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
BUSINESS HEALTH TRUST ARRANGEMENT

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/2007

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)
BUSINESS HEALTH TRUST

P.O. BOX 75449
SEATTLE, WA 98175

2b Employer Identification Number (EIN) 36-7481494

2c Plan Sponsor's telephone number 425-771-7359

2d Business code (see instructions) 525100

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	TONY WILLIAMS
	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**	16967
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)**	16967
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	17863
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	17863
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4H 4Q 4T

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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 5
- **(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 175265374

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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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	12081508	10305	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
0	0

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

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

(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)	0
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)	0
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)**			
(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**	818228
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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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
NATIONAL UNION FIRE INSURANCE CO OF PITTSBURGH, PA

(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
25-0687550	19445	PAI 0009132490A	28	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
374	0

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

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

ABD INSURANCE AND FINANCIAL SERVICE
1201 THIRD AVENUE SUITE 800
SEATTLE, WA 98101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
374			3

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

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

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

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

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

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

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

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

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

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

(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)	0
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)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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**	2497
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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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	200000076-88	17781	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
0	0

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

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

(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)	0
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)	0
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** [ ] 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	102974538
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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	09281 ET AL.	17345	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
0	0

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

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

(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)	0
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)	0
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)**	8327314		
(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)**	8327314
b Benefit charges (1) Claims paid	**9b(1)**	7908241		
(2) Increase (decrease) in claim reserves	**9b(2)**	-100000		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	7808241
(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)**	907677		
(H) Total retention			**9c(1)(H)**	907677
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [X] credited.)			**9c(2)**	-388605
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	188000
(3) Other reserves			**9d(3)**	234877
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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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
USABLE LIFE

(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
71-0505232	94358	50054849	14553	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
0	0

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

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

(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)	0
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)	0
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** [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) ▶ ACCIDENTAL DEATH & DISMEMBERMENT

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**	541192
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	**B** Three-digit plan number (PN) ▶
BUSINESS HEALTH TRUST ARRANGEMENT	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BUSINESS HEALTH TRUST	36-7481494

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

ABD INSURANCE & FINANCIAL SERVICES,

27-0672528

(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?
15 16 22 23 50 53 61 70	NONE	4231724	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIMLY BENEFIT SOLUTIONS, INC.

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?
10 13 15 36 38 50 64	NONE	2846790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IMPACT ACCOUNTING SERVICES, LLC

45-2647626

(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 15 16 22 23 49 50 64 70	NONE	1870170	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SEATTLE METROPOLITAN CHAMBER OF COM

91-0402330

(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?
38 49 50 61 99	TRUST SETTLOR	1549729	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NICE HEALTHCARE PLLC

82-2102152

(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 50	NONE	782456	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIGITAL INSURANCE, INC.

58-2522668

(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 50 53	NONE	670233	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ACRISURE NW PARTNERS INSURANCE SERV

92-1242214

(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 50 53	NONE	557972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL NORTHWEST, LLC

91-2036015

(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 50 53	NONE	481153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARKER, SMITH AND FEEK, INC.

91-0660018

(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 50 53	NONE	439779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE BALDWIN GROUP MID-ATLANTIC, LLC

54-0654623

(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 50 53	NONE	389367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JS EVENSON, LLC

84-3523489

(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?
16 50 70	NONE	292000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAPPER INSURANCE, LLC

84-3132250

(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 50 53	NONE	288359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BTG AND ASSOCIATES DBA BTG BENEFITS

84-3131974

(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 50 53	NONE	285676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADDOCK & ASSOCIATES, LLC

83-2655931

(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 50 53	NONE	257979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(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?
15 16 22 23 50 53 61 70	NONE	227225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SEA-MOUNTAIN INSURANCE BROKER, INC.

91-1375220

(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 50 53	NONE	212920	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAYNEWEST INSURANCE, INC., A MARSH

26-3237576

(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 50 53	NONE	189807	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WHITFIELDS UNITED INSURANCE AGENCIE

91-1366133

(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 50 53	NONE	179498	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CUMMINGS, FRASER & ASSOCIATES, LLC

68-0609841

(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 50 53	NONE	178801	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSUREDPARTNERS OF WA LLC

38-3942963

(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 50 53	NONE	125058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI NORTHWEST

91-1176315

(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 50 53	NONE	110187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WALLINGFORD FINANCIAL AND COLLEGE P

71-0907082

(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 50 53	NONE	99464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANNA INSURANCE GROUP, LLC

47-5506402

(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 50 53	NONE	94707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPRAGUE ISRAEL GILES INSURANCE, INC

91-0683304

(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 50 53	NONE	94207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PCF INSURANCE SERVICES OF THE WEST

82-1368960

(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 50 53	NONE	89117	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TACOMA-PIERCE COUNTY CHAMBER

91-0434830

(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?
38 49 50 61 99	NONE	88632	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AFFILIATED SERVICES, LLC

30-0663844

(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 50 53	NONE	88517	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MIKE JAPHET

83-1249220

(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 50 53	NONE	84620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PILKEY HOPPING & EKBERG, INC.

91-1050022

(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 50 53	NONE	82882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ESSENTIAL BENEFITS, LLC

45-5125484

(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 50 53	NONE	81165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TERIL LEWIS AND WILKE INSURANCE

91-1337671

(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 50 53	NONE	80809	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GROUP SOLUTIONS NORTHWEST, LLC

91-2158338

(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 50 53	NONE	79205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RIVERSIDE EMPLOYEE BENEFITS, LLC

84-3461477

(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 50 53	NONE	74195	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PAYCHEX INSURANCE AGENCY, INC.

16-1528391

(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 50 53	NONE	72780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAULT INSURANCE & INVESTMENTS, LLC

26-3980956

(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 50 53	NONE	71579	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BROWN & BROWN INSURANCE SERVICES, I

59-0691921

(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 50 53	NONE	64880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WORLD INSURANCE ASSOCIATES LLC

45-3601219

(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 50 53	NONE	64764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUEBENEFITS LLC

91-2034415

(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 50 53	NONE	63320	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRO BENEFITS OF WASHINGTON, LLC

82-3618758

(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 50 53	NONE	59650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

OAK INSURANCE SERVICES, LLC

82-2693857

(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 50 53	NONE	56948	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADVISOR SERVICES, LLC

20-1466523

(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 50 53	NONE	55286	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LIBKE INSURANCE ASSOCIATES

51-0660971

(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 50 53	NONE	54494	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MICHAEL BENZIKRY & INSURANCE, PLLC

91-1889320

(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 50 53	NONE	52647	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILSON ALBERS AN ALERA GROUP AGENCY

82-3775054

(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 50 53	NONE	51613	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHWEST BENEFIT SOLUTIONS

20-8940996

(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 50 53	NONE	50073	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PROPEL INSURANCE AGENCY, LLC

91-0830024

(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 50 53	NONE	49320	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUCORDIA

82-4474444

(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 50 53	NONE	49100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

M&O AGENCIES DBA THE MAHONEY GRP

86-6050329

(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 50 53	NONE	47972	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

GALLAGHER BENEFITS SERVICES, INC.

36-4291971

(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 50 53	NONE	47261	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

B&F INSURANCE, LLC

35-2384961

(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 50 53	NONE	46387	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GROUP BENEFITS, LLC

26-2229784

(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 50 53	NONE	41102	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

THE PARTNERS GROUP, LTD.

93-1300504

(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 50 53	NONE	40508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFIT DESIGN SERVICES, LLC

27-3460566

(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 50 53	NONE	40478	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFITS DIVISION, LLC

26-3884950

(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 50 53	NONE	40166	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

AUKEMA & ASSOCIATES, INC. (RAEL & L

94-1701048

(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?
16 49 50 70	NONE	39367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JW BYRNES INSURANCE, LLC

27-3008983

(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 50 53	NONE	38806	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFITS CONSULTING SERVICES, LLC

PO BOX 2088
ISSAQUAH, WA 98027

(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 50 53	NONE	38461	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

R.L. EVANS COMPANY, INC.

91-0849784

(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 50 53	NONE	38043	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BEHAVORIAL HEALTH SYSTEMS, INC.

63-1007625

(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?
12 13 49 50 53 56 62	NONE	37166	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANASTASI, MOORE & MARTIN, PLLC

20-8149084

(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 50	NONE	37000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PAUL RICHARDSON AGENCY

91-1190777

(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 50 53	NONE	35161	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BELLINGHAM WHATCOM CHAMBER

91-0141830

(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?
38 49 50 61 99	NONE	31854	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FINANCIAL PLANNING CONCEPTS, INC.

91-0986247

(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 50 53	NONE	30408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MATTHEW D. WYATT INSURANCE AGENCY

91-1892697

(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 50 53	NONE	30221	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DENALI BENEFITS, INC.

85-1301680

(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 50 53	NONE	29634	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALLIS & ASSOCIATES, INC.

91-1005817

(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 50 53	NONE	28127	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WESTLEY PRICE INSURANCE, LLC

87-4625895

(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 50 56	NONE	26824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARDENT BENEFITS

27-1788196

(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 50 53	NONE	26576	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WASHINGTON HEALTH INSURANCE AGENCY

47-2661410

(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 50 53	NONE	26456	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ETHIX NORTHWEST, LLC

13-4283589

(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 50 53	NONE	25702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEARBENEFITS, LLC

80-0866555

(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 50 53	NONE	25665	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COORDINATED BENEFITS DBA BASIN PACI

27-1158624

(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 50 53	NONE	25452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

J. JOHNSON INSURANCE, LLC

38-3744088

(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 50 53	NONE	25307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMPACT CG, LLC

87-2379951

(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 50 53	NONE	25150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OSWALD COMPANIES

34-0445620

(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 50 53	NONE	23842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MITCHELL, REED & SCHMITTEN INSURANC

91-1745509

(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 50 53	NONE	23726	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE STUPEY AGENCY

91-0951334

(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 50 53	NONE	23048	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREATER YAKIMA CHAMBER OF COMMERCE

91-1692873

(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?
38 49 50 61 99	NONE	22138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BAKER INSURANCE GROUP, LLC

47-1487798

(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 50 53	NONE	21837	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVIS WRIGHT TREMAINE, LLP

91-0839480

(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?
16 29 50	NONE	21374	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCGREGOR INSURANCE AGENCY, INC.

91-1804082

(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 50 53	NONE	20744	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PASSPORT UNLIMITED, INC.

91-1143040

(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 50	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HR RESOURCE, INC.

58-2671516

(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 50 53	NONE	19464	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASD INSURANCE AND FINANCIAL SERVICE

31-1746517

(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 50 53	NONE	17419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MORAN BENEFIT ADVISORS, INC - INOVA

91-1511052

(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 50 53	NONE	16108	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IDEAL BENEFIT SOLUTIONS, LLC

82-5190827

(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 50 53	NONE	15982	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HYLANT GROUP, INC.

34-1880366

(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 50 53	NONE	15810	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

THE LIBERTY COMPANY INSURANCE BROKE

27-0063026

(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 50 53	NONE	15216	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MUTUAL BENEFITS, INC.

84-1671194

(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 50 53	NONE	15039	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASSUREDPARTNERS OF WA DBA FORTUNE M

45-2712335

(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 50 53	NONE	14892	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

D&D FINANCIAL SERVICES, LLC

91-1275972

(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 50 53	NONE	14216	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH PAINE INC. DBA GUS PAINE INS

91-1292656

(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 50 53	NONE	13839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLG EMPLOYER RESOURCES

27-4743785

(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 50 53	NONE	13578	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CAPITAL BENEFIT GROUP, LLC DBA PUGE

82-3618758

(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 50 53	NONE	13469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH BENEFITS WASHINGTON CORP.

81-2318644

(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 50 53	NONE	13281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCHBRIGHT

91-0522849

(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 50	NONE	12739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NORMAN STRUNK DBA STRUNK FINANCIAL

20921 284TH AVE SE
MAPLE VALLEY, WA 98038-7712

(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 50 53	NONE	12221	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BERG BENEFITS, INC.

91-1979703

(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 50 53	NONE	12134	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ECONOMIC ALLIANCE SNOHOMISH COUNTY

91-0647005

(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?
38 49 50 61 99	NONE	11736	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

HEALTH INSURANCE NW

25-0015093

(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 50 53	NONE	11734	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MUELLER INSURANCE & FINANCIAL SERVI

04-3675010

(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 50 53	NONE	11632	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEN DIGITAL, INC.

77-0181864

(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 50	NONE	11225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BENEFITS RESOURCE GROUP, INC.

91-1910698

(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 50 53	NONE	10871	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE LIGHTLE GROUP, LLC DBA RADWICK

47-4508641

(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 50 53	NONE	9894	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RONALD PETERSON

24115 E OLIVE LANE
LIBERTY LAKE, WA 99019

(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 50 53	NONE	9805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

INSURANCE CONSULTING NW, INC.

45-0618588

(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 50 53	NONE	9616	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNW INSURANCE SOLUTIONS, LLC

82-1391482

(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 50 53	NONE	9533	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SPRINGER BENEFITS, LLC

87-0771186

(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 50 53	NONE	8935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

INSZONE INSURANCE SERVICES, LLC

26-0879471

(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 50 53	NONE	8911	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAN RAY FINANCIAL DBA VAN WINKLE IN

83-3577132

(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 50 53	NONE	8855	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROYAL BENEFITS GROUP

85-1531170

(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 50 53	NONE	8544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

AGUIRRE & ASSOCIATES, INC.

20-5951869

(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 50 53	NONE	8519	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BTS INSURANCE LLC

93-1778864

(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 50 53	NONE	8514	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VENTURE LIFE & HEALTH, INC.

81-1539929

(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 50 53	NONE	8430	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

DECISELY INSURANCE SERVICES, LLC

20-5419093

(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 50 53	NONE	8407	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KRISTIN MANWARING INSURANCE ASSOCIA

20-4650764

(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 50 53	NONE	8345	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFIT SOLUTIONS NORTHWEST

84-4089157

(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 50 53	NONE	8262	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PREFERRED FINANCIAL SOLUTIONS, LLC

26-4442439

(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 50 53	NONE	8133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NPB ADVISORS

46-4237107

(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 50 53	NONE	8107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPIC INSURANCE SOLUTIONS, LLC

83-4203966

(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 50 53	NONE	7986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AFFINITY BENEFITS GROUP, LLC

83-2320825

(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 50 53	NONE	7767	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NAVALI & COMPANY INSURANCE DBA BENE

80-0599642

(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 50 53	NONE	7552	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAD J. PHILIP

430 N PINE ST
ELLENSBURG, WA 98926-3118

(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 50 53	NONE	7363	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PACIFIC NW INSURANCE BROKERAGE, INC

91-1729392

(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 50 53	NONE	7275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT L. MAY & ASSOCIATES

26-0015093

(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 50 53	NONE	6799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALEY JAENII HAAS, INC.

26-2720516

(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 50 53	NONE	6773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WMC BUSINESS SERVICES, LLC

20-4826909

(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 50 53	NONE	6772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICK J. CONROY INSURANCE

90-1226069

(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 50 53	NONE	6433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANDLER INSURANCE SOLUTIONS LLC

46-5636963

(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 50 53	NONE	6379	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PIVAR FINANCIAL GROUP, LLC

92-2204769

(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 50 53	NONE	6080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEFFERMAN INSURANCE BROKERS

94-2506099

(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 50 53	NONE	5512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFIT SOLUTIONS PLUS

517 S 38TH PL
MOUNT VERNON, WA 98274

(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 50 53	NONE	5319	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

NORTHWEST INTERPRETERS DBA NWI GLOB

91-1789287

(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?
15 38 49 50	NONE	5274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIANN SMITH

671 MIDFIELD DR
ELLENSBURG, WA 98926

(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 50	NONE	5219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWLEAFBENEFITS, LLC

88-3602269

(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 50 53	NONE	5218	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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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)

