inc.	274588021	0.020%
Xanfab Inc	474428700	0.625%
Xtreme Machining Inc	820548218	0.228%
Yoat Corporation	301005312	0.168%

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	First Gty Bk	3.700% 11/14/28	34,134	34,116
	First Natl Bk	4.850% 9/21/26	33,843	34,496
	Forbright Bk CD	4.850% 6/14/27	34,185	34,760
	Goldman Sachs	4.000% 3/20/28	37,917	38,212
	Morgan Stanley	4.050% 4/10/28	34,185	34,429
	Morgan Stanley	3.875% 1/27/26	32,836	34,180

AWB HEALTHCHOICE EMPLOYEE BENEFITS TRUST – MANUFACTURING
E.I.N. 61-6496436 PLAN NO 505
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HEALD AT END OF YEAR) (CONTINUED)
YEAR ENDED 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):			
	Morgan Stanley CD	4.600% 3/15/27	$ 23,703	$ 24,015
	Morgan Stanley CD	4.000% 7/17/28	4,744	4,776
	Optum Bk Draper CD	3.850% 8/21/28	38,874	39,018
	Popular Bk	4.747% 9/04/26	37,983	38,312
	Realty Income Corp	4.125% 10/15/26	33,162	34,219
	Sallie Mae Bk	4.000% 7/10/28	34,134	34,387
	Schwab Charles Corp	0.900% 3/11/26	30,260	33,990
	State Bank India CD	4.850% 6/24/27	8,546	8,692
	State Bank CD	4.300% 6/16/28	47,279	47,899
	Toyota Financial	4.350% 7/26/27	34,082	34,535
	Ubs Bk USA	5.150% 11/02/26	34,134	34,629
	Valley Natl	3.950% 8/20/27	34,134	34,327
	Valley Natl	3.900% 8/27/27	7,585	7,622
	Wells Fargo Bank	4.900% 12/07/26	9,496	9,610
	Wells Fargo Bank	4.850% 5/21/27	34,134	34,747
	Total Corporate Issues		881,887	894,893
	Foreign Issues:			
	Bank Montreal Medium	5.203% 2/01/28	34,666	35,051
	Royal Bk Cda Mtn	4.900% 1/12/28	34,410	34,867
	Sumitomo Mitsui Finl	3.364% 7/12/27	33,566	33,942
	Toronto Mtn	5.156% 1/10/28	11,462	11,653
	Toronto Domi	4.980% 4/05/27	33,803	34,618
	Total Foreign Issues		147,906	150,131
	Mutual Funds			
	Fidelity 500 Index Fund	Variable	109,645	172,073
	Total Mutual Funds		109,645	172,073
			$ 2,643,504	$ 2,725,049

* 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 - MANUFACTURING

1b Three-digit plan number (PN) ▶ 505

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**	1816
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)**	1816
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1784
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1787
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	1787
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 6
- **(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 177514969