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	3-TIER ALASKA	**c** EIN-PN	82-4765555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	415 COMMONS LLC	**c** EIN-PN	82-2910182-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	42 FREMONT LLC	**c** EIN-PN	82-3791684-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	4D ARCHITECTS	**c** EIN-PN	91-1385776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	88 SECONDS LLC	**c** EIN-PN	82-3345323-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A & B MACHINE AND HYDRAULICS INC	**c** EIN-PN	91-1356412-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A & M CABLE LLC	**c** EIN-PN	27-2924560-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A & W PAVING INC	**c** EIN-PN	91-1546553-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A BRAVE NEW COLLECTIVE LLC	**c** EIN-PN	47-1838371-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	A1 WELDING INC	**c** EIN-PN	91-1579361-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AABERG'S TOOL & EQUIPMENT RENTALS AND SALES	**c** EIN-PN	91-1185215-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABC ARCHITECTS A WASHINGTON CORPORATION	**c** EIN-PN	91-2190506-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABC TOWING SERVICE LLC	**c** EIN-PN	33-1254557-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABOUTGOLF GLOBAL INC	**c** EIN-PN	41-2681969-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ABSCO ALARMS INC	**c** EIN-PN	91-1013499-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACCESS UNLIMITED & SECURITY	**c** EIN-PN	77-0603591-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACCURATE AUTO BODY	**c** EIN-PN	91-1660838-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACCURATE INDUSTRIES INC	**c** EIN-PN	27-1492097-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACFEA TOUR CONSULTANTS INC	**c** EIN-PN	91-1194396-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ACI COMMUNICATIONS	**c** EIN-PN	91-2002221-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADAPTX, INC.	**c** EIN-PN	81-4164835-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED FILTER & MECHANICAL INC	**c** EIN-PN	91-1132480-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED FIRE SYSTEMS, INC	**c** EIN-PN	27-1078675-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED GOVERNMENT SERVICES INC	**c** EIN-PN	81-1564788-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED HOME HEALTH	**c** EIN-PN	36-4854069-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED MECHANICAL / ELECTRICAL INC	**c** EIN-PN	20-4131954-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADVANCED SEWER SOLUTIONS, INC.	**c** EIN-PN	47-4358451-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ADZAM, INC	**c** EIN-PN	91-1173914-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AERIE ADVISORY GROUP	**c** EIN-PN	84-4425930-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AEROFORGE, INC	**c** EIN-PN	91-0868192-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AFFORDABLE RV REPAIR CENTER INC	**c** EIN-PN	27-5120702-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AG CONSULTING PARTNERS, INC.	**c** EIN-PN	27-0698714-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AGATE COVE ENTERPRISES	**c** EIN-PN	91-1124640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AGRISHOP INC	**c** EIN-PN	91-0889308-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AH DINSMORE INC	**c** EIN-PN	26-2512734-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AHMED & KANG PS	**c** EIN-PN	27-2782963-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AI2 INCUBATOR, INC.	**c** EIN-PN	92-0311046-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AIR MASTERS, INC	**c** EIN-PN	91-1706959-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AJML, LLC	**c** EIN-PN	47-3632906-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AK ACCOUNTING SERVICES LLC	**c** EIN-PN	81-0718356-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AKILI INTERACTIVE LABS, INC.	**c** EIN-PN	45-3990296-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALASKA TRAVEL ADVENTURES INC	**c** EIN-PN	92-0088028-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALDERWOOD COMMUNITY CHURCH	**c** EIN-PN	37-1747158-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALDRIDGE MARKETING GROUP INC.	**c** EIN-PN	20-4036654-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALEXANDER EXHIBIT	**c** EIN-PN	91-2091653-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALEXANDER GOW INC	**c** EIN-PN	91-0792374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALEXANDER HUTTON	**c** EIN-PN	91-1352625-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALL AMERICAN WATERPROOFING & SPRAY, INC.	**c** EIN-PN	46-3842884-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALL STAR HEATING AND AIR CONDITIONING INC	**c** EIN-PN	91-1730587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALL WHEEL DRIVE AUTO, LLC	**c** EIN-PN	90-0671772-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALLIANCE 2020, INC	**c** EIN-PN	91-1374989-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALLIED CONSTRUCTION ASSOCIATES, INC	**c** EIN-PN	91-2017942-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALLY INCORPORATED	**c** EIN-PN	20-2453729-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALPENGLOW DIGITAL LLC	**c** EIN-PN	82-4581122-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALPHA TECHNOLOGIES	**c** EIN-PN	91-1149989-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALPINE ASCENTS INTERNATIONAL	**c** EIN-PN	88-0263446-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AL'S ELECTRIC AND PLUMBING	**c** EIN-PN	91-2013175-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ALTAVAIR LP	**c** EIN-PN	20-0303278-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMBYTH CHEMICAL COMPANY	**c** EIN-PN	27-2153460-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERICAN 35	**c** EIN-PN	87-2925281-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERICAN 35	**c** EIN-PN	87-2925281-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERICAN CABINET DOORS, INC	**c** EIN-PN	91-2080616-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERICAN LEADERSHIP FORUM TACOMA-PIERCE COUNTY	**c** EIN-PN	91-1442921-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMERIDIAN INDUSTRIES, LLC	**c** EIN-PN	20-8218242-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMETRA ADVISORS LLC	**c** EIN-PN	47-1593736-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMLAG & QUIBUYEN, LLC	**c** EIN-PN	46-5253758-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AMP SERVICES, LLC	**c** EIN-PN	45-4811946-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANESTHESIA EQUIPMENT SUPPLY, INC.	**c** EIN-PN	91-0953176-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANIMAL HOSPITAL OF PASCO PS	**c** EIN-PN	98-1714144-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANTHONY CELLARS LLC	**c** EIN-PN	27-2319621-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ANTIOCH BIBLE CHURCH	**c** EIN-PN	91-1268526-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APELAND CONTRACTING INC	**c** EIN-PN	71-1015529-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APEX MARITIME CO. (PNW) INC	**c** EIN-PN	33-0995723-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APPENATE USA	**c** EIN-PN	45-5495141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APPVIEWX INC	**c** EIN-PN	20-1659664-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APS SURVEY & MAPPING INC	**c** EIN-PN	91-1975052-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	APTEVO THERAPEUTICS	**c** EIN-PN	52-2385898-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AQUA REC'S FIRESIDE HEARTH N' HOME	**c** EIN-PN	26-0338310-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AQUASENSE	**c** EIN-PN	91-1995516-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AQUATIC ENTERPRISES, INC.	**c** EIN-PN	91-1993973-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARABLE CAPITAL PARTNERS	**c** EIN-PN	81-4996690-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARCHER CONSTRUCTION INC	**c** EIN-PN	91-0976975-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARELLANO HORVATH LLC	**c** EIN-PN	26-1825339-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARMSTRONG MAINTENANCE LLC	**c** EIN-PN	82-5506412-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ART BRASS AEROSPACE FINISHING, INC	**c** EIN-PN	45-5471594-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ART MORRISON ENTERPRISES, INC.	**c** EIN-PN	91-0996683-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARTEMIS SOFTWARE WORKS, INC.	**c** EIN-PN	33-4224649-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARTISAN PLUMBING AND MECHANICAL, LLC	**c** EIN-PN	85-2336530-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARTISTIC PLASTIC SURGERY	**c** EIN-PN	61-1555366-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ARTSFUND	**c** EIN-PN	91-0839644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASCEND SOLUTIONS, LLC	**c** EIN-PN	61-1933733-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASCENT ACCOUNTING SOLUTIONS, LLC	**c** EIN-PN	81-5316827-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASENTRIA CORPORATION	**c** EIN-PN	91-1504721-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASHTON CAPITAL CORPORATION	**c** EIN-PN	91-1411168-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASPEN MANAGEMENT LLC	**c** EIN-PN	20-2011794-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASSOCIATED GLASS INC	**c** EIN-PN	91-0978590-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ASTEROIDEA VENTURES LLC	**c** EIN-PN	46-2090910-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ATLAS NETWORKS	**c** EIN-PN	46-1303913-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ATLAS STAFFING INC	**c** EIN-PN	90-0716776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ATOMBITS	**c** EIN-PN	88-0536522-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AUDIO PLUS LLC	**c** EIN-PN	91-1911159-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AUGUST WINE GROUP LLC	**c** EIN-PN	91-2136244-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AVIATION PROFESSIONAL SERVICES LLC	**c** EIN-PN	86-2166583-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AVIATION SUPPLIES & ACADEMICS	**c** EIN-PN	91-0980638-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	AZTEC IMPORTS, INC	**c** EIN-PN	60-3110116-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAGDON'S INC	**c** EIN-PN	91-1006239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAI TONG FAMILY, LLC	**c** EIN-PN	27-1406767-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAI TONG THAI CORPORATION	**c** EIN-PN	20-2906538-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAKALA INSURANCE AGENCY INC	**c** EIN-PN	45-4102824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BALLARD BLOSSOM, INC	**c** EIN-PN	91-1035139-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BALLARD CONSIGNMENT LLC	**c** EIN-PN	87-3196582-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BALLEW'S HITCH TRUCK & RV	**c** EIN-PN	91-0857708-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BANDICOOT, LLC	**c** EIN-PN	86-3765278-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BANKS LAW GROUP PLLC	**c** EIN-PN	82-1557618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BANLIN CONSTRUCTION LLC	**c** EIN-PN	90-0810742-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARGAINS GALORE THRIFT STORE	**c** EIN-PN	94-3217641-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARHOP BREWING LLC	**c** EIN-PN	27-3109924-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARLAS CHIROPRACTIC	**c** EIN-PN	46-1834526-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BARVERSE LLC	**c** EIN-PN	92-1047012-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAYSIDE DERMATOLOGY, PLLC	**c** EIN-PN	88-3472431-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BAYVIEW REDI MIX, INC.	**c** EIN-PN	91-1576679-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BD ALEHOUSE LLC	**c** EIN-PN	81-2958919-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEAWEST FASTENERS INC	**c** EIN-PN	91-1375384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEHIND THE GAVEL LLC	**c** EIN-PN	81-1559456-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLEVUE CAPITAL	**c** EIN-PN	82-2280311-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLEVUE LIGHTING	**c** EIN-PN	98-4534279-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLEVUE YOUTH SYMPHONY ORCHESTRA	**c** EIN-PN	91-1630589-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLINGHAM ANESTHESIA ASSOCIATES, P.S.	**c** EIN-PN	91-0937043-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELLINGHAM GOLF & COUNTRY CLUB	**c** EIN-PN	91-0141980-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELS FOOD INTERNATIONAL	**c** EIN-PN	54-2068191-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BELSAAS AND SMITH CONSTRUCTION, INC	**c** EIN-PN	91-1058794-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEN B CHENEY FOUNDATION, INC	**c** EIN-PN	91-6053760-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEN MILLER INC	**c** EIN-PN	90-0283408-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BENEFIT DESIGN SERVICES LLC	**c** EIN-PN	27-3460566-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BENTON FRANKLIN ORTHOPEDIC ASSC.	**c** EIN-PN	91-2019487-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BERESFORD BOOTH PLLC	**c** EIN-PN	30-0008684-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BERGMAN'S LOCK & KEY SERVICE, LLC	**c** EIN-PN	47-4317111-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BESCHEN LAW PLLC	**c** EIN-PN	92-0396103-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEST ON EARTH INTERIOR	**c** EIN-PN	26-4373413-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BEST TIRE	**c** EIN-PN	47-4824698-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETHANY CHRISTIAN ASSEMBLY	**c** EIN-PN	91-0541847-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETHEL CHURCH OF THE ASSEMBLIES OF GOD	**c** EIN-PN	91-1234328-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETHEL GARAGE INC.	**c** EIN-PN	91-1309081-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETSCHART ELECTRIC INC	**c** EIN-PN	91-1255236-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BETTER BYTES	**c** EIN-PN	93-3573828-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BHC CONSULTANTS LLC	**c** EIN-PN	26-1363237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIG DIPPER WAX WORKS INC	**c** EIN-PN	22-3889904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIG MIKES RECYCLE LLC	**c** EIN-PN	86-3256345-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIG SKY INDUSTRIAL	**c** EIN-PN	47-1423122-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIGFOOT CONSTRUCTION SUPPLY LLC	**c** EIN-PN	84-2636230-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BILINGUAL BOOKS, INC.	**c** EIN-PN	91-1140427-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIOMECHANICAL SPORTS THERAPY, INC.	**c** EIN-PN	91-1890981-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BIRDWELL MACHINE, LLC	**c** EIN-PN	20-8153991-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BJ'S II INCORPORATED	**c** EIN-PN	91-1638956-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BKS SECURITY LLC	**c** EIN-PN	33-1483705-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLACKLOTUS LANDSCAPING LLC	**c** EIN-PN	27-0594259-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLANKENSHIP EQUIPMENT REPAIR	**c** EIN-PN	91-1570546-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLAZE KING INDUSTRIES INC	**c** EIN-PN	91-1527404-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLUE MOUNTAIN HEART TO HEART	**c** EIN-PN	91-1527239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLUE NEST ORGANIZING LLC	**c** EIN-PN	46-5058832-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BLUE SKY EXPRESS	**c** EIN-PN	85-1101222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOGEY ENTERPRISES LLC	**c** EIN-PN	88-2349192-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOLD BELIEF, INC	**c** EIN-PN	46-2438295-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BONANZA WORLDWIDE LLC	**c** EIN-PN	92-1641363-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BONAVISTA MANAGEMENT LLC	**c** EIN-PN	45-2258873-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOTHELL LEARNING LLC	**c** EIN-PN	88-4006521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOWDISH DECHANT ARCHITECTS LLC	**c** EIN-PN	45-4688220-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOYS & GIRLS CLUBS OF THE OLYMPIC PENINSULA	**c** EIN-PN	91-1376766-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BOYS AND GIRLS CLUB OF SPOKANE COUNTY	**c** EIN-PN	91-1983357-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRADY C MCDONALD	**c** EIN-PN	46-0805322-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRANCH PARTNERS PLLC	**c** EIN-PN	84-4597093-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRANDCRAFT	**c** EIN-PN	47-3265083-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRANDWATCH TECHNOLOGIES, INC.	**c** EIN-PN	91-2161445-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRIDGEWEST HOLDINGS	**c** EIN-PN	33-1221520-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRIG PARTNERS LLC	**c** EIN-PN	33-2593577-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRINK INVESTMENT LLC	**c** EIN-PN	91-1926280-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BROADWAY BOUND CHILDREN'S THEATRE	**c** EIN-PN	31-1732059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRODERICK GROUP INC	**c** EIN-PN	91-1870363-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BROUWER'S CAFE, INC.	**c** EIN-PN	56-2394677-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRUESKE ADVISORY SERVICES, LLC	**c** EIN-PN	20-2998945-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRUNSWIKST LLC	**c** EIN-PN	47-1145931-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRYN MAWR PLAZA	**c** EIN-PN	91-1265661-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BRY'S TV & APPLIANCES	**c** EIN-PN	91-0868862-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BT CAPITOL HILL	**c** EIN-PN	81-4646187-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUCKLEY RECYCLE CENTER INC	**c** EIN-PN	91-1715879-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUDGET TOWING & AUTO REPAIR, INC.	**c** EIN-PN	91-1975087-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUILDING CHANGES	**c** EIN-PN	91-1410450-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BURK MECHANICAL LLC	**c** EIN-PN	80-0797549-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BURNS FIRE PROTECTION SYSTEMS INC.	**c** EIN-PN	33-1197996-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	BUSINESS PROPERTY DEVELOPMENT, LLC	**c** EIN-PN	90-1509021-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C & J EXCAVATING INC	**c** EIN-PN	91-1222390-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C & P PAINT LLC	**c** EIN-PN	91-1894759-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C AND C SANDWICHES I, LLC	**c** EIN-PN	27-0779297-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	C&K FAMILY ENTERPRISES	**c** EIN-PN	82-0782331-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAD-BASED SOLUTIONS INC	**c** EIN-PN	91-1856807-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CADENCE PREFERRED LLC	**c** EIN-PN	20-3402024-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAFFE UMBRIA	**c** EIN-PN	91-2149591-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CALLIS AND ASSOCIATES INC	**c** EIN-PN	91-1005817-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CALVARY SPOKANE	**c** EIN-PN	91-1142847-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAMBER COLLECTIVE LLC	**c** EIN-PN	27-1314359-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAMPAGNE PARTNERS LLC	**c** EIN-PN	94-3357528-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CANCER TREATMENT NAVIGATOR INC	**c** EIN-PN	47-4943481-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CANVIZ LLC	**c** EIN-PN	26-2454204-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAPITAL BUSINESS MACHINES, INC.	**c** EIN-PN	91-0750313-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAPSTONE HEALTH SERVICES, INC	**c** EIN-PN	45-5037362-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARE MEDICAL GROUP INC PS	**c** EIN-PN	91-1696479-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARE NET OF PUGET SOUND	**c** EIN-PN	91-1226978-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CAREERPATHS NW, LLC	**c** EIN-PN	26-3231614-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARILLON PROPERTIES	**c** EIN-PN	91-1363925-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARROT MEDICAL	**c** EIN-PN	26-1190409-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARSOE US INC	**c** EIN-PN	81-2874597-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CARY KOPCZYNSKI & CO INC	**c** EIN-PN	91-1310671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASCADE INTEGRATION, INC.	**c** EIN-PN	20-0898867-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASCADE PRECISION INC	**c** EIN-PN	91-1152514-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASCADIA CONSULTING GROUP	**c** EIN-PN	91-1589555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASPER, PHILLIPS & ASSOCIATES, INC. P.C.	**c** EIN-PN	91-1370812-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CASTOHN LLC	**c** EIN-PN	27-2125693-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CBI SERVICES LLC	**c** EIN-PN	36-3369071-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CBLCP LLC	**c** EIN-PN	46-0685260-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CD STRATEGIC	**c** EIN-PN	82-4394983-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CDI CUSTOM DESIGN, INC.	**c** EIN-PN	91-1511569-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CEDAR GLEN MOBILE HOME PARK LLC	**c** EIN-PN	91-2043725-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CEIS, BAYNE & EAST, LLC	**c** EIN-PN	27-1571709-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CELLARTRACKER! LLC	**c** EIN-PN	60-2371187-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTER ELECTRIC INC	**c** EIN-PN	45-3420575-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTRAL PAVING LLC	**c** EIN-PN	47-2414019-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTRAL WASHINGTON PHYSICAL THERAPY	**c** EIN-PN	91-1999200-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CENTRALIA PHYSICAL THERAPY, INC, PS	**c** EIN-PN	45-5304321-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHAMBERLIN DISTRIBUTING COMPANY INC	**c** EIN-PN	91-0679979-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHAN HEALTHCARE GROUP PS	**c** EIN-PN	91-1742587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHESS4LIFE LLC	**c** EIN-PN	20-3729558-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHESTERTON ACADEMY OF NOTRE DAME	**c** EIN-PN	84-3273982-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHI AND ASSOCIATES, PLLC	**c** EIN-PN	99-2939930-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHILD'S PLAY	**c** EIN-PN	20-3584556-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHINN GYN LLC	**c** EIN-PN	83-4205718-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHINN GYN, LLC	**c** EIN-PN	83-4205718-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHOL MOUY LLC	**c** EIN-PN	93-3171792-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHRISTOPHER JONES ARCHITECTS	**c** EIN-PN	82-5102490-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHRONUS LLC	**c** EIN-PN	36-4815374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHUN LAI HOSPITALITY, LLC	**c** EIN-PN	81-2011073-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CHURCH ON THE RIDGE	**c** EIN-PN	68-0561721-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CIELO PROJECT	**c** EIN-PN	91-1728671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CITY OF ROYAL CITY	**c** EIN-PN	91-0777305-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLAFFEY'S CORPORATION	**c** EIN-PN	91-1732008-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLALLAM COUNTY ECONOMIC DEVELOPMENT COUNCIL	**c** EIN-PN	91-1167253-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLASSIC HOME ELECTRIC	**c** EIN-PN	84-4211967-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLOTHIER & WILLSEY LLC	**c** EIN-PN	46-2352375-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CLOUDTICITY	**c** EIN-PN	82-1028561-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CNR, INC.	**c** EIN-PN	91-1741027-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COAST TO COAST PAINTING PLUS	**c** EIN-PN	90-0188896-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLLABORATIVE PARTNERS INITIATIVE	**c** EIN-PN	60-4550861-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLLABRA TECHNOLOGY, INC.	**c** EIN-PN	91-1718846-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLUMBIA BASIN VETERANS COALITION	**c** EIN-PN	27-1349745-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLUMBIA CHOIRS ASSOCIATION	**c** EIN-PN	91-1303627-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLUMBIA NORTHWEST ENGINEERING, P.S.	**c** EIN-PN	91-2091375-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COLVOS CONSTRUCTION LLC	**c** EIN-PN	81-4600937-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMFORT DAVIES SMITH & CRAWFORD P.S.	**c** EIN-PN	91-1687634-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMANDPROMPT INC	**c** EIN-PN	93-1293975-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMERCIAL FILTER SALES AND SERVICE INC	**c** EIN-PN	91-1605974-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMERCIAL KITCHEN APPLIANCE REPAIR INC	**c** EIN-PN	82-1426902-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMERCIAL LANDSCAPE SERVICES, INC.	**c** EIN-PN	91-1625489-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMMUNITY CLINIC CONTRACTING NETWORK	**c** EIN-PN	47-3312706-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPLETE HEALTHCARE FOR WOMEN, PLLC	**c** EIN-PN	45-3024799-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPLETE VEIN CARE, PLLC	**c** EIN-PN	93-1691932-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPONENT CONCEPTS INC	**c** EIN-PN	91-1434680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPOSITE RECYCLING TECHNOLOGY CENTER	**c** EIN-PN	47-5271830-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COMPUTER HALE	**c** EIN-PN	46-3747972-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CONCORD CONSTRUCTION INC	**c** EIN-PN	91-1365187-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CONTINENTAL FOOD SALES LLC	**c** EIN-PN	98-4324671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COOK & BARTLETT PLLC	**c** EIN-PN	46-2929359-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COOKS AUTO REBUILD	**c** EIN-PN	91-0929178-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORBEL SOLUTIONS LLC	**c** EIN-PN	30-5762421-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORE ONE CONSULTING USA LTD	**c** EIN-PN	32-0547849-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORE PERFORMANCE LLC	**c** EIN-PN	91-2149613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	COREUS LLC	**c** EIN-PN	87-1233776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORR CRONIN LLP	**c** EIN-PN	91-1952756-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CORR DOWNS PLLC	**c** EIN-PN	47-3871527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CR FLOORS & INTERIORS INC	**c** EIN-PN	91-1372212-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CRAFT STOVE OF WESTERN WA, INC	**c** EIN-PN	91-1263780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CRAFT STOVE OF WESTERN WA, INC	**c** EIN-PN	91-1263780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREATIVE HOUSE BRANDING, LLC.	**c** EIN-PN	41-3915565-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREATIVE SPROUTS PRESCHOOL AND KINDERGARTEN	**c** EIN-PN	46-2965837-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREATIVE WORKS, LLC	**c** EIN-PN	83-3228428-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREDIT INTERNATIONAL CORP	**c** EIN-PN	20-1448138-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CREEKSIDE PHYSICAL THERAPY	**c** EIN-PN	91-1905105-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CRESCENT VALLEY CAPITAL	**c** EIN-PN	99-2539867-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CRISS-CROSS APPLESAUCE, INC.	**c** EIN-PN	47-2232906-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CROSS ENGINEERS INC	**c** EIN-PN	80-0516436-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CULBERT CONSTRUCTION INC	**c** EIN-PN	56-2309554-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CUPCAKE ROYALE LLC	**c** EIN-PN	84-3611417-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CUPCAKE ROYALE LLC	**c** EIN-PN	84-3611417-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CURATIVE AI INC	**c** EIN-PN	99-4027728-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CURRENCE LLC	**c** EIN-PN	46-3270920-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	CUSTOM PRESCRIPTION SHOPPE	**c** EIN-PN	20-0020000-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	D&G MECHANICAL INSULATION INC	**c** EIN-PN	91-1075717-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DACE'S ROCK 'N' MORE MUSIC ACADEMY	**c** EIN-PN	30-0483046-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAN FLICKINGER INC	**c** EIN-PN	91-1376952-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DANDY DIGGER & SUPPLY INC	**c** EIN-PN	84-0729661-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DANIKA PLUMBING LLC	**c** EIN-PN	82-2870490-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DANTINI PIZZA	**c** EIN-PN	86-1283713-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DARLING SONS INTERNATIONAL, LLC	**c** EIN-PN	91-2015864-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DATEC INC	**c** EIN-PN	91-0930538-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAVID D HAWTHORNE CPA PS	**c** EIN-PN	91-1279659-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAVID MEDICAL SERVICES PLLC	**c** EIN-PN	86-1909780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAVIDSON KILPATRIC AND KRISLOCK PLLC	**c** EIN-PN	45-5345752-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DAWSON PLACE	**c** EIN-PN	27-0627714-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DCL MANAGEMENT	**c** EIN-PN	30-0196581-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DEDICATED ELECTRICAL SERVICES	**c** EIN-PN	32-0469685-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DEEPSPAN INC	**c** EIN-PN	99-0671488-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELAURENTI ITALIAN & INTERNATIONAL FOODS INC	**c** EIN-PN	91-0895623-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELILLE CELLARS LLC	**c** EIN-PN	46-1592202-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELPHI PRECISION IMAGING	**c** EIN-PN	81-0988546-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DELTA INTERNATIONAL TECHNOLOGIES INC	**c** EIN-PN	91-1830812-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DENSHO	**c** EIN-PN	91-2164150-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DERMAHEALTH DERMACARE	**c** EIN-PN	20-4180127-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DHP ENGINEERING PS	**c** EIN-PN	45-4919210-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIAGONAL D LLC	**c** EIN-PN	73-1700631-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIBBLE STREET DESIGN COMPANY LLC	**c** EIN-PN	46-3172532-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIERKS TECHNOLOGY, INC.	**c** EIN-PN	82-2543504-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIGBI CONSULTING LLC	**c** EIN-PN	84-4658547-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIGITAL ARTS AND SCIENCES	**c** EIN-PN	85-4314486-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIRECT BOOK SERVICE	**c** EIN-PN	91-1835556-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DISCOVERY TECHNICAL SALES, INC.	**c** EIN-PN	91-1296259-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DISS ENTERPRISES, LLC	**c** EIN-PN	27-3554468-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DIVINES CORPORATION	**c** EIN-PN	91-0828801-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOCKSIDE CANNABIS	**c** EIN-PN	47-1751272-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOHJ LLC	**c** EIN-PN	81-1452741-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	D'OLIVO	**c** EIN-PN	46-2310250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DONCASTER INVESTMENTS NV INC	**c** EIN-PN	91-0926220-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOT INNOVATION LLC	**c** EIN-PN	81-3911111-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOUBLE J ELECTRICAL SERVICE LLC	**c** EIN-PN	46-3954934-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DOVETAIL THERAPEUTICS, INC	**c** EIN-PN	92-3875781-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DR C FAMILY DENTISTRY	**c** EIN-PN	86-3251231-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DR RON MCHARGUE DDS PLLC	**c** EIN-PN	46-1169963-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DREAMLAND FOODS	**c** EIN-PN	60-4228273-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DREAMLAND FOODS	**c** EIN-PN	91-1491684-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DRIFTING LOTUS, INC.	**c** EIN-PN	82-1240680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DRS WEST WEST & WEST PS	**c** EIN-PN	91-0991157-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DUALOS LLC	**c** EIN-PN	26-2044400-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DUCK N DASH EXPRESS LLC	**c** EIN-PN	60-5617632-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DYNAMIC COMPUTING, INC.	**c** EIN-PN	91-2076897-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DYNO BATTERY	**c** EIN-PN	91-1538660-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	DYSPORTS, LLC.	**c** EIN-PN	83-2089369-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EAGAN ROSE INC	**c** EIN-PN	24-1299756-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EARTHBOUND CORPORATION	**c** EIN-PN	56-2411148-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EARTHGEN	**c** EIN-PN	27-5411173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EAST SEATTLE PARTNERS LLC	**c** EIN-PN	82-3115770-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTON SERVICES CORPORATION	**c** EIN-PN	99-4817154-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE ACADEMY	**c** EIN-PN	60-2157596-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE COMMUNITY DEVELOPMENT FUND	**c** EIN-PN	85-0997236-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE HARLEY-DAVIDSON	**c** EIN-PN	91-1539790-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASTSIDE LEGAL ASSISTANCE PROGRAM	**c** EIN-PN	91-1471384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASY STREET RECORDS CORPORATION	**c** EIN-PN	74-3035711-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EASYXAFS	**c** EIN-PN	47-4819267-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EBENEZER CHRISTIAN SCHOOL	**c** EIN-PN	91-0617532-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ECHOMARK, INC	**c** EIN-PN	88-3138477-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ECLIPSE MARKETING GROUP, INC	**c** EIN-PN	91-0904492-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ECOCHEM INC	**c** EIN-PN	45-4138558-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EDGE DELTA, INC	**c** EIN-PN	83-1887237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EDUCATIONAL PROGRAMS IN HOME LIVING	**c** EIN-PN	91-1138681-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELDER LOGISTICS	**c** EIN-PN	27-3140593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELEMENTAL NW LLC	**c** EIN-PN	45-4135760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELEVAT INC	**c** EIN-PN	82-2829497-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELEVATED SYSTEMS LLC	**c** EIN-PN	85-4329086-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELITE SPORTS PERFORMANCE MEDICINE, PLLC	**c** EIN-PN	84-3286190-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ELOQUENT CORPORATION	**c** EIN-PN	83-2419208-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMEDIA CORPORATION	**c** EIN-PN	91-1686544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMERGENCY PHYSICIANS SERVICES	**c** EIN-PN	91-1382522-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMERY REDDY PLLC	**c** EIN-PN	20-3774633-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMISH MARKET LLC	**c** EIN-PN	84-2598397-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMISSOL	**c** EIN-PN	46-4226999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EMPIRICAL FINANCIAL SERVICES LLC	**c** EIN-PN	27-2114998-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENCORE VISION INC	**c** EIN-PN	74-3092277-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENETICS NETWORKS, LLC	**c** EIN-PN	91-2094114-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENGINEERS-NORTHWEST, INC., P.S.	**c** EIN-PN	91-0908245-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENTERPRISE INSTALLATION INC	**c** EIN-PN	91-1784201-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENTRE HERMANOS	**c** EIN-PN	31-1775429-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ENVELOPE CONVERTING SERVICE INC	**c** EIN-PN	91-1514907-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERA HEALTH RESEARCH	**c** EIN-PN	84-2130701-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERAN J GUTKIN DMD PS	**c** EIN-PN	27-0820629-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERIC T WAGAR DMD PLLC	**c** EIN-PN	81-1957328-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERICKSON FURNITURE CO. INC	**c** EIN-PN	91-1466945-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ERVIN INNOVATIONS, LLC.	**c** EIN-PN	81-2446002-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ETHNIC CULTURAL EXCHANGE	**c** EIN-PN	84-4638673-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ETHNIC CULTURAL HERITAGE EXCHANGE	**c** EIN-PN	84-4638673-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVANGELICAL CHINESE CHURCH OF SEATTLE	**c** EIN-PN	23-7005497-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVER ONWARD SOLUTIONS COMPANY	**c** EIN-PN	82-3946893-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERETT PLAZA ASSISTED LIVING COMMUNITY LLC	**c** EIN-PN	20-3782571-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN CAPITAL MANAGEMENT	**c** EIN-PN	91-1962899-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN CHILDREN'S ASSOCIATION	**c** EIN-PN	91-1450148-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN METAL WORKS	**c** EIN-PN	20-1718901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN STATE ELECTRIC INC	**c** EIN-PN	91-1633357-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERGREEN SUMMIT VENTURECORP, INC	**c** EIN-PN	33-1477373-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVERYONE FOR VETERANS	**c** EIN-PN	81-4462476-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EVIDENCE BASED TREATMENT CENTERS OF SEATTLE, PLLC	**c** EIN-PN	48-1265923-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	EZ DENTAL CLINIC INC	**c** EIN-PN	91-1754253-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	F&M ADMINISTRATIVE SERVICES	**c** EIN-PN	33-1646711-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAIRWOOD GOLF & COUNTRY CLUB	**c** EIN-PN	91-0827225-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAITH BAPTIST CHURCH	**c** EIN-PN	91-1150901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAITH PRESBYTERIAN CHURCH	**c** EIN-PN	91-6016374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FALKIN ASSOCIATES	**c** EIN-PN	91-0983882-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAMILIES OF COLOR SEATTLE	**c** EIN-PN	47-4257834-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAMILY FOOT AND ANKLE CARE INC PS	**c** EIN-PN	20-1145213-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAMILYWORKS	**c** EIN-PN	91-1757277-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FAST CATS, LLC	**c** EIN-PN	20-1345481-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FB LAW	**c** EIN-PN	93-2376881-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	F-DUB SERVICES	**c** EIN-PN	62-6018848-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FEDERAL WAY FOURSQUARE CHURCH	**c** EIN-PN	32-0746021-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FEMME AND THEM PLLC	**c** EIN-PN	83-4594760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FEV ANALYTICS CORP	**c** EIN-PN	46-2442507-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIDELIS INC	**c** EIN-PN	26-2872045-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIDELITY TITLE COMPANY	**c** EIN-PN	91-0958307-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIFE ENTERPRISES INC	**c** EIN-PN	91-1467369-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIG. 1 PATENTS, PLLC	**c** EIN-PN	98-5378966-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FINAL STRIKE GAMES, INC	**c** EIN-PN	90-1507453-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIR LANE MEMORIAL PARK & FUNERAL HOME	**c** EIN-PN	27-9002625-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIRESHIELD, INC.	**c** EIN-PN	91-1883970-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIRMANI & ASSOCIATES, INC.	**c** EIN-PN	91-1662875-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FITZ TOWING	**c** EIN-PN	20-3348145-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FIVEBY SOLUTIONS INC	**c** EIN-PN	27-1746049-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLATSTICK PUB LLC	**c** EIN-PN	46-4405225-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLEX PHYSICAL THERAPY PS	**c** EIN-PN	74-3041081-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLOORING SOLUTIONS LLC	**c** EIN-PN	61-1732680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FLYNN PACKAGING	**c** EIN-PN	91-1396210-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOAM SAVANT, LLC	**c** EIN-PN	83-2117604-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOCUS & WIN, LLC.	**c** EIN-PN	45-2715945-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOLLOWING WINDS	**c** EIN-PN	99-3226091-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOOD FACILITY ENGINEERING, INC	**c** EIN-PN	60-1965329-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORGE, INC	**c** EIN-PN	85-2907940-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORMA CONSTRUCTION COMPANY	**c** EIN-PN	91-1319904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORMS ON FIRE, INC	**c** EIN-PN	45-5495141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FORUM SOLUTIONS LLC	**c** EIN-PN	47-3262033-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS	**c** EIN-PN	91-0646781-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOUR PONDS LLC	**c** EIN-PN	81-3372222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FOUR SEASONS CONCRETE CONSTRUCTION	**c** EIN-PN	47-3658084-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FR MCABEE	**c** EIN-PN	91-0311408-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRANK AND CHERI NELSON, LLC	**c** EIN-PN	27-0281217-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRANKLIN ENGINEERING, LLC	**c** EIN-PN	99-0464999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRAXION US LLC	**c** EIN-PN	33-4739524-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRAZIER MANAGEMENT, LLC	**c** EIN-PN	91-1678546-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FREE BY THE SEA AT SUNSET VIEW FREEDOM CENTERS	**c** EIN-PN	45-3974231-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRIENDS OF CHILDREN OF WALLA WALLA	**c** EIN-PN	71-0886777-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRIENDS OF THE CHILDREN SEATTLE	**c** EIN-PN	91-2047030-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FROBRIGHT SALSARY LLC	**c** EIN-PN	27-1943309-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRONTIER AUTO CENTER, INC.	**c** EIN-PN	91-1750328-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FRONTIER PEST CONTROL LLC	**c** EIN-PN	80-0467053-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FULCRUM GROUP LLC	**c** EIN-PN	84-2718296-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	FULL SPEED AHEAD INC	**c** EIN-PN	95-4660521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	G & L BARK & SUPPLY, INC	**c** EIN-PN	91-1977109-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	G & L BARK & SUPPLY, INC	**c** EIN-PN	91-1977109-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GABEL'S CUSTOM REFINISHING & UPHOLSTERY INC.	**c** EIN-PN	91-1638186-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GALLIVAN GALLIVAN AND O'MELIA LLC	**c** EIN-PN	20-7255611-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GALLOWAY LAW GROUP, PLLC	**c** EIN-PN	27-0289880-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GARAGISTE, INC	**c** EIN-PN	47-2231281-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEMINUS TECHNOLOGY DEVELOPMENT LLC	**c** EIN-PN	20-1171544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GENWEST SYSTEMS, INC.	**c** EIN-PN	91-1336969-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEOPIER NORTHWEST INC	**c** EIN-PN	20-2851437-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEORGE A ELMENHURST DC PS	**c** EIN-PN	91-0836874-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GERBER ENGINEERING INC	**c** EIN-PN	91-1880442-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GERE AUTO REPAIR LLC	**c** EIN-PN	27-5454599-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GEYER COBURN HUTCHINS LLC	**c** EIN-PN	99-0347963-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIBSON & SON ROAD BUILDING INC	**c** EIN-PN	45-0492892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIGS 4 U LLC	**c** EIN-PN	46-4354168-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GILI, LLC	**c** EIN-PN	47-5597980-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIL'S ALUMINUM & SHELL CORE SHOP LLC	**c** EIN-PN	20-7496361-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIRL FRIDAY PRODUCTIONS, LLC	**c** EIN-PN	20-5354032-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIRLING KELLY DESIGN GROUP LLC	**c** EIN-PN	20-3035342-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GIS RESIDENTIAL CONSTRUCTION LLC	**c** EIN-PN	38-3937001-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GLACIER ENVIRONMENTAL SERVICES, INC.	**c** EIN-PN	91-1468714-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GLOBAL MACHINE WORKS INC.	**c** EIN-PN	91-1874679-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GLOBAL OUTLIER GAMING INC	**c** EIN-PN	88-3688209-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GN NORTHERN INC	**c** EIN-PN	91-1657914-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GO USA	**c** EIN-PN	91-1318861-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOGA ELECTRIC LLC	**c** EIN-PN	92-0527691-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOLD CREEK COMMUNITY CHURCH	**c** EIN-PN	91-1671602-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOLDFINCH PARTNERS LP	**c** EIN-PN	83-4420824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOOD GUYS HEATING AIR AND ELECTRICAL	**c** EIN-PN	93-2136889-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GOODBILL INC.	**c** EIN-PN	87-3980293-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GRAF INVESTMENTS, INC	**c** EIN-PN	91-1184943-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER REDMOND TRANSPORTATION MANAGEMENT ASSOCIATION	**c** EIN-PN	91-1745088-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER SEATTLE CHAMBER OF COMMERCE	**c** EIN-PN	91-0402330-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER SEATTLE PARTNERS	**c** EIN-PN	82-5212762-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER SPOKANE VALLEY CHAMBER OF COMMERCE	**c** EIN-PN	91-0511813-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREATER YAKIMA CHAMBER OF COMMERCE	**c** EIN-PN	91-0480620-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREEN BARON INC	**c** EIN-PN	91-1318161-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREEN VAULT SYSTEMS LLC	**c** EIN-PN	81-1562179-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREENBANK DEVELOPMENT	**c** EIN-PN	27-0853956-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GREENWOOD HOME	**c** EIN-PN	91-1051769-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GRINDLINE SKATEPARKS INC	**c** EIN-PN	75-3041527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROUNDS FOR CHANGE	**c** EIN-PN	38-3676477-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROUP SOLUTIONS NORTHWEST LLC	**c** EIN-PN	91-2158338-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROUSEMONT ASSOCIATES, LLC	**c** EIN-PN	91-1120301-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROVES & CO INC	**c** EIN-PN	91-1374092-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GROWTH BUYOUT ADVISORS LLC	**c** EIN-PN	83-0827472-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GRUNEWALD GUILD	**c** EIN-PN	91-1126086-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GT RESIDENTIAL CONTRACTING LLC	**c** EIN-PN	56-2651568-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GUIDE CARE INC	**c** EIN-PN	88-1770142-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	GUIDE PROPERTY MANAGEMENT	**c** EIN-PN	84-3636672-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAASE LANDSCAPE INC	**c** EIN-PN	91-1744763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HABITUDE, INC.	**c** EIN-PN	91-1716463-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HANSEN BOAT COMPANY	**c** EIN-PN	91-1033618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HANSEN FAMILY DENTAL PLLC	**c** EIN-PN	20-8255093-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAROLDS PLUMBING	**c** EIN-PN	83-1770141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HARRY'S GOOD TIMES LLC	**c** EIN-PN	93-3109173-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HATCH & KIRK	**c** EIN-PN	91-0688261-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HATLOE DECORATING CENTER, INC.	**c** EIN-PN	91-1017491-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAWK MECHANICAL CONTRACTORS INC	**c** EIN-PN	91-1736571-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HAYRE MCELROY & ASSOCIATES LLC	**c** EIN-PN	20-4600854-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HCON INCORPORATED	**c** EIN-PN	82-4390058-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEALTHCARE SERVICES & SENIOR CONSULTING GROUP, LLC	**c** EIN-PN	81-3753250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEATTRANSFER CO	**c** EIN-PN	91-1094244-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HENRY GALLERY ASSOCIATION INC	**c** EIN-PN	23-7052537-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HERE, LLC	**c** EIN-PN	85-2135867-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HERRON HORIZONS, PLLC	**c** EIN-PN	41-3464813-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HEVERLEY SERVICES LLC	**c** EIN-PN	26-3439693-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HFG TRUST	**c** EIN-PN	47-5621000-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGH ROAD WOODWORKS LLC	**c** EIN-PN	33-2364519-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHLANDS BUILDERS GROUP LLC	**c** EIN-PN	47-1259474-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHMARK ENTERPRISES LLC	**c** EIN-PN	45-3064952-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HIGHMARK INVESTMENTS LLC	**c** EIN-PN	20-2150500-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HMC GROUP	**c** EIN-PN	95-2109939-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOGLUND'S TOP SHOP INC	**c** EIN-PN	91-1964436-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOH INDIAN TRIBE	**c** EIN-PN	91-0887990-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOHIMER WEALTH MANAGEMENT LLC	**c** EIN-PN	83-2676110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOLA PAOLA, LLC	**c** EIN-PN	81-5146114-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOLY MOUNTAIN BREWING COMPANY	**c** EIN-PN	46-0935705-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOMER SMITH INSURANCE	**c** EIN-PN	91-1137321-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOMETECH USA LLC	**c** EIN-PN	27-0739257-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOMEWARD PET ADOPTION CENTER	**c** EIN-PN	91-1526803-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOPE FOURSQUARE CHURCH	**c** EIN-PN	94-2949638-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOPE PRACTICE MANAGEMENT	**c** EIN-PN	27-2126710-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HORECO INC	**c** EIN-PN	77-0602463-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOT TUB BOAT RENTALS SEATTLE LLC	**c** EIN-PN	81-1920474-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HOUSING CONNECTOR	**c** EIN-PN	84-2100263-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HSBCAD NORTH AMERICA	**c** EIN-PN	84-3837644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUDSON TAYLOR ENTERPRISE LLC	**c** EIN-PN	90-0928595-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUEBNER DOOLEY & MCGINNES PS	**c** EIN-PN	91-1529999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUMBERTO WU, LLC	**c** EIN-PN	82-3312967-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HUNTRON INSTRUMENTS INC	**c** EIN-PN	91-0988208-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HURLEY ENGINEERING CO OF TACOMA INC	**c** EIN-PN	91-0264690-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HYDROGEN LLC	**c** EIN-PN	91-2147402-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HY-GRADE GLASS INC	**c** EIN-PN	91-1357150-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	HYLA MIDDLE SCHOOL	**c** EIN-PN	91-1589173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IGNITE WORLDWIDE	**c** EIN-PN	26-2947725-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IGNITION VENTURES MANAGEMENT II, LLC	**c** EIN-PN	26-0880630-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IMAGE SOURCE, INC	**c** EIN-PN	91-1878088-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IMPACT LOGISTICS GROUP INC	**c** EIN-PN	85-2101141-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IN FULL FEATHER LLC	**c** EIN-PN	47-2575119-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INCITY PROPERTIES	**c** EIN-PN	27-1609574-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INDEPENDENT CLINICS OF WASHINGTON	**c** EIN-PN	91-1614056-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INDUSTRIAL DIRECT, LLC	**c** EIN-PN	86-2806135-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INET PORTALS LLC	**c** EIN-PN	26-2741642-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INLAND CAPITAL LLC	**c** EIN-PN	26-4460694-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INLAND TECHNOLOGY SOLUTIONS LLC	**c** EIN-PN	86-3411568-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INLAND TECHNOLOGY SOLUTIONS, LLC	**c** EIN-PN	86-3411568-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INNOVA ARCHITECTS INC	**c** EIN-PN	45-2123495-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INNOVATIVE SALON PRODUCTS INC	**c** EIN-PN	91-1652316-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INSTITUTE FOR INDIVIDUAL AND ORGANIZATIONAL CHANGE	**c** EIN-PN	45-3042425-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTEGRAL FABRICATIONS, LLC	**c** EIN-PN	27-4418216-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTEGRITY ENERGY SERVICES	**c** EIN-PN	91-2181368-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTERFACE TECHNOLOGIES NORTHWEST, INC	**c** EIN-PN	91-2111094-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTERLAKE CHILD CARE & LEARNING CENTER	**c** EIN-PN	91-1186874-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTERLOCK INDUSTRIES INC	**c** EIN-PN	91-1896904-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTEUM COMPANY	**c** EIN-PN	91-2086965-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTIMAN THEATRE	**c** EIN-PN	23-7328597-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INTRACOMMUNICATION NETWORK SYSTEMS, INC	**c** EIN-PN	91-1347724-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INVICTUS GLOBAL SERVICES, INC	**c** EIN-PN	84-3604849-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	INVICTUS SURGICAL INCORPORATED	**c** EIN-PN	99-1642384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IRON MOUNTAIN QUARRY LLC	**c** EIN-PN	91-1411911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IRONMASTER LLC	**c** EIN-PN	20-0391894-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	IRONWOOD MANUFACTURING COMPANY	**c** EIN-PN	91-2174054-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ISLAND GROWN FARMERS COOPERATIVE	**c** EIN-PN	91-2089207-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ISSAQUAH FAMILY CHIROPRACTIC, P.S.	**c** EIN-PN	26-0301251-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J & L ENTERPRISES	**c** EIN-PN	91-1736404-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J JONES & ASSOCIATES	**c** EIN-PN	90-0860305-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	J&K CONNECTORS LLLP	**c** EIN-PN	91-1933162-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JACK MOUNTAIN MEATS LLC	**c** EIN-PN	30-0972628-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JACK'S BBQ	**c** EIN-PN	46-4914421-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JAMES G MURPHY COMPANY	**c** EIN-PN	91-0901239-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JAYRAY ADS & PR	**c** EIN-PN	91-0883067-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JB HOLDINGS, INC.	**c** EIN-PN	47-2619238-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JB NEUFELD	**c** EIN-PN	26-4726552-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JBS PAINTING & DESIGN INC	**c** EIN-PN	83-1088879-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JEFF KALVELAGE INSURANCE AGENCY INC	**c** EIN-PN	81-4977546-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JENSEN LEE CONSTRUCTION INC	**c** EIN-PN	46-3051444-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JEREVA INC	**c** EIN-PN	91-1413541-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JET CITY HOLDINGS	**c** EIN-PN	46-1007515-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JL ENTERPRIZES	**c** EIN-PN	20-1111128-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOBSCAN CORPORATION	**c** EIN-PN	47-3194059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JODESHA BROADCASTING, INC.	**c** EIN-PN	91-1712118-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHANSEN CONSTRUCTION COMPANY	**c** EIN-PN	20-1929116-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHNNY'S FINE FOODS INC	**c** EIN-PN	91-1889569-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOHNSON & SHUTE, PS	**c** EIN-PN	91-1394728-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JONAS JENSEN STUDIOS, INC	**c** EIN-PN	91-1174752-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOSEPH'S JEWELRY	**c** EIN-PN	35-1845821-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JOURNEY SCHOOL LYNNWOOD	**c** EIN-PN	47-4958694-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JPLS GREEN LAKE LLC	**c** EIN-PN	86-3166946-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	JUNK BOYS	**c** EIN-PN	91-1958646-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAHLER GLEN COMMUNITY ASSOCIATION	**c** EIN-PN	90-0241509-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAIKAI KIKI USA, LLC	**c** EIN-PN	99-3009008-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KALEIDOSCOPE SCHOOL	**c** EIN-PN	91-1911248-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAOSAMAI THAI RESTAURANT	**c** EIN-PN	81-1073617-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KARAVADA LLC	**c** EIN-PN	81-1321454-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KARMICHAEL DELIVERY INC	**c** EIN-PN	60-1373401-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KARNAK CC LLC	**c** EIN-PN	87-1025150-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KATHRYN J MORRISON	**c** EIN-PN	20-1675527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KAWABE MEMORIAL HOUSE	**c** EIN-PN	91-0853790-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEITHLY ELECTRIC COMPANY	**c** EIN-PN	91-1466893-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KENNELLY KEYS MUSIC & DANCE, INC	**c** EIN-PN	91-0898944-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEN'S POOL SERVICE INC	**c** EIN-PN	91-1737344-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KEPION INC	**c** EIN-PN	27-1406527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KHAJAVI-HARVEY PLLC	**c** EIN-PN	85-0672819-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KHWC, INC	**c** EIN-PN	46-4487860-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KILEY JUERGENS WEALTH MANAGEMENT LLC	**c** EIN-PN	27-0811624-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KILGORE TEC PRODUCTS, INC	**c** EIN-PN	91-1898679-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KINETIC BUILDERS	**c** EIN-PN	46-1162017-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KINETIC WEST	**c** EIN-PN	82-0778909-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KINGS TREES INCORPORATED	**c** EIN-PN	90-0107911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KIRKLAND GLASS & MIRROR, INC.	**c** EIN-PN	91-1163326-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KITSAP PODIATRY PLLC	**c** EIN-PN	26-1685055-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KITSAP RV LLC	**c** EIN-PN	47-4053640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KMEW USA INC	**c** EIN-PN	82-0639493-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KNABE ENTERPRISES, LLC.	**c** EIN-PN	80-0459480-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KO INVESTMENT GROUP INC	**c** EIN-PN	26-1269342-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KOBUTA AND OOKAMI RED & SEA	**c** EIN-PN	84-4632332-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KOM CONSULTING PLLC	**c** EIN-PN	20-3656432-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KONTENT PARTNERS	**c** EIN-PN	20-4780478-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KORRIO INC	**c** EIN-PN	26-4323995-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KOVARIK AND KIM PLLC	**c** EIN-PN	80-0038878-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KRCI LLC	**c** EIN-PN	56-2561670-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KUNATH KARREN RINNE & ATKIN LLC	**c** EIN-PN	27-1509451-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	KUPPINGERCOLE, INC.	**c** EIN-PN	32-0519863-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LA CATRINA OF WA INC	**c** EIN-PN	46-3062644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LABKEY CORPORATION	**c** EIN-PN	20-8266728-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAGANA LLC	**c** EIN-PN	27-1114088-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAGO DE PLATA VILLA, LLC	**c** EIN-PN	91-1030543-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKE SAWYER CHRISTIAN CHURCH	**c** EIN-PN	91-1076499-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKE SHORE ELECTRIC INC	**c** EIN-PN	91-1245167-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKE WASHINGTON YOUTH SOCCER ASSOCIATION	**c** EIN-PN	23-7182665-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKEMONT VILLAGE VETERINARY	**c** EIN-PN	91-1926835-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKERIDGE PLUMBING & MECHANICAL INC	**c** EIN-PN	91-1536505-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAKEVIEW MORTGAGE INC	**c** EIN-PN	91-2183490-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAND DEVELOPMENT CONSULTANTS INC	**c** EIN-PN	91-2184193-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAUREL OAKS	**c** EIN-PN	98-1882132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAVID INDUSTRIES LLC	**c** EIN-PN	45-5155824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAW OFFICE OF HEATHER Z BLISS, INC PS	**c** EIN-PN	26-2496053-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAW OFFICE OF HEATHER Z. BLISS, INC., P.S.	**c** EIN-PN	26-2496053-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAWTON PRINTING, INC.	**c** EIN-PN	91-0633228-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LAYERS SANDWICH CO LLC	**c** EIN-PN	84-2545355-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LBC BAKERY EQUIPMENT	**c** EIN-PN	20-3247754-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LE PANIER, INC	**c** EIN-PN	91-1211081-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEADERSHIP KITSAP FOUNDATION	**c** EIN-PN	91-1628975-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEADSCORZ, INC.	**c** EIN-PN	83-1522911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEANCODE, INC	**c** EIN-PN	20-5909127-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEANER FITNESS, LLC	**c** EIN-PN	85-0973624-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEAPTHOUGHT USA CORPORATION	**c** EIN-PN	88-1292582-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEBLANC PACIFIC LLC	**c** EIN-PN	38-4118813-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LECKENBY'S INC	**c** EIN-PN	91-1710006-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEGACY MASTER MARINE, LLC	**c** EIN-PN	87-2030956-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEGACY PROTECTIVE	**c** EIN-PN	93-3906675-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LEV FOUNDATION	**c** EIN-PN	91-2141507-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY BANK	**c** EIN-PN	26-2666473-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY DISTRIBUTING INC	**c** EIN-PN	91-1207304-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY LAKE SEWER & WATER DISTRICT	**c** EIN-PN	91-0973640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBERTY LAKE SEWER & WATER DISTRICT	**c** EIN-PN	91-0973640-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIBKE INSURANCE ASSOCIATES, INC	**c** EIN-PN	51-0660971-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIFE IN BALANCE PHYSICAL THERAPY AND PILATES, LLC	**c** EIN-PN	46-2394680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIFE SKILLS CENTER	**c** EIN-PN	91-1459949-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIFETIME ADVOCACY PLUS	**c** EIN-PN	91-6060920-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIGGINS LANDSCAPING & MAINTENANCE	**c** EIN-PN	83-3406041-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIGHTER CAPITAL	**c** EIN-PN	36-4738875-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIGHTHOUSE PHYSICAL THERAPY	**c** EIN-PN	87-4255859-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LILYPAD BUSINESS SERVICES & CONSULTING, LLC	**c** EIN-PN	81-2487717-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIMELYTE TECHNOLOGY GROUP, INC.	**c** EIN-PN	20-4518976-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIMITED PRODUCTIONS INC	**c** EIN-PN	91-1808773-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LINCOLN BAY COMPANY	**c** EIN-PN	20-2437455-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LITTLE GREEN LIGHT LLC	**c** EIN-PN	26-0579543-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIVE AWARE LABS, INC	**c** EIN-PN	93-2633840-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LIVING WATER FOURSQUARE CHURCH	**c** EIN-PN	38-3769628-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOCAL DEVELOPMENT COUNCIL	**c** EIN-PN	91-1415210-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOGIX COMPUTER CONSULTING INC	**c** EIN-PN	27-2808196-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LONG LIVE THE KINGS	**c** EIN-PN	91-1353982-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LONG SHADOWS VINTNERS, LLC	**c** EIN-PN	91-2180110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LORI GILL & ASSOCIATES	**c** EIN-PN	56-2449344-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LOWER VALLEY MACHINE SHOP INC	**c** EIN-PN	26-2377848-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUCID ELECTRICAL SERVICES LLC	**c** EIN-PN	33-2309718-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUND FAUCETT LLC	**c** EIN-PN	82-5158502-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUX POT SHOP	**c** EIN-PN	88-3026120-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LUXEL CORPORATION	**c** EIN-PN	91-1404974-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LYNDEN FAMILY PHYSICAL THERAPY PS, INC	**c** EIN-PN	91-1738380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LYNNWOOD ALC, LLC	**c** EIN-PN	99-1736673-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	LYONS PAINTING & DESIGN LLC	**c** EIN-PN	83-0474840-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	M2 INFORMATION SYSTEMS INC	**c** EIN-PN	91-1666872-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACDONALD HOAGUE AND BAYLESS INC	**c** EIN-PN	91-0883875-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACHIAS MATERIALS LLC	**c** EIN-PN	45-2393585-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MACHINE WORKS, INC	**c** EIN-PN	30-0993743-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MADSEN ENTERPRISE INC	**c** EIN-PN	26-0462322-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNA LIFTING PRODUCTS	**c** EIN-PN	91-1901401-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNADRIVE CORPORATION	**c** EIN-PN	91-1957320-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNOLIA BEHAVIOR THERAPY	**c** EIN-PN	27-4519866-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNOLIA HARDWARE COMPANY	**c** EIN-PN	91-1038299-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAGNOLIA MEDICAL TECHNOLOGIES	**c** EIN-PN	45-3839245-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAINSPRING WEALTH ADVISORS LLC	**c** EIN-PN	46-3409753-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MALTBY CHRISTIAN ASSEMBLY OF GOD	**c** EIN-PN	91-1221110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MANEATER LLC	**c** EIN-PN	47-3315463-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARCONI CHIROPRACTIC AND WELLNESS	**c** EIN-PN	81-2893296-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARINE FLOATS	**c** EIN-PN	91-1399221-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARINE SURVEYS & ASSESSMENTS COOPERATIVE	**c** EIN-PN	91-1759250-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARINEZ PLUMBING	**c** EIN-PN	52-2315477-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARJORIE RESTAURANT	**c** EIN-PN	26-3756617-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARK LEE BARRETT DC LLC	**c** EIN-PN	46-1712831-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAR-KU INC	**c** EIN-PN	20-4573745-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARQUIS DATA LLC	**c** EIN-PN	61-1850919-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARTIN NELSON & COMPANY INC	**c** EIN-PN	91-0611495-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MARY JONES LLC	**c** EIN-PN	84-3138790-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MASTERMIND PSYCHOLOGY, P.S.	**c** EIN-PN	84-2711300-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MASTERS AUTOMOTIVE CORP	**c** EIN-PN	91-1739867-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MATZKE SALES, INC.	**c** EIN-PN	36-4672542-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAYFLOWER PARK HOTEL	**c** EIN-PN	60-2055050-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MAYURI FOOD & VIDEO	**c** EIN-PN	91-2148571-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MCA ASSOCIATES	**c** EIN-PN	91-1409523-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MCCABES AUTOMOTIVE SPECIALIST	**c** EIN-PN	91-1580791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEDIA INDEX PUBLISHING	**c** EIN-PN	91-1155172-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEDIGURU, INC.	**c** EIN-PN	86-2801380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEECO MANUFACTURING COMPANY	**c** EIN-PN	91-1371080-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERCER ISLAND ALC LLC	**c** EIN-PN	99-1445333-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MERCURY COMMERCIAL CLEANING, INC.	**c** EIN-PN	60-2259399-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MESH DIGITAL SERVICES INC	**c** EIN-PN	84-3702448-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	METAL ROLLFORMING SYSTEMS INC	**c** EIN-PN	91-1621793-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	METIS CONSTRUCTION	**c** EIN-PN	26-4025581-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	METRICSTORY INCORPORATED	**c** EIN-PN	47-2864459-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MEYDENBAUER INVESTMENTS INCORPORATED	**c** EIN-PN	47-2463700-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MG FARMING GROUP	**c** EIN-PN	87-1755400-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MICHAEL HOMCHICK STONEWORKS INC	**c** EIN-PN	91-2014514-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MICHELLE BAJEMA, ARNP, LLC	**c** EIN-PN	83-0671531-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MICRO CHEM LABORATORIES	**c** EIN-PN	91-1021779-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MICROFORENSICS, LLC	**c** EIN-PN	84-4232856-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIDWOOD INC	**c** EIN-PN	26-2689011-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MILL CREEK SPINE AND INJURY INC. P.S.	**c** EIN-PN	82-1842303-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MILL MARKET CO	**c** EIN-PN	99-0591849-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MILLEN ENTERPRISES INC	**c** EIN-PN	91-2037237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIND BODY SPIRIT MASSAGE, ELLIE ESTEVES LMP LLC	**c** EIN-PN	84-4977431-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MINNOW TECHNOLOGIES, INC.	**c** EIN-PN	82-0989278-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIRAMAC METALS INC.	**c** EIN-PN	32-0336827-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MIX SANDERS THOMPSON, PLLC	**c** EIN-PN	27-2725116-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MLB INC	**c** EIN-PN	91-1777530-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MODUMETAL INC	**c** EIN-PN	35-2271999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOLINA HUGHES ENTERPRISES LLC	**c** EIN-PN	83-3167061-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOMENTUM INC	**c** EIN-PN	20-3335228-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MONAH'S ROADHOUSE	**c** EIN-PN	81-3389716-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MONTESSORI CHILDRENS HOUSE	**c** EIN-PN	91-1587632-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MORAN VISTA ALC LLC	**c** EIN-PN	99-4840268-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MORNING STAR BOYS RANCH	**c** EIN-PN	91-0664709-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOSS GREEN INC	**c** EIN-PN	91-1597811-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTIVE SEARCH INC	**c** EIN-PN	47-5328391-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTORHEAD SHED LLC	**c** EIN-PN	88-4143367-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTORS AND CONTROLS CORP	**c** EIN-PN	91-1046563-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOTOXOXO LLC	**c** EIN-PN	92-1356167-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MOUNTAIN DOG SIGN COMPANY, INC.	**c** EIN-PN	45-2706669-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MR. DETAIL AUTO SALON, LLC	**c** EIN-PN	27-4705829-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MTI WORLDWIDE LOGISTICS CORPORATION	**c** EIN-PN	91-1578857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MUNSON & RUDE, PS.	**c** EIN-PN	91-0861326-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MUSANG SEATTLE	**c** EIN-PN	82-2380706-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MUTUUS STUDIO	**c** EIN-PN	81-3782880-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	MYOTRONICS NOROMED,INC	**c** EIN-PN	60-0032254-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	N2UITIVE, INC	**c** EIN-PN	20-5513474-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NACON GAMING	**c** EIN-PN	84-4724254-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NAMETAG INC	**c** EIN-PN	85-1356888-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NAMLOC CORPORATION	**c** EIN-PN	46-3746017-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NANCY M LOMEDICO INC	**c** EIN-PN	90-0546001-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NARUM CONCRETE CONSTRUCTION, INC.	**c** EIN-PN	91-1310861-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NATIVE NETWORK INC	**c** EIN-PN	81-1102783-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NATURAL AND BUILT ENVIRONMENTS LLC	**c** EIN-PN	81-0679252-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NDC SERVICES INC	**c** EIN-PN	83-2886862-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEELEY CONSTRUCTION COMPANY	**c** EIN-PN	91-0759164-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEUMEIER ENGINEERING, INC	**c** EIN-PN	91-1518573-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEURAL ENTERPRISES, INC	**c** EIN-PN	85-4150593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEW ERA HR SOLUTIONS INC	**c** EIN-PN	26-0425772-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEW MOTION PHYSICAL THERAPY INC PS	**c** EIN-PN	81-0588134-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEW TACOMA CEMETERIES	**c** EIN-PN	91-0434820-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEWMAN LLP	**c** EIN-PN	81-2642123-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NEXT BIOMETRICS INC	**c** EIN-PN	30-0501388-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NICHOLSON DRILLING INC	**c** EIN-PN	91-1351043-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NICK JR LLC	**c** EIN-PN	81-2805827-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NIELSEN COMMERCIAL INC	**c** EIN-PN	83-2458480-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NIEMEN GLASS OF WASHINGTON	**c** EIN-PN	91-1071706-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NLS HOLDINGS LLC	**c** EIN-PN	83-3853035-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NO FINISH LINE, INC.	**c** EIN-PN	46-4547212-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOB HILL WATER ASSOCIATION	**c** EIN-PN	91-0490710-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOI DOWNTOWN SEATTLE, LLC	**c** EIN-PN	47-3780450-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOI ISSAQUAH, LLC DBA BAI TONG THAI RESTAURANT	**c** EIN-PN	46-2024433-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOISEFIGURE RESEARCH INC.	**c** EIN-PN	80-0363851-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH COUNTY CHRIST THE KING COMMUNITY CHURCH	**c** EIN-PN	91-2079920-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH CREEK ASSISTED LIVING COMMUNITY LLC	**c** EIN-PN	93-1263839-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH HELPLINE	**c** EIN-PN	91-1475182-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTH OLYMPIC PENINSULA RESOURCE CONSERVATION & DEVELOPMENT	**c** EIN-PN	91-2157738-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHERN LIGHTS CAPITAL GROUP LLC	**c** EIN-PN	20-4911701-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHLAND ELECTRIC INC	**c** EIN-PN	91-1085613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHSHORE COMMUNITY CHURCH	**c** EIN-PN	91-0889142-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHSTAR SEA FOODS, LLC	**c** EIN-PN	33-1080901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWAY CONSTRUCTION INC	**c** EIN-PN	27-1560953-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST ARBORICULTURE LLC	**c** EIN-PN	57-1144079-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST BEAUTY & WELLNESS	**c** EIN-PN	84-5115347-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST ELECTRIC & SOLAR LLC	**c** EIN-PN	45-3179382-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST HEAVY REPAIR LLC	**c** EIN-PN	88-0971110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST HEAVY REPAIR LLC	**c** EIN-PN	88-0971110-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST INTERTRIBAL COURT SYSTEM	**c** EIN-PN	91-1112286-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST MARINE & SPORT	**c** EIN-PN	91-1869475-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL	**c** EIN-PN	91-1199237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST PODIATRIC LABORATORY, INC	**c** EIN-PN	91-0869787-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST PROPANE, LLC	**c** EIN-PN	91-2173253-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST SHIPPERS	**c** EIN-PN	91-1510425-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST STRIPING & SEALING LLC	**c** EIN-PN	27-4709238-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST TRANSPORT, INC	**c** EIN-PN	91-1713572-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NORTHWEST WHOLESALE FLORIST INC	**c** EIN-PN	91-0743305-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NOTEBLEU DESIGN, INC.	**c** EIN-PN	26-4807267-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NRG FIRE CONSULTING LLC	**c** EIN-PN	24-4694631-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NRG SERVICES LLC	**c** EIN-PN	81-0917744-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NUMERICA PERFORMING ARTS CENTER	**c** EIN-PN	91-1185129-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NU-RAY METAL PRODUCTS	**c** EIN-PN	91-1226680-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	NW SPORTS NET LLC	**c** EIN-PN	90-0946942-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OAKRIDGE HOMES, INC	**c** EIN-PN	36-5032726-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OASIS FREIGHT TRANSPORT, LLC	**c** EIN-PN	82-0787860-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OCHRE LLC	**c** EIN-PN	82-3154892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OCKERMAN AUTOMATION CONSULTING	**c** EIN-PN	91-2157826-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OHANA OCCUPATIONAL THERAPY	**c** EIN-PN	26-4236358-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLD GROWTH SOLUTIONS LLC	**c** EIN-PN	38-3477304-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLSON AGENCY INC	**c** EIN-PN	26-1939739-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIA EMERGENCY SERVICES PLLC	**c** EIN-PN	91-1740659-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIA PHYSICAL THERAPY & INDUSTRIAL REHAB	**c** EIN-PN	51-0420545-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIA WALDORF EDUCATION ASSOCIATION	**c** EIN-PN	91-1339309-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIC COMMUNITY OF HEALTH	**c** EIN-PN	81-4591222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIC MAINTENANCE LLC	**c** EIN-PN	90-1911580-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPIC TRUCK & AUTO SERVICE INC	**c** EIN-PN	91-1225304-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OLYMPUS HORTICULTURE LLC	**c** EIN-PN	47-2258857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OMADA.AI, INC.	**c** EIN-PN	33-3941871-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ON THE GO MOVING LLC	**c** EIN-PN	27-3985576-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONCORESPONSE	**c** EIN-PN	47-5120470-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONDINE RESEARCH LABORATORIES INC	**c** EIN-PN	20-1038652-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONEREDMOND FOUNDATION	**c** EIN-PN	46-0535220-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ON-HOLD CONCEPTS, INC.	**c** EIN-PN	91-1405585-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ONPOINT REAL ESTATE	**c** EIN-PN	46-2428887-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OPEN BAY TRADING COMPANY	**c** EIN-PN	90-1400857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OPERANT BILLING SOLUTIONS	**c** EIN-PN	47-4214521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OPPORTUNITY ZONE DEVELOPMENT LLC	**c** EIN-PN	83-3310367-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ORANGE COMMERCIAL CREDIT INC	**c** EIN-PN	91-1517850-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ORCA BAY CAPITAL CORPORATION	**c** EIN-PN	91-1616824-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OROVILLE TONASKET IRRIGATION DISTRICT	**c** EIN-PN	91-1013301-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ORTHOPEDICS NORTHWEST PLLC	**c** EIN-PN	91-2058773-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OSMAN EXPRESS INC	**c** EIN-PN	85-2574407-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OSP SLING INC	**c** EIN-PN	91-1036427-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OSSIA, INC.	**c** EIN-PN	20-9123811-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OVERLAKE CHRISTIAN CHURCH	**c** EIN-PN	91-0863908-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OVERLAKE EYECARE PS	**c** EIN-PN	91-2082470-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	OZONE INTERNATIONAL LLC	**c** EIN-PN	91-2182272-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	P & J MACHINING, INC.	**c** EIN-PN	91-1201268-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACE DERMATOLOGY ASSOCIATES, PLLC	**c** EIN-PN	27-3843049-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACELINE ANESTHESIA PLLC	**c** EIN-PN	26-3297358-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC ASSET ADVISORS INC	**c** EIN-PN	91-1931791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC BASEBALL VENTURES, LLC	**c** EIN-PN	46-4314313-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC COMMERCIAL EQUIPMENT INC	**c** EIN-PN	91-0890645-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC CREST TIRES	**c** EIN-PN	87-3474041-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC ENGINEERING & DESIGN, PLLC	**c** EIN-PN	91-1704130-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC EQUITY AND LOAN, LLC	**c** EIN-PN	83-2159806-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC FOREST MANAGEMENT, INC.	**c** EIN-PN	91-1835164-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC LANDSCAPING INC	**c** EIN-PN	91-1664524-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC MOTOR COMPANY INC	**c** EIN-PN	91-0897261-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC NORTHWEST ALTERNATIVE PEER GROUPS	**c** EIN-PN	85-1062043-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC NORTHWEST SOCCER CLUB	**c** EIN-PN	20-8611780-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC NW PERIODONTICS	**c** EIN-PN	20-4001216-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC ORTHOTIC LABORATORY	**c** EIN-PN	81-3298593-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC SEAFOOD PROCESSORS ASSOCIATION	**c** EIN-PN	91-0131370-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC STANDARD CORPORATION	**c** EIN-PN	91-1546277-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC TERMINALS	**c** EIN-PN	27-2785763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PACIFIC TRIM INC	**c** EIN-PN	91-1601400-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PAI LIFE SCIENCES, INC.	**c** EIN-PN	20-1909431-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PALOUSE FIBER LLC	**c** EIN-PN	93-2478696-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PANGALLO & ASSOCIATES CPAS	**c** EIN-PN	20-3168330-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PANGEO INC	**c** EIN-PN	91-1991216-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PARAGON SEARCH GROUP	**c** EIN-PN	26-3588494-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PARCION PRIVATE WEALTH LLC	**c** EIN-PN	84-3490759-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PARKER REMICK LLC	**c** EIN-PN	30-1218925-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PASADOS SAFE HAVEN	**c** EIN-PN	91-1843707-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PATRIOT ROOFING LLC	**c** EIN-PN	45-4206993-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PAUKERT & TROPPMANN PLLC	**c** EIN-PN	26-4242760-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PAUL G HUTCHINSON DMD	**c** EIN-PN	91-2191683-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEARCE HEATING AND A/C INC	**c** EIN-PN	47-2620909-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEDIATRIC DENTAL ASSOCIATES	**c** EIN-PN	26-1717331-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEGASUS GLOBAL HOLDINGS INC	**c** EIN-PN	30-0070644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEGASYS TECHNOLOGIES	**c** EIN-PN	82-4668955-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENDLETON-GILCHRIST FUNERAL HOMES	**c** EIN-PN	91-1047280-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENDRELL CORPORATION	**c** EIN-PN	98-0221142-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENINSULA BOTTLING	**c** EIN-PN	91-0814386-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PENNY ARCADE INC	**c** EIN-PN	48-1304890-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEOPLE OF COLOR AGAINST AIDS NETWORK	**c** EIN-PN	91-1415892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEOPLEPATH, INC	**c** EIN-PN	27-0965527-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PEOPLE'S MEMORIAL ASSOCIATION	**c** EIN-PN	68-0621888-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERFECTION TIRE NO 6 INC	**c** EIN-PN	60-0681179-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERFORMANCE WHEEL LLC	**c** EIN-PN	90-0170988-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PERRAULT FARMS INC	**c** EIN-PN	91-0880026-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PETERSEN CPA AND ADVISORS PLLC	**c** EIN-PN	26-1262413-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PETERSEN HASTINGS WEALTH ADVISORS, INC.	**c** EIN-PN	91-0751941-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PFPS1, LLC	**c** EIN-PN	81-3440763-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PHISHCLOUD INC	**c** EIN-PN	83-1220132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIERCE COUNTY FIRE DISTRICT #5	**c** EIN-PN	91-1226135-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE MARKET CHILD CARE & PRESCHOOL	**c** EIN-PN	91-1148078-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE MARKET SENIOR CENTER	**c** EIN-PN	91-1034838-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE PLACE FISH MARKET INC	**c** EIN-PN	91-1038606-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIKE PLACE FISH MARKET INC	**c** EIN-PN	91-1038606-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PINNACLE LUMBER & PLYWOOD	**c** EIN-PN	91-1960358-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIONEER SQUARE BRANDS	**c** EIN-PN	82-2240749-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIONEER SQUARE LABS III, INC.	**c** EIN-PN	92-1422162-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIROSHKY BAKING COMPANY LLC	**c** EIN-PN	46-3722170-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIROSHKY PIROSHKY BAKERY LLC	**c** EIN-PN	26-1190630-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PITCH CPA, LLC	**c** EIN-PN	47-4660901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PIVETTA BROTHERS CONSTRUCTION, INC	**c** EIN-PN	91-1232261-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PLANTS NORTHWEST INC.	**c** EIN-PN	91-1359862-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PLUREXA LLC	**c** EIN-PN	88-3557951-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PNW ROOTS BEHAVIOR THERAPY AND COUNSELING LLC	**c** EIN-PN	83-2215535-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POCKETINET COMMUNICATIONS INC	**c** EIN-PN	91-2057055-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PODWORKS CORPORATION	**c** EIN-PN	45-4692681-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POLESTAR TECHNICAL SERVICES	**c** EIN-PN	46-4127895-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POLHAMUS HEATING AND AIR CONDITIONING	**c** EIN-PN	91-1810070-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POLPAT LLC	**c** EIN-PN	46-5036799-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POMEROY GRAIN GROWERS INC	**c** EIN-PN	91-0369100-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PORTX, INC.	**c** EIN-PN	88-2612858-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POT O' GOLD, INC.	**c** EIN-PN	91-1335384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	POWDER VISION INC	**c** EIN-PN	91-1805940-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRAGMATYXS INC	**c** EIN-PN	91-1696891-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRECISION BIOMETRICS INC.	**c** EIN-PN	94-3113328-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRECISION SPRING & STAMPING	**c** EIN-PN	91-0786795-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREGNANCY CHOICES OF SKAGIT COUNTY	**c** EIN-PN	94-3124655-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREMIER BREAKROOM SOLUTIONS LLC	**c** EIN-PN	83-0545802-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREMIER FIELD DEVELOPMENT	**c** EIN-PN	20-0423622-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREMIER HEALTH / WOMEN'S HEALTH AND OBSTETRICS, PLLC	**c** EIN-PN	99-0700592-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PREVAIL WEALTH MANAGEMENT, LLC	**c** EIN-PN	45-5524411-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRINT NW	**c** EIN-PN	91-2149639-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRISCILLA SANDOVAL INSURANCE AGENCY LLC	**c** EIN-PN	33-3813070-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRISM GRAPHICS	**c** EIN-PN	91-2041302-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRIVATE ASSET MANAGEMENT INC	**c** EIN-PN	91-1727192-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRMX LLC	**c** EIN-PN	84-2340012-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRO ROOFING NW INC	**c** EIN-PN	68-0664114-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROCESS SOLUTIONS CORPORATION	**c** EIN-PN	85-0849971-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROGRESSIVE MACHINE	**c** EIN-PN	91-1502664-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROMPT.IO INC.	**c** EIN-PN	46-5077202-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROVIDENCE CLASSICAL CHRISTIAN SCHOOL	**c** EIN-PN	91-1677725-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROVISION	**c** EIN-PN	91-2090715-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PROVOKE SOLUTIONS LLC	**c** EIN-PN	33-1221520-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PRS GROUP INC	**c** EIN-PN	20-0387870-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PT PRO	**c** EIN-PN	20-5079345-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND FOOD HUB COOPERATIVE	**c** EIN-PN	60-3608416-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND HARDWARE INC	**c** EIN-PN	46-2104713-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND PHYSICIANS PLLC	**c** EIN-PN	91-1692040-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGET SOUND PILOTS	**c** EIN-PN	91-1170751-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUGH CAPITAL MANAGEMENT	**c** EIN-PN	91-1522082-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUNCH ARCHITECTURAL PAINT SOLUTIONS	**c** EIN-PN	87-3668435-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURE LINE SEEDS LLC	**c** EIN-PN	82-0206554-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PUROCLEAN OF MARYSVILLE	**c** EIN-PN	60-4177888-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURPLE FORCE	**c** EIN-PN	27-3951596-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURPLE HAVEN INC	**c** EIN-PN	45-3306178-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PURYEAR MANAGEMENT, LLC	**c** EIN-PN	41-2416504-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	PYBUS PUBLIC MARKET	**c** EIN-PN	45-5388721-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QA ASSOCIATES LLC	**c** EIN-PN	82-4315169-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QCC QUALITY CONTROLS CORPORATION	**c** EIN-PN	91-2017879-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QNORTHWEST LLC	**c** EIN-PN	27-4155754-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUAIL RUN	**c** EIN-PN	26-0523282-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUANTUM CONSULTING ENGINEERS	**c** EIN-PN	81-0573090-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUEST MINISTRIES	**c** EIN-PN	91-2071099-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUEST PHYSICAL THERAPY LLC	**c** EIN-PN	27-2534605-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUICK & EASY CONCRETE DELIVERY INC	**c** EIN-PN	92-0900806-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	QUILCEDA PAVING & CONSTRUCTION INC	**c** EIN-PN	43-1989041-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	R L COOK SALES & SUPPLY CO	**c** EIN-PN	91-1120002-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	R MILLER CONSTRUCTION	**c** EIN-PN	91-1123020-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	R.L. EVANS CO., INC.	**c** EIN-PN	91-0849754-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAIL POWER SERVICES	**c** EIN-PN	27-2697565-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAINIER ATHLETES	**c** EIN-PN	81-3280079-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAINIER WELDING PARTNERS, LLC	**c** EIN-PN	33-2012797-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAMAGE MANAGEMENT NORTH LLC	**c** EIN-PN	45-4688092-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RANTA CPA & ASSOCIATES, LLC	**c** EIN-PN	47-2307242-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RAVEN HILL COLOR LLC	**c** EIN-PN	84-4951076-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RB ENGINEERING, INC.	**c** EIN-PN	91-1908181-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REAL ESTATE PRODUCTIVITY INC	**c** EIN-PN	93-3560537-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RED BARN ROBOTICS	**c** EIN-PN	93-2067175-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RED DINGO INC	**c** EIN-PN	86-1153453-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RED ROCK OUTDOORS	**c** EIN-PN	84-2881366-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REDMOND COMMUNICATIONS, INC.	**c** EIN-PN	91-1556156-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REDWOOD VALUATION INC	**c** EIN-PN	82-3926955-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REGIONAL GLASS LLC	**c** EIN-PN	83-3715120-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RENEWED HOPE FAMILY THERAPY, PLLC	**c** EIN-PN	99-4398078-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RENTON HOUSING AUTHORITY	**c** EIN-PN	91-6000976-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RENTON SPECIAL CARE COMMUNITY LLC	**c** EIN-PN	81-3266702-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RESERVED.AI	**c** EIN-PN	83-4653046-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RESSLER & TESH PLLC	**c** EIN-PN	77-0632307-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RESTORATION ENVY, LLC	**c** EIN-PN	35-2408499-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RETROCAUSAL INC.	**c** EIN-PN	83-4247059-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REUBEN'S BREWS LLC	**c** EIN-PN	45-3202285-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REVIVE COUNSELING SPOKANE, PLLC	**c** EIN-PN	81-5106750-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REVOLUTION CIVIL BUILDERS, LLC	**c** EIN-PN	83-2114047-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	REVOLUTION CUSTOM BUILDERS, LLC	**c** EIN-PN	26-2119551-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RF COMPANY CPAS, P.S.	**c** EIN-PN	30-4717761-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RGEN INC.	**c** EIN-PN	84-4758581-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RH SMITH COMPANY, INC.	**c** EIN-PN	91-0886362-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RHINO CONSTRUCTION	**c** EIN-PN	81-4401287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RICHARDSON HOLDINGS LLC	**c** EIN-PN	20-2585953-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RICH'S CAR CORNER INC	**c** EIN-PN	91-1736790-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RIDOLFI INC	**c** EIN-PN	91-1864002-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RIEDMANN ENTERPRISES LLC	**c** EIN-PN	27-3687911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RIPU MITTAL 4 LLC	**c** EIN-PN	82-4522096-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RISING SUN ACCOUNTING	**c** EIN-PN	82-3726482-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RISING WAY INC	**c** EIN-PN	87-2169300-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RISTORANTE PARADISO INC	**c** EIN-PN	91-1532577-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RITCHIE LAW PLLC	**c** EIN-PN	47-2796178-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RLP MANAGEMENT LLC	**c** EIN-PN	47-2460375-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROAD WARRIOR TRAVEL CENTER INC	**c** EIN-PN	86-2297555-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROAL AMNIEL ENTERPRISES, INC	**c** EIN-PN	91-1809218-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROB JUN LEE DDS PLLC	**c** EIN-PN	99-3722979-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROCK BOX LLC	**c** EIN-PN	26-2973013-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROCK PM SERVICES	**c** EIN-PN	84-4501245-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROCKWORKS	**c** EIN-PN	91-1977791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROGUE, LLC	**c** EIN-PN	46-4481041-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROMERO PARK PS	**c** EIN-PN	91-2093074-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROOFSCAPES N.W. INC.	**c** EIN-PN	46-5508243-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROQ FITNESS LLC	**c** EIN-PN	84-2538589-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROSE HILL CAR WASH	**c** EIN-PN	92-2138287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROSS JAGGER SAPP PLLC	**c** EIN-PN	47-1536613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROTOVAC CORPORATION	**c** EIN-PN	91-1123370-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROWE'S TRACTOR LLC	**c** EIN-PN	46-2111104-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROWLEY, RUDER, CALLENDER, AND WALSH PLLC	**c** EIN-PN	20-8183021-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROY K JOHNSON INC	**c** EIN-PN	91-1112093-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ROYSE HYDROSEEDING	**c** EIN-PN	91-1783170-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RPC, LLC	**c** EIN-PN	91-1941097-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RSG ABATEMENT & DEMOLITION CORP	**c** EIN-PN	82-5528513-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RSSA INC	**c** EIN-PN	91-1938784-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RTN CONSTRUCTION	**c** EIN-PN	82-4223084-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RUNBERG ARCHITECTURE GROUP, PLLC	**c** EIN-PN	91-1926999-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RUNWAY ONE LLC	**c** EIN-PN	26-3514315-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RWC DELIVERY SERVICES	**c** EIN-PN	45-5245287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	RYP LABS INC	**c** EIN-PN	82-2707389-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	S & J BOWERS, INC	**c** EIN-PN	82-1256866-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	S & W IRRIGATION SUPPLY LLC	**c** EIN-PN	91-1668442-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	S3 MARITIME	**c** EIN-PN	26-1368065-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SABATINI AND ASSOCIATES LTD	**c** EIN-PN	47-1598887-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SADLER SERVICES AND CONSULTING, LLC	**c** EIN-PN	85-4176585-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGE GEOTECHNICAL, LLC	**c** EIN-PN	93-1531065-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGE HILL NORTHWEST INC	**c** EIN-PN	91-1584195-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGEDOG LLC	**c** EIN-PN	81-4739173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAGEMATH, INC.	**c** EIN-PN	47-3015407-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAHALEE CONTAINER COMPANY	**c** EIN-PN	41-4635061-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SALISH SWIMMING 1 INC.	**c** EIN-PN	92-2006036-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SALUTE NUTRITION PLLC	**c** EIN-PN	83-2114153-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAM & JENNY INC	**c** EIN-PN	91-1691035-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAMEDAY INC	**c** EIN-PN	91-2191287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAMUEL & COMPANY	**c** EIN-PN	91-1300671-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAN FRANCISCO STREET BAKERY INC	**c** EIN-PN	91-1623365-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SANTA, INC	**c** EIN-PN	20-5794700-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAPERE CONSULTING INC	**c** EIN-PN	35-2197918-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAPPER INSURANCE LLC	**c** EIN-PN	84-3132250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAPPHIRE HOMES INC.	**c** EIN-PN	46-2308108-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SARAH ELPERIN DDS PLLC	**c** EIN-PN	45-4580009-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SAS C-STORES	**c** EIN-PN	26-4581479-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SASADA SPORTS INTERNATIONAL	**c** EIN-PN	83-1246121-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCANSELECT	**c** EIN-PN	91-1876890-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCHARRER ARCHITECTURE AND DESIGN PLLC	**c** EIN-PN	81-0989675-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCHOONER EXACT	**c** EIN-PN	87-1776240-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCOTSMAN GUIDE INC.	**c** EIN-PN	91-1300151-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SCREEN TEK, LLC	**c** EIN-PN	82-5149404-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEA CONSTRUCTION LLC	**c** EIN-PN	26-4705816-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEA PAINTERS INC	**c** EIN-PN	20-4435544-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATAC EXPRESS INC	**c** EIN-PN	91-1317557-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE 2030 DISTRICT	**c** EIN-PN	45-3586123-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE BAR SUPPLY LLC	**c** EIN-PN	60-3534613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE BARREL & COOPERAGE CO.	**c** EIN-PN	91-0852130-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE BARREL & COOPERAGE CO.	**c** EIN-PN	91-0852130-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE CIDER COMPANY, LLC	**c** EIN-PN	60-3254139-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE EMERGENCY PHYSICIANS SERVICES INC PS	**c** EIN-PN	91-1170922-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE GREEN EARTH CLEANING	**c** EIN-PN	27-3575644-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE INFANT DEVELOPMENT CENTER	**c** EIN-PN	91-1081496-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE LEARNING HUB LLC	**c** EIN-PN	33-2241330-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE PACIFIC HOMES, INC	**c** EIN-PN	36-4751752-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEATTLE STAGED TO SELL AND DESIGN	**c** EIN-PN	46-3955290-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SECOND AVENUE PARTNERS LLC	**c** EIN-PN	91-2032642-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SECOND TO LAST WIZARD	**c** EIN-PN	83-2484599-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SEIDELHUBER IRON & BRONZE WORKS INC	**c** EIN-PN	91-0513384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SENSIBILITY III LLC	**c** EIN-PN	86-2778852-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SENSIBILITY INC	**c** EIN-PN	47-5585380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SENSIBILITY SQUARED LLC	**c** EIN-PN	47-5585380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SESSIONS PLUMBING	**c** EIN-PN	91-1073839-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SGS GLASS	**c** EIN-PN	91-1927605-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHARE INVESTMENTS LLC	**c** EIN-PN	91-1876322-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHAREBUILDER ADVISORS LLC	**c** EIN-PN	36-4917989-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHARPE & PRESZLER	**c** EIN-PN	91-0874455-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHAW & SCOTT	**c** EIN-PN	26-1287397-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHEA STAFFING, LLC.	**c** EIN-PN	20-8425173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHED SEATTLE, LLC	**c** EIN-PN	91-1881587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHG GROUP LLC	**c** EIN-PN	81-1828618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHIFTBOARD, INC.	**c** EIN-PN	20-1848394-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHIPIUM CORP	**c** EIN-PN	84-3056610-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHOFF ORTHODONTICS	**c** EIN-PN	81-2332227-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SHUBHAKAMANA LLC	**c** EIN-PN	84-3477304-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIEFKEN & SONS CONSTRUCTION	**c** EIN-PN	91-1140212-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIGNAL4D INC	**c** EIN-PN	84-1852257-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVER LAKE CHILDCARE LLC	**c** EIN-PN	27-3250045-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVER SUPERSTORE, LLC	**c** EIN-PN	91-2078766-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVERDALE ESTATES	**c** EIN-PN	91-1486753-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SILVEY CONSTRUCTION INC.	**c** EIN-PN	91-2121021-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SIMONE DAVID BARBERSHOP	**c** EIN-PN	47-5516813-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SING INC	**c** EIN-PN	84-2979145-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SITA ENTERPRISES	**c** EIN-PN	92-0713526-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SITEFOLIO LLC	**c** EIN-PN	26-1406606-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SJS MECHANICAL SERVICES LLC	**c** EIN-PN	75-3184293-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SK MOTO	**c** EIN-PN	86-1231627-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKACEL COLLECTION, INC	**c** EIN-PN	91-1488711-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKAGIT GOLF & COUNTRY CLUB	**c** EIN-PN	91-0688969-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKINNER LANDSCAPE SERVICE INC	**c** EIN-PN	91-1588674-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKY CITY TRUCKING	**c** EIN-PN	47-2341650-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SKYLINE MAINTENANCE SERVICES	**c** EIN-PN	26-3598572-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SLOAN K JORGENSEN DDS	**c** EIN-PN	91-1981620-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMART ELECTRIC LLC	**c** EIN-PN	85-2677074-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMITH & DEKAY	**c** EIN-PN	91-1343765-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMK TRI-CITIES, INC.	**c** EIN-PN	20-2891494-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SMOKEY POINT ELECTRIC INC	**c** EIN-PN	26-0461028-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SNOQUALMIE VALLEY FOOD BANK	**c** EIN-PN	46-4388454-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOLSTICE MARKETING CONSULTANTS LLC	**c** EIN-PN	33-1568618-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SONIC CONCEPTS	**c** EIN-PN	91-1635176-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND CLEANING RESOURCES INC	**c** EIN-PN	20-8528487-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND LIFE CHURCH	**c** EIN-PN	91-0880636-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUND PRODUCE	**c** EIN-PN	91-1477363-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUNDVIEW ADVISORS	**c** EIN-PN	20-8019783-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUTH FORTY SNACKS	**c** EIN-PN	84-4588194-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUTH WHIDBEY GOOD CHEER INC	**c** EIN-PN	23-7047194-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SOUTH WHIDBEY PHYSICAL THERAPY	**c** EIN-PN	91-1940823-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPACE CRAFT CUSTOM HOMES AND RENOVATIONS	**c** EIN-PN	36-4792847-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPECIAL INTEREST AUTO WORKS	**c** EIN-PN	91-1504162-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPECTRUM DEVELOPMENT SOLUTIONS, LLC	**c** EIN-PN	26-3275617-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPEE WEST CONSTRUCTION CO	**c** EIN-PN	91-1487000-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPOKANE HUMANE SOCIETY	**c** EIN-PN	91-0565011-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPOKANE SPORTS	**c** EIN-PN	91-1353931-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SPOKANE VALLEY HUB	**c** EIN-PN	26-0173199-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SQUARE ONE DISTRIBUTION INC	**c** EIN-PN	20-3932248-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SRS ROOFING COMPANY	**c** EIN-PN	93-4410632-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SST GROUP LLC	**c** EIN-PN	20-8854131-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ST DEMETRIOS GREEK ORTHODOX CHURCH	**c** EIN-PN	91-0583384-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ST SURG LLC	**c** EIN-PN	46-5504930-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STANLEY H. COX DMD PS	**c** EIN-PN	47-5591892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STAR STEEL	**c** EIN-PN	91-0817787-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STEIN LOTZKAR & STARR PS INC	**c** EIN-PN	91-1366286-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STERLING JOHNSTON & ASSOCIATES, LLC	**c** EIN-PN	26-4574030-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STERLINK LLC	**c** EIN-PN	81-4661149-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STONE CHURCH OF THE ASSEMBLIES OF GOD	**c** EIN-PN	91-0699380-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STONE-DREW / ASHE & JONES	**c** EIN-PN	91-1016118-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STORER ENTERPRISES INC	**c** EIN-PN	91-1738961-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	STORYTELLERS.AI LLC	**c** EIN-PN	85-1210503-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUBSTANTIAL INC	**c** EIN-PN	61-1586918-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUMMIT NPC	**c** EIN-PN	88-1200682-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNHEAVEN FARMS	**c** EIN-PN	91-0969611-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNRISE DISPOSAL	**c** EIN-PN	91-1097998-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SUNSHINE EMPLOYMENT SERVICES	**c** EIN-PN	27-0715274-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWANSON LAW GROUP PLLC	**c** EIN-PN	93-1378902-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWANSON SPEECH THERAPY LLC	**c** EIN-PN	90-2640052-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWAT SERVICES INC	**c** EIN-PN	81-4167125-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWEDISH AUTOMOTIVE, INC.	**c** EIN-PN	91-1326911-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWIFT HR SOLUTIONS INC	**c** EIN-PN	20-0794048-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWIFTWATER TECHNOLOGY INC	**c** EIN-PN	46-2414713-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SWINBURNSON INSURANCE SERVICES, LLC	**c** EIN-PN	46-4513153-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYMPHONY TACOMA	**c** EIN-PN	91-6032976-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYNCHRONICITY EVENTS, LLC	**c** EIN-PN	83-1926335-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYNERGY FINANCIAL SERVICES INC	**c** EIN-PN	91-1859406-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYNERGY FOSTER SUPPORT SERVICES	**c** EIN-PN	85-3125525-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYSTEMS AUDITING USA	**c** EIN-PN	91-1789223-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	SYSTEMS INTERFACE INC	**c** EIN-PN	91-1271056-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACITA, INC	**c** EIN-PN	87-4824734-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA COMMUNITY BOAT BUILDERS	**c** EIN-PN	46-1724422-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA COMMUNITY HOUSE	**c** EIN-PN	91-0570872-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA DENTAL LAB INC	**c** EIN-PN	91-0647286-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA URBAN LEAGUE	**c** EIN-PN	91-0826302-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOMA-PIERCE COUNTY BAR FOUNDATION	**c** EIN-PN	20-5961241-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TACOS CHUKIS	**c** EIN-PN	27-4284574-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAGMASTER NORTH AMERICA	**c** EIN-PN	84-1712540-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAHOMA PEAK SOLUTIONS, LLC	**c** EIN-PN	87-1602374-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAIYO PACIFIC PARTNERS L.P.	**c** EIN-PN	45-0517344-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TALENTRONIC CORPORATION	**c** EIN-PN	91-2025214-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAMARACK INDUSTRIES	**c** EIN-PN	91-1997194-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAQTILE, INC	**c** EIN-PN	27-4627169-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TARA II LLC	**c** EIN-PN	86-2654077-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TATANGO	**c** EIN-PN	26-3699108-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TATE TECHNOLOGY INC	**c** EIN-PN	91-1731336-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TAYLOR MADE SERVICES INC	**c** EIN-PN	91-2126558-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TCF ARCHITECTURE PLLC	**c** EIN-PN	91-0727155-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TECH MARINE ENTERPRISES INC	**c** EIN-PN	91-1148011-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TECHSMART INC	**c** EIN-PN	46-2939109-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TEK LINE CONSTRUCTION	**c** EIN-PN	91-1870733-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TERRANE, INC	**c** EIN-PN	91-1202876-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TERRY HOME INC	**c** EIN-PN	94-3057810-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TETON WEST OF WASHINGTON, LLC	**c** EIN-PN	82-0537941-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE ANDOVER COMPANY INC	**c** EIN-PN	91-1052856-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE ATTIC LEARNING COMMUNITY	**c** EIN-PN	91-1995483-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE AUTOMATED PARKING COMPANY	**c** EIN-PN	83-4392894-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE BAKER FOUNDATION	**c** EIN-PN	94-3027892-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE BAKEREE	**c** EIN-PN	47-5549803-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE BERC GROUP, INC	**c** EIN-PN	20-4084589-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE BODY SHOP	**c** EIN-PN	93-2073927-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE CORDILLERA GROUP INC	**c** EIN-PN	84-3213631-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE COTTAGE SCHOOL	**c** EIN-PN	91-1611070-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE COTTAGE SCHOOLS INC	**c** EIN-PN	91-1611070-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE DAZZLE COMPANY, LLC	**c** EIN-PN	47-3220451-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LADIES ROOM, LLC	**c** EIN-PN	88-0753511-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LAUREL GROUP LLC	**c** EIN-PN	35-2462972-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LAW OFFICE OF DOMINICK V DRIANO PLLC	**c** EIN-PN	20-3846958-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LEGACY GROUP INC	**c** EIN-PN	84-1523132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE LIGHTING GROUP, LLC	**c** EIN-PN	83-3347564-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE MAN SHOP	**c** EIN-PN	72-1553561-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE MEMBERS CLUB AT ALDARRA	**c** EIN-PN	91-1855039-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE METALSMITHS, INC	**c** EIN-PN	91-0958362-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE MINDPLACE COMPANY	**c** EIN-PN	91-1652667-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE NAPOLEON CO	**c** EIN-PN	91-0714099-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE ODOM CORPORATION	**c** EIN-PN	91-0896486-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE PARKINSON'S FITNESS PROJECT	**c** EIN-PN	81-3474683-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE PLASTER GROUP	**c** EIN-PN	26-1538163-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SAFETY TEAM	**c** EIN-PN	91-1218822-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SEATTLE AREA GERMAN AMERICAN SCHOOL	**c** EIN-PN	20-2607873-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SOPHIA WAY	**c** EIN-PN	45-4084539-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE SOTELLO COMPANY, INC	**c** EIN-PN	46-4601259-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE TALL CHEF	**c** EIN-PN	47-1009238-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE TAPROOT THEATRE	**c** EIN-PN	91-0971237-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE TRANSPO GROUP INCORPORATED	**c** EIN-PN	91-1052718-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE TRUE PATRIOT NETWORK	**c** EIN-PN	30-0544250-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THE UNIVERSITY CLUB OF SEATTLE	**c** EIN-PN	91-0450423-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THETA MOTORSPORTS LLC	**c** EIN-PN	88-1948416-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THIRD PLACE DESIGN COOPERATIVE INC	**c** EIN-PN	47-3609143-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THOMPSON CONSULTING GROUP	**c** EIN-PN	91-2099274-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THUNDERHEART LLC	**c** EIN-PN	99-3912903-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THURBER FAMILY CHIROPRACTIC	**c** EIN-PN	45-4918901-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	THURSTON COUNTY CHAMBER OF COMMERCE	**c** EIN-PN	91-0346205-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TIGNIS INC	**c** EIN-PN	82-2108276-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TILDEX AUTOMOTIVE, LLC	**c** EIN-PN	99-1723364-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TISCARENO ASSOCIATES PS	**c** EIN-PN	71-0874853-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TL;DR INSIGHTS, LLC	**c** EIN-PN	85-1149068-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TLKMILLER MD, PLLC	**c** EIN-PN	90-4532823-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TO WEI INC	**c** EIN-PN	94-3034368-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOKITA BETHUNE, INC	**c** EIN-PN	91-2104205-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOKUL CREEK MARKETING CO	**c** EIN-PN	91-1927125-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOKYO DRIFT INC.	**c** EIN-PN	99-4410263-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOLLHOUSE ENERGY COMPANY	**c** EIN-PN	91-2099080-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOM'S OUTBOARD INC	**c** EIN-PN	91-1414349-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOTAL FREIGHT LOGISTICS INTERNATIONAL LLC	**c** EIN-PN	91-2112489-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOTAL PROPERTY SERVICES	**c** EIN-PN	90-1075965-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TOVANI HART PC	**c** EIN-PN	45-2663118-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRANSITIONAL RESOURCE	**c** EIN-PN	91-0967836-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRANSPORTATION CHOICES COALITION	**c** EIN-PN	94-3185639-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRAVEL CENTER INC	**c** EIN-PN	91-1100445-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRAVIS FITZMAURICE WARTELLE BALANGUE ENGINEERS INC	**c** EIN-PN	91-0840174-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TREIBER FARMS	**c** EIN-PN	91-1658624-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TREINEN ASSOCIATES, INC.	**c** EIN-PN	91-2180560-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRI-CITIES VISITOR & CONVENTION BUREAU	**c** EIN-PN	91-0859630-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRI-CITY GLASS INC	**c** EIN-PN	91-1003968-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRILLIUM ACADEMY	**c** EIN-PN	99-1351613-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRINITY TREE FARM LLC	**c** EIN-PN	87-4349246-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRINITY TREE FARM LLC	**c** EIN-PN	87-4349246-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRM WOOD PRODUCTS INC	**c** EIN-PN	91-1528482-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRUE NORTH RELOCATION LLC	**c** EIN-PN	52-2440055-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TRYGTECH CORPORATION	**c** EIN-PN	91-2190371-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TSLS ENTERPRISES, INC	**c** EIN-PN	26-0138739-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TUCCI & SONS INC	**c** EIN-PN	91-0534168-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TUNETECH	**c** EIN-PN	91-1523521-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TUOHY PHYSICAL THERAPY LLC	**c** EIN-PN	27-1180857-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TURNER RESTORATION	**c** EIN-PN	46-1983830-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	TWO DOGS MEDIA INC	**c** EIN-PN	38-3660007-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UCANTRADE, INC.	**c** EIN-PN	91-1510579-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNDERWATER SPORTS	**c** EIN-PN	91-0902068-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNISEARCH, INC	**c** EIN-PN	93-1045968-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED BUSINESS MACHINES OF WASHINGTON, INC.	**c** EIN-PN	91-0905860-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED SUPPORT SERVICES	**c** EIN-PN	48-1287389-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED WESTERN SUPPLY CO	**c** EIN-PN	30-5107691-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED WOUND HEALING PS	**c** EIN-PN	47-5415230-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITED WOUND HEALING SERVICES, LLC	**c** EIN-PN	92-3858090-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNITIZED INDUSTRIES WEST LLC	**c** EIN-PN	37-1785222-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNIVERSITY OF WASHINGTON ALUMNI ASSOCIATION	**c** EIN-PN	91-0450697-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UNLOCKING THE BODY ENTERPRISES PLLC	**c** EIN-PN	27-5357452-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UPTOP LLC	**c** EIN-PN	99-1555224-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	UPWELL VENTURES LLC	**c** EIN-PN	33-4105834-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	URBAN FAMILY CENTER ASSOCIATION	**c** EIN-PN	27-3962439-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VAIRE COMPUTING INC	**c** EIN-PN	99-1291609-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALHALLA LLC	**c** EIN-PN	36-4908042-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALKYRIE LEASING LLC	**c** EIN-PN	91-2106413-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY MEMORIALS INC	**c** EIN-PN	91-1404407-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY PAINTING INC	**c** EIN-PN	27-1392314-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VALLEY TRACTOR & EQUIPMENT, INC.	**c** EIN-PN	91-0873753-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VANGUARD ENVIRONMENTAL TESTING	**c** EIN-PN	61-2005986-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VANSICLEN STOCKS & FIRKINS	**c** EIN-PN	91-1447112-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VECOR - VELOCITY ELECTRIC	**c** EIN-PN	26-3780193-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERACI PIZZA, INC.	**c** EIN-PN	20-5531132-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERNON ROAD LLC	**c** EIN-PN	99-2524578-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERNON ROAD LLC	**c** EIN-PN	99-2524578-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERTICAL WORLD INC	**c** EIN-PN	91-1391076-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VERUM CONSTRUCTION	**c** EIN-PN	83-1965631-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VETTD, INC.	**c** EIN-PN	47-1432819-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIKING ELECTRIC SALES AND SERVICE INC	**c** EIN-PN	91-1546441-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIMOCITY INC.	**c** EIN-PN	46-4783791-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VINE MAPLE PLACE	**c** EIN-PN	91-2082308-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VINTAGE BARISTAS	**c** EIN-PN	87-3037855-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIRTUAL THERAPEUTICS CORPORATION	**c** EIN-PN	47-4149749-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIRTUOZZO	**c** EIN-PN	82-4062265-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISIT KITSAP PENINSULA	**c** EIN-PN	91-1146544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISIT KITSAP PENINSULA	**c** EIN-PN	91-1146544-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISSER ENGINEERING	**c** EIN-PN	91-1959777-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VISTA HERMOSA FOUNDATION	**c** EIN-PN	91-1491438-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VITAMIN PACKS, INC	**c** EIN-PN	82-3278978-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VIVA TIERRA ORGANIC INC	**c** EIN-PN	91-1589007-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VMRD, INC	**c** EIN-PN	91-1131071-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VOICES OF TOMORROW	**c** EIN-PN	46-5211499-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	VOLUNTEER HOSPICE OF CLALLAM COUNTY	**c** EIN-PN	91-1076440-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WALLA WALLA CLOTHING COMPANY	**c** EIN-PN	91-1637119-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WALLS & WINDOWS INC	**c** EIN-PN	91-1512660-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WARD MEDIA	**c** EIN-PN	93-2286778-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WARDS COVE COMPANY	**c** EIN-PN	26-3326099-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WARE ENTERPRISES, INC.	**c** EIN-PN	91-1955534-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON CENTER FOR NURSING	**c** EIN-PN	68-0568743-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS	**c** EIN-PN	91-1016402-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON FILMWORKS	**c** EIN-PN	61-1506206-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON GENERATORS LLC	**c** EIN-PN	87-1981805-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON HEALTH ALLIANCE	**c** EIN-PN	47-0948895-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON IRON WORKS	**c** EIN-PN	91-1580444-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON NEUROLOGY & PHYSICIANS	**c** EIN-PN	47-3502173-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON PATRIOT CONSTRUCTION LLC	**c** EIN-PN	27-0403092-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON PHYSICIANS HEALTH PROGRAM	**c** EIN-PN	91-1381840-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON PUBLIC AFFAIRS NETWORK	**c** EIN-PN	91-1597601-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON STATE COALITION AGAINST DOMESTIC VIOLENCE	**c** EIN-PN	91-1507028-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON STATE OPPORTUNITY SCHOLARSHIP FOUNDATION	**c** EIN-PN	93-3293868-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WASHINGTON WOMEN'S FOUNDATION	**c** EIN-PN	91-1754933-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WAYPOINT EDUCATION PARTNERS INC	**c** EIN-PN	93-4318717-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WDG ENTERPRISES INC	**c** EIN-PN	81-4783415-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WE RISE WINES LLC	**c** EIN-PN	93-3557430-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WEAVER ARCHITECTS, INC	**c** EIN-PN	20-7457230-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WEINTEK USA INC	**c** EIN-PN	81-5192488-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE CLINIC PHARMACY	**c** EIN-PN	91-1894757-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE DOWNTOWN ASSOCIATION	**c** EIN-PN	91-0823589-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE EMERGENCY PHYSICIANS PC	**c** EIN-PN	91-1403333-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE GOLF & COUNTRY CLUB	**c** EIN-PN	91-0465545-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENATCHEE VALLEY CHAMBER OF COMMERCE	**c** EIN-PN	91-0465430-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WENDEL'S LICENSE & SERVICE, INC.	**c** EIN-PN	91-1176626-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WEST COAST BEER CO., LLC	**c** EIN-PN	45-0608361-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WEST SOUND PLUMBING	**c** EIN-PN	27-4581260-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTBANK PROJECTS US CORP	**c** EIN-PN	47-5136498-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTERN WASHINGTON PATHOLOGY PS	**c** EIN-PN	91-1397408-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTON ELECTRIC	**c** EIN-PN	36-1137872-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WESTWOOD BAPTIST CHURCH	**c** EIN-PN	91-0988587-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WHIDBEY CAMANO LAND TRUST	**c** EIN-PN	91-1261928-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WHITEPAGES INC	**c** EIN-PN	83-3959687-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WHOOSHH INNOVATIONS	**c** EIN-PN	83-1586371-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WIBOTIC INC	**c** EIN-PN	47-2761747-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WILLO VISTA ESTATES	**c** EIN-PN	91-0865966-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINDERMERE REAL ESTATE	**c** EIN-PN	91-1983287-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINDWOOD ENTERPRISES, INC	**c** EIN-PN	91-2045951-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WINTHROP PT PS	**c** EIN-PN	46-5512887-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WIRELESS APPLICATIONS CORPORATION	**c** EIN-PN	91-1950121-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WISERCARE INC	**c** EIN-PN	46-4365627-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WITHERSPOON BRAJCICH MCPHEE PLLC	**c** EIN-PN	91-1275742-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WIZARD INTERNATIONAL INC	**c** EIN-PN	91-1639437-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WJA PLLC	**c** EIN-PN	91-2038309-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOLF HAVEN INTERNATIONAL	**c** EIN-PN	91-1185727-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOMEN'S UNIVERSITY CLUB OF SEATTLE	**c** EIN-PN	91-0478290-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WONDERBELLY GAMES	**c** EIN-PN	84-2540523-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOODLAND TRADE COMPANY INC	**c** EIN-PN	91-1469563-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOODLAWN OPTICAL OF BOTHELL	**c** EIN-PN	75-3020600-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WOODPECKER FLOORING INC.	**c** EIN-PN	61-1805607-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WORKTANK ENTERPRISES LLC	**c** EIN-PN	91-2089916-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WORLD FAMOUS LLC	**c** EIN-PN	55-0892850-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WRAP PACK INC	**c** EIN-PN	36-4404324-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	WRECKER ACCESSORIES LLC	**c** EIN-PN	82-4826615-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	XEUXIANA INC	**c** EIN-PN	82-3246169-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA AREA ARBORETUM	**c** EIN-PN	91-6073776-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA DENTAL LABORATORY	**c** EIN-PN	91-1431467-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA SYMPHONY ORCHESTRA	**c** EIN-PN	23-7346119-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA UROLOGY ASSOCIATES, PLLC	**c** EIN-PN	91-1689156-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YAKIMA WORKER CARE PLLC	**c** EIN-PN	87-0711181-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YARDSTICK INC.	**c** EIN-PN	85-1053827-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YEAGER'S SPORTING GOODS	**c** EIN-PN	91-0751950-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YOUNG MENS CHRISTIAN ASSOCIATION OF WENATCHEE	**c** EIN-PN	91-0578224-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	YOUTH FOR CHRIST TACOMA AREA	**c** EIN-PN	91-0584100-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ZETTERBERG CUSTOM HOMES	**c** EIN-PN	91-1832490-501

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	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ZIEMEK DENTAL LABORATORIES	**c** EIN-PN	91-1554982-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ZIONTZ CHESTNUT LAW FIRM	**c** EIN-PN	91-0754280-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ZUHAUSE DESIGN LLC	**c** EIN-PN	83-1204496-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	ZUPER INC	**c** EIN-PN	84-4275406-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	1 ON 1 FITNESS	**c** EIN-PN	45-5289865-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	100 PERCENT	**c** EIN-PN	99-4411610-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	180 WEALTH ADVISORS INC	**c** EIN-PN	82-1014572-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	1UP FLOORS LLC	**c** EIN-PN	46-4462237-501
a Plan name	BUSINESS HEALTH TRUST ARRANGEMENT		
b Name of plan sponsor	24 RESTECH LLC	**c** EIN-PN	82-2258930-501
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
BUSINESS HEALTH TRUST ARRANGEMENT

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUSINESS HEALTH TRUST

D Employer Identification Number (EIN)
36-7481494

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	8179738	1223452
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	235181	340683
(2) Participant contributions	1b(2)	33801	14335
(3) Other	1b(3)	635740	311257
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9834078	19458553
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(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)		
(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	18918538	21348280
Liabilities			
1g Benefit claims payable	1g	1216561	1113769
1h Operating payables	1h	306661	362721
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	10582060	11821682
1k Total liabilities (add all amounts in lines 1g through1j)	1k	12105282	13298172
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6813256	8050108

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)	161363108	
(B) Participants	2a(1)(B)	1448611	
(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)		162811719
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	200015	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		200015
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(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)		

		(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)		
c Other income	2c		72504
d Total income. Add all **income** amounts in column (b) and enter total	2d		163084238
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)	141601943	
(3) Other	2e(3)	863586	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		142465529
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)	4553223	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37600	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	12699	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	21374	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18477	
(11) Other expenses	2i(11)	14738484	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		19381857
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		161847386
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1236852
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: WAYPOINT PARTNERS, PLLC **(2)** EIN: 20-8149084

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**			
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**			
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**			
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**			
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**			
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**			
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**			
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 [ ] 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 _____.

Business Health Trust Arrangement

Financial Statements and Independent Auditors' Report

December 31, 2025 and 2024

WAYPOINT PARTNERS PLLC

Business Health Trust Arrangement

December 31, 2025 and 2024

Table of Contents

Page

INDEPENDENT AUDITORS' REPORT 2-4

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Statements of Benefit Obligations 7

Statements of Changes in Benefit Obligations 8

Notes to Financial Statements 9-16

SUPPLEMENTARY INFORMATION:

Assets Held for Investment 18-19

WAYPOINT PARTNERS PLLC | CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Business Health Trust Arrangement
Seattle, Washington

Opinion

We have audited the accompanying financial statements of the Business Health Trust Arrangement (the Arrangement), 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 benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Arrangement as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and of changes in benefit obligations for the years then ended 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Arrangement 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 the Arrangement's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current arrangement instrument, including all arrangement amendments; administering the arrangement; and determining that the arrangement's transactions that are presented and disclosed in the financial statements are in conformity with the Arrangement'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.

Auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards, 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
- 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 the Arrangement'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 the Arrangement'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 for investment 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 generally accepted auditing standards.

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 are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Waypoint Partners, PLLC

Spokane, Washington
October 15, 2026

Business Health Trust Arrangement

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
ASSETS:		
Cash	$ 1,223,452	$ 8,179,738
Investments, at fair value	19,458,553	9,834,078
Employer contributions receivable	340,683	235,181
Participant contributions receivable	14,335	33,801
Prepaid expenses	76,380	12,258
Rate stabilization reserves	234,877	623,482
Total assets	21,348,280	18,918,538
LIABILITIES:		
Accounts payable and accrued expenses	362,721	306,661
Unearned employer contributions	11,737,369	10,528,370
Unearned participant contributions	84,313	53,690
Total liabilities	12,184,403	10,888,721
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,163,877	$ 8,029,817

See accompanying notes to financial statements.

Business Health Trust Arrangement

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS:		
Employer contributions, net	$ 161,363,108	$ 151,407,061
Participant contributions, net	1,448,611	1,218,023
Interest income	200,015	223,366
Employer late and insufficient funds fees	72,504	86,136
Total additions	163,084,238	152,934,586
DEDUCTIONS:		
Benefit distributions:		
Insurance premius paid, net	141,704,735	134,034,991
EAP services	37,166	48,849
HR hotline and online application	12,739	11,112
Discount program fee	20,000	20,000
Privacy protection program fees	11,225	5,599
In-person and virtual care service program	782,456	-
Total benefit distributions	142,568,321	134,120,551
Deductions from net assets attributed to:		
Administrative fees	4,553,223	4,301,124
Auditing and accounting fees	37,600	38,400
Bank service charges	12,699	9,344
Conferences and meetings	18,477	17,534
Consultant fees	5,667,212	5,247,686
Dues and subscriptions	21,064	14,005
Insurance and bonding	55,094	54,651
Insurance broker commissions	7,893,801	7,559,917
Legal fees	21,374	83,696
Marketing expenses and event sponsorships	417,520	132,237
Outreach and communications	638,963	458,406
Postage, printing, and supplies	44,830	62,318
Total deductions from net assets	19,381,857	17,979,318
Total deductions	161,950,178	152,099,869
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,134,060	834,717
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,029,817	7,195,100
End of year	$ 9,163,877	$ 8,029,817

See accompanying notes to financial statements.

Business Health Trust Arrangement

Statements of Benefit Obligations

December 31, 2025 and 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Premiums due to insurers	$ 1,113,769	$ 1,216,561

See accompanying notes to financial statements.

Business Health Trust Arrangement

Statements of Changes in Benefit Obligations

Years Ended December 31, 2025 and 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Balance, beginning of year	$ 1,216,561	$ 1,047,347
Insurance premiums approved for payment	141,601,943	134,204,205
Insurance premiums paid	(141,704,735)	(134,034,991)
Balance, end of year	$ 1,113,769	$ 1,216,561

See accompanying notes to financial statements.

Business Health Trust Arrangement

Notes to Financial Statements

Business Health Trust Arrangement

Notes to Financial Statements

Note 1 – Description of the Arrangement

The Business Health Trust Arrangement (the Arrangement) was established on July 1, 2007. The Arrangement was established to hold insurance policies through which participating employers can provide programs of health and other insurance benefits under the employee benefit plans they maintain for their employees and dependents.

This arrangement is considered a "group insurance arrangement" as defined by the regulations promulgated under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA regulations define a "group insurance arrangement" as an arrangement providing benefits to the employees of two or more unaffiliated employers, fully insuring one or more welfare plans of each participating employer, and using a trust as the holder of the insurance contracts and conduit for payment of premiums to the insurance company(ies). The types of benefits currently available through the Arrangement are described as follows: medical, hospital, surgical, prescription drug, dental, vision, group life, supplemental life, accidental death and dismemberment, long-term disability, employee assistance, HR hotline and online application access, a discount program, a privacy protection product, and an in-person and virtual care service program.

Participation in the Arrangement is limited to the Greater Seattle Chamber of Commerce (the Chamber) itself, members of the Chamber, and members of endorsing sponsors. An endorsing sponsor is defined as another chamber of commerce for a municipality or quasi-municipality in the state of Washington, or another similar group, with no conflict of interest with the Chamber, as approved by the Chamber for participation in the Arrangement. Qualified employers include those who have executed an Adoption Agreement with the Trustees. The only individuals who are entitled to participate in and to receive benefits from the Arrangement are those selected employees, dependents, and/or retirees identified by participating employers.

Under the trust agreements, the Trustees have all necessary authority to receive contributions to pay benefits and premiums on the group insurance policies owned by the Arrangement and to pay reasonable expenses of the Arrangement. Each employer agrees to provide information, including payroll information and data, to the Arrangement regarding the employer's participants and employees of any controlled group in which the employer may be a member. Each employer agrees to pay to the Arrangement the amount of contributions required to maintain welfare benefits coverage for each employer's participants in the amounts and at times described in the applicable Adoption Agreement. In the event that any employer fails or refuses to remit the employer's or the participants' contributions due to the Arrangement on a timely basis, the Trustees will cancel and terminate the coverage afforded the employer's participants, and the employer will be notified accordingly by the insurer and/or the Trustees.

Employer and participant contributions are received and held, pending payment of approved insurance premiums and welfare benefits. Such contributions are determined via a rate schedule based upon the type of coverage for employees and their dependents.

Business Health Trust Arrangement

Notes to Financial Statements

Note 1 – Description of the Arrangement (Continued)

Certain participating employers have medical insurance contracts directly with insurance carriers. Per agreed-upon billing arrangements, the Arrangement collects contributions from those employers and then remits insurance premiums on behalf of those employers. The Arrangement does collect contributions in excess of premiums remitted to compensate for administrative costs incurred.

Medical, hospital, surgical, and prescription drug benefits are sponsored by 13 separate trusts. Each of these trusts are industry specific and include the following: aerospace, agriculture, business services, community service organizations, construction, end-line manufacturing, healthcare, information technology, media, retail, tourism, transportation, and wholesaling. Dental, vision, group life, supplemental life, additional accidental death and dismemberment, long-term disability, employee assistance benefits, HR hotline and online application access, a discount program, a privacy protection product, and an in-person and virtual care service program are sponsored by the Business Health Trust.

The Arrangement is administered by the Trustees of the Business Health Trust and the 13 industry specific trusts, with the assistance of Vimly Benefit Solutions, Inc., a contract administration organization; Davis Wright Tremaine, LLP, a legal services firm; Impact Accounting Services, LLC, a management consulting services firm; and ABD Insurance and Financial Services, Inc. dba Advanced Professionals Insurance and Benefit Solutions (AP), a benefits consulting services firm. The Arrangement is marketed to employers by various insurance brokers, including AP.

Note 2 – Summary of Significant Accounting Policies

a. **Basis of accounting** – The accompanying financial statements of the Arrangement are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

b. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

c. **Investment valuation** – The Arrangement's 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 6 for a discussion of fair value measurements.

d. **Rate stabilization reserves** – Dental benefits are provided through an experience rated insurance contract with Delta Dental of Washington (DDW). As part of the provisions of the contract, DDW retains funds as rate stabilization reserves to assist in the mitigation of significant rate adjustments. DDW may credit the reserves for interest earned. Any other changes to the reserves are a result of contract negotiations between the Arrangement and DDW. If the contract were to be terminated, any funds in the reserves would be refunded to the Arrangement after the contract's experience results were settled. The reserves are recognized as assets of the Arrangement.

Note 2 – Summary of Significant Accounting Policies (Continued)

e. **Claim reserves** – As part of the provisions of the experience rated insurance contract with DDW, funds are retained, as reserves, to pay future claims and expenses of the Arrangement. In the event the contract with DDW is terminated, any excess funds remaining in these reserves will be refunded to the Arrangement after all claims associated with the insurance provider are settled. These reserves are not recognized as assets on the financial statements, as the amounts of future claims and refunds cannot be determined. As of the contract years ended December 31, 2025 and 2024, the claim reserves held by DDW totaled $188,000 and $288,000, respectively.

f. **Contributions recognition** – Employer and participant contributions are recognized as the Arrangement becomes obligated for the payment of insurance premiums and benefits. Therefore, contributions received after December 31 for benefits provided before the beginning of the subsequent year are recognized as contributions receivable. On the other hand, contributions received before December 31 for premiums paid and benefits provided in the subsequent year are recognized as unearned.

g. **Payment of insurance premiums** – Insurance premiums are recognized when paid.

h. **Subsequent events** – Subsequent events have been evaluated through October 15, 2026, which is the date the financial statements were available to be issued.

Note 3 – Income Tax Status

The trust established under the Plan to hold the assets of the Arrangement is qualified as a tax-exempt organization under Section 501(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the net investment income of the trust is exempt from income taxes. The Business Health Trust obtained its latest tax determination letter from the Internal Revenue Service (IRS) with an effective date of exemption of January 1, 2010. In the letter, the IRS stated that the Business Health Trust, as then designed, was in compliance with the applicable requirements of the IRC. The other 13 trusts are unfunded and have not applied for tax determination letters. The Trustees and legal counsel believe the trusts and related Arrangement are designed and have been operated through December 31, 2025, in accordance with applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Arrangement and recognize a tax liability (or asset) if the Arrangement has taken an uncertain position that more likely than not would not be substantiated upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Arrangement, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Arrangement is subject to routine audits by taxing jurisdictions, and the Arrangement could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the tax-exempt status; however, there currently no audits for any tax periods in progress.

Note 4 – Priorities Upon Termination

The Arrangement may be terminated by the endorsing sponsors. In addition, it may be amended or terminated by written resolution of the Board of the Chamber delivered to the Trustees; however, no such resolution can be contrary to terms as written in the trust agreements.

Upon the dissolution or termination of the Arrangement, all assets remaining, after payment of all expenses incidental to the dissolution or termination, will be used to provide benefits for which the Arrangement was established. This method will continue until all funds are exhausted.

Note 5 – Risks and Uncertainties

The Arrangement and related insurance carriers face an increasingly challenging regulatory environment. Certain interpretations of laws, rules, and regulations could potentially result in adverse effects to the Arrangement.

Currently, the Arrangement operates as a fully insured arrangement and, therefore, is contracted with particular insurance carriers. In the Arrangement's service area, there are limited qualified insurance carriers willing and capable of meeting the Arrangement's insured benefit needs.

In determining the fair value of financial instruments, the Trustees use a variety of methods and assumptions that are based on market conditions and risks existing at the date of the statements of net assets available for benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

The Arrangement maintains its cash balances in various high credit quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured bank, through December 31, 2025, at which time the insured coverage amount may be changed. To mitigate concentration risk and ensure full FDIC insurance coverage, the Arrangement utilizes sweep accounts and participates in the IntraFi Cash Service network. Through this network, funds are distributed across multiple partner banks to help ensure that no single deposit exceeds the insured threshold. However, at times, other cash balances may be in excess of the insurance limit.

The Arrangement holds a money market account with KeyBank which, in turn, holds various investment securities. The money market account (the Account) is not FDIC insured. The Account is backed by mutual funds investing in federal government obligations. The Account's intention is to maintain the value of the account at $1.00 per share. However, the investment is exposed to various risks including interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with this investment, it is at least reasonably possible that changes in the values of underlying investments will occur and that such changes could affect the Account's valuation.

Business Health Trust Arrangement

Notes to Financial Statements

Note 6 – Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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 Arrangement has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- 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; and
- 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 value measurement.

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Level 1 – The fair values of interest-bearing cash and money market accounts are based on the closing price reported on the active market in which the individual securities are traded.

Level 2 – The Arrangement has no investments that are classified as Level 2 at December 31, 2025 or 2024.

Level 3 – The Arrangement has no investments that are classified as Level 3 at December 31, 2025 or 2024.

Business Health Trust Arrangement

Notes to Financial Statements

Note 6 – Fair Value Measurements (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Arrangement believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Arrangement's assets at fair value:

	As of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Short-term funds	$ 15,454,230	$ -	$ -	$ 15,454,230
Money market account	4,004,323	-	-	4,004,323
	$ 19,458,553	$ -	$ -	$ 19,458,553

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-term funds	5,969,590	-	-	5,969,590
Money market account	3,864,488	-	-	3,864,488
	$ 9,834,078	$ -	$ -	$ 9,834,078

Note 7 – Related-party Transactions

During the years ended December 31, 2025 and 2024, the Arrangement recognized fees paid to the Chamber totaling $1,549,729 and $1,472,690, respectively. As of December 31, 2025 and 2024, amounts due for fees totaled $16,862 and $8,516, respectively.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Schedule H of Form 5500:

	December 31,	
	2025	2024
Net assets available for benefits per the financial statements	$ 9,163,877	$ 8,029,817
Premiums due to insurers	(1,113,769)	(1,216,561)
Net assets available for benefits per Schedule H of Form 5500	$ 8,050,108	$ 6,813,256

The following is a reconciliation of net insurance premiums paid per the accompanying financial statements to Schedule H of Form 5500:

	Years Ended December 31,	
	2025	2024
Insurance premiums paid, net	$ 141,704,735	$ 134,034,991
Add premiums due to insurers, end of year	1,113,769	1,216,561
Less premiums due to insurers, beginning of year	(1,216,561)	(1,047,347)
Insurance premiums paid to insurance carrier per Schedule H of Form 5500	$ 141,601,943	$ 134,204,205

For the year ended December 31, 2025, other payments to provide benefits per Schedule H of Form 5500 totaled $863,586, which included: discount program fee of $20,000 paid to Passport Unlimited, Inc.; employee assistance benefits totaling $37,166 paid to Behavioral Health Systems, Inc.; HR hotline and online application access fees totaling $12,739 paid to Archbright; privacy protection program fees totaling $11,225 paid to Norton LifeLock; and in-person and virtual care service program fees totaling $782,456 paid to Nice Healthcare PLLC.

For the year ended December 31, 2024, other payments to provide benefits per Schedule H of Form 5500 totaled $85,560, which included: discount program fee of $20,000 paid to Passport Unlimited, Inc.; employee assistance benefits totaling $48,849 paid to Behavioral Health Systems, Inc.; HR hotline and online application access fees totaling $11,112 paid to Archbright; and privacy protection program fees totaling $5,599 paid to Norton LifeLock.

Business Health Trust Arrangement

Supplementary Information

Business Health Trust Arrangement

Form 550, Schedule H - Part IV, Line 4i EIN: 36-7481494 PN: 501

December 31,2025

Assets Held for Investment

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	SHORT-TERM FUNDS:			
	Associated Bank, N.A.	Deposit account	$ 247,037	$ 247,037
	Atlantic Union Bank		247,094	247,094
	Avidbank		247,040	247,040
	Axos Bank		247,073	247,073
	BOKF, National Association		247,076	247,076
	Banc of California		247,094	247,094
	Bank 7		247,037	247,037
	Bank of China		247,037	247,037
	Bank of India		247,094	247,094
	Barclays Bank Delaware		247,094	247,094
	Bell Bank		247,037	247,037
	Bradesco Bank		247,016	247,016
	Bridgewater Bank		247,037	247,037
	Centennial Bank		247,037	247,037
	Citizens Bank, National Association		247,052	247,052
	City National Bank of Florida		247,037	247,037
	Columbia Bank		247,040	247,040
	Customers Bank		247,056	247,056
	EagleBank		247,025	247,025
	East West Bank		100,982	100,982
	Eastern Bank		247,040	247,040
	Enterprise Bank & Trust		247,037	247,037
	First Horizon Bank		247,062	247,062
	First Mid Bank & Trust N.A.		247,037	247,037
	First United Bank and Trust Company		247,074	247,074
	First-Citizens Bank & Trust Company		247,040	247,040
	Flagstar Bank, N.A.		247,040	247,040
	Glacier Bank		247,037	247,037
	Heritage Bank		282,400	282,400
	KeyBank National Association		247,036	247,036
	Mabrey Bank		247,037	247,037
	Merchants Bank of Indiana		247,094	247,094
	MidFirst Bank		247,067	247,067
	Midland States Bank		247,078	247,078
	NBH Bank		247,037	247,037
	OceanFirst Bank		247,037	247,037
	Old National Bank		247,094	247,094
	Pinnacle Bank - Omaha, NE		247,037	247,037
	Pinnacle Bank - Jersey City, NJ		247,094	247,094
	PlainsCapital Bank		247,040	247,040
	Provident Bank		247,059	247,059
	Raymond James Bank		247,094	247,094
	River City Bank		247,040	247,040
	Rockland Trust Company		247,037	247,037

Business Health Trust Arrangement

Form 5500, Schedule H - Part IV, Line 4i EIN: 36-7481494 PN: 501

December 31, 2025

Assets Held for Investment (Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Simmons Bank		$ 247,092	$ 247,092
	South State Bank, N.A.		247,094	247,094
	Stellar Bank		247,037	247,037
	Stifel Bank		247,094	247,094
	Synovus Bank		247,040	247,040
	Texas Capital Bank		247,037	247,037
	The Camden National Bank		247,094	247,094
	The Huntington National Bank		247,088	247,088
	TriState Capital Bank		247,094	247,094
	Truist Bank		247,094	247,094
	UMB Bank, National Association		247,040	247,040
	United Bank		247,094	247,094
	United Community Bank		247,037	247,037
	Valley National Bank		247,094	247,094
	Webster Bank, National Association		247,037	247,037
	Western Alliance Bank		247,054	247,054
	Woodforest Natl Bank		247,040	247,040
	Zions Bancorporation, N.A.		247,094	247,094
	b1BANK		247,037	247,037
	Various		296	296
			$ 15,454,230	$ 15,454,230
	MONEY MARKET ACCOUNT:			
	KeyBank	Money Market Account	4,004,323	4,004,323
	TOTAL INVESTMENTS		$ 19,458,553	$ 19,458,553

See accompanying independent auditors' report.

Business Health Trust Arrangement

Form 550, Schedule H - Part IV, Line 4i EIN: 36-7481494 PN: 501

December 31,2025

Assets Held for Investment

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	SHORT-TERM FUNDS:			
	Associated Bank, N.A.	Deposit account	$ 247,037	$ 247,037
	Atlantic Union Bank		247,094	247,094
	Avidbank		247,040	247,040
	Axos Bank		247,073	247,073
	BOKF, National Association		247,076	247,076
	Banc of California		247,094	247,094
	Bank 7		247,037	247,037
	Bank of China		247,037	247,037
	Bank of India		247,094	247,094
	Barclays Bank Delaware		247,094	247,094
	Bell Bank		247,037	247,037
	Bradesco Bank		247,016	247,016
	Bridgewater Bank		247,037	247,037
	Centennial Bank		247,037	247,037
	Citizens Bank, National Association		247,052	247,052
	City National Bank of Florida		247,037	247,037
	Columbia Bank		247,040	247,040
	Customers Bank		247,056	247,056
	EagleBank		247,025	247,025
	East West Bank		100,982	100,982
	Eastern Bank		247,040	247,040
	Enterprise Bank & Trust		247,037	247,037
	First Horizon Bank		247,062	247,062
	First Mid Bank & Trust N.A.		247,037	247,037
	First United Bank and Trust Company		247,074	247,074
	First-Citizens Bank & Trust Company		247,040	247,040
	Flagstar Bank, N.A.		247,040	247,040
	Glacier Bank		247,037	247,037
	Heritage Bank		282,400	282,400
	KeyBank National Association		247,036	247,036
	Mabrey Bank		247,037	247,037
	Merchants Bank of Indiana		247,094	247,094
	MidFirst Bank		247,067	247,067
	Midland States Bank		247,078	247,078
	NBH Bank		247,037	247,037
	OceanFirst Bank		247,037	247,037
	Old National Bank		247,094	247,094
	Pinnacle Bank - Omaha, NE		247,037	247,037
	Pinnacle Bank - Jersey City, NJ		247,094	247,094
	PlainsCapital Bank		247,040	247,040
	Provident Bank		247,059	247,059
	Raymond James Bank		247,094	247,094
	River City Bank		247,040	247,040
	Rockland Trust Company		247,037	247,037

Business Health Trust Arrangement

Form 5500, Schedule H - Part IV, Line 4i EIN: 36-7481494 PN: 501

December 31, 2025

Assets Held for Investment (Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Simmons Bank		$ 247,092	$ 247,092
	South State Bank, N.A.		247,094	247,094
	Stellar Bank		247,037	247,037
	Stifel Bank		247,094	247,094
	Synovus Bank		247,040	247,040
	Texas Capital Bank		247,037	247,037
	The Camden National Bank		247,094	247,094
	The Huntington National Bank		247,088	247,088
	TriState Capital Bank		247,094	247,094
	Truist Bank		247,094	247,094
	UMB Bank, National Association		247,040	247,040
	United Bank		247,094	247,094
	United Community Bank		247,037	247,037
	Valley National Bank		247,094	247,094
	Webster Bank, National Association		247,037	247,037
	Western Alliance Bank		247,054	247,054
	Woodforest Natl Bank		247,040	247,040
	Zions Bancorporation, N.A.		247,094	247,094
	b1BANK		247,037	247,037
	Various		296	296
			$ 15,454,230	$ 15,454,230
	MONEY MARKET ACCOUNT:			
	KeyBank	Money Market Account	4,004,323	4,004,323
	TOTAL INVESTMENTS		$ 19,458,553	$ 19,458,553

See accompanying independent auditors' report.