

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TACOMA-PIERCE COUNTY BLOOD BANK P.O. BOX 2113 TACOMA, WA 98401-2113		3b Administrator's EIN 91-0657805 3c Administrator's telephone number 253-383-2553																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		5 127																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">75</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">79</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">16</td></tr> <tr><td>6d</td><td style="text-align: right;">95</td></tr> <tr><td>6e</td><td style="text-align: right;">0</td></tr> <tr><td>6f</td><td style="text-align: right;">95</td></tr> <tr><td>6g</td><td style="text-align: right;">95</td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>			6a(1)	75	6a(2)	79	6b	0	6c	16	6d	95	6e	0	6f	95	6g	95	6h	0
6a(1)	75																					
6a(2)	79																					
6b	0																					
6c	16																					
6d	95																					
6e	0																					
6f	95																					
6g	95																					
6h	0																					
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 Characteristics Codes in the instructions: 2C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TACOMA-PIERCE COUNTY BLOOD BANK DBA DBA CASCADE REGIONAL BLOOD SERVICES MONEY PURCHASE PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TACOMA-PIERCE COUNTY BLOOD BANK	D Employer Identification Number (EIN) 91-0657805	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DYNAMIC WEALTH ADVISORS

26-3945512

(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?
27	NONE	40290	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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)

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

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

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

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

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

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
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(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 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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TACOMA-PIERCE COUNTY BLOOD BANK DBA DBA CASCADE REGIONAL BLOOD SERVICES MONEY PURCHASE PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TACOMA-PIERCE COUNTY BLOOD BANK	D Employer Identification Number (EIN) 91-0657805	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	1474633285
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	101562116358
(2) U.S. Government securities		1c(2)	285197550396
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	911923531116
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	16527361756096
(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)	188344528

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2984998 2991779
Liabilities			
g	Benefit claims payable	1g	0 16590
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 16590
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2984998 2975189

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	243224
	(B) Participants	2a(1)(B)	
	(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)	243224
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19
	(B) U.S. Government securities	2b(1)(B)	15628
	(C) Corporate debt instruments	2b(1)(C)	20330
	(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)	35977
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	23886
	(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)	23886
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	893043
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	595362
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	297681
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	57929
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	57929

		(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		658697

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	628216	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		628216
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	40290	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40290
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		668506

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9809
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) ☒ 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) ☒ 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: CLARKE WHITNEY CPA, INC

(2) EIN: 91-1471050

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan TACOMA-PIERCE COUNTY BLOOD BANK DBA DBA CASCADE REGIONAL BLOOD SERVICES MONEY PURCHASE PENSION PLAN AND TRUST</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 TACOMA-PIERCE COUNTY BLOOD BANK</div>	<div>D Employer Identification Number (EIN) 91-0657805</div>

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 91-1633109		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	62

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	254240	
	b Enter the amount contributed by the employer to the plan for this plan year	6b	254240	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0	
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

**INDEPENDENT AUDITOR'S REPORT
AND
FINANCIAL STATEMENTS**

DECEMBER 31, 2020
(with comparative totals for 2019)

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4
NOTES TO THE FINANCIAL STATEMENTS	5-10
SUPPLEMENTAL INFORMATION	11-13

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
Cascade Regional Blood Services Money Purchase Pension Plan and Trust
Tacoma, Washington

Report on the Financial Statements

We have audited the accompanying financial statements of Cascade Regional Blood Services (CASRBS) Money Purchase Pension Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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 Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Cascade Regional Blood Services Money Purchase Pension Plan and Trust as of December 31, 2020, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at the end of year and schedule of assets (acquired and disposed of within year), together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan’s 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited CASRBS's 2019 Money Purchase Pension Plan and Trust, and we expressed an unmodified opinion on those audited financial statements in our report dated September 30, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Clarke Whitney, CPA, Inc.

Clarke Whitney, CPA, Inc.
Bremerton, Washington
October 13, 2021

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u> <u>2020</u>	<u>December 31,</u> <u>2019</u>
<u>ASSETS</u>		
INVESTMENTS, at fair value		
Cash and cash equivalents	\$ 120,891	\$ 101,562
Common stock	1,734,298	1,652,736
Corporate bonds	983,054	911,923
Government bonds	98,457	285,197
Other	<u>21,794</u>	<u>18,834</u>
Total investments at fair value	2,958,494	2,970,252
EMPLOYER CONTRIBUTION RECEIVABLE	<u>16,695</u>	<u>14,746</u>
Total assets	<u>\$ 2,975,189</u>	<u>\$ 2,984,998</u>
<u>LIABILITIES AND NET ASSETS</u>		
OTHER LIABILITIES	<u>\$ -</u>	<u>\$ -</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,975,189</u>	<u>\$ 2,984,998</u>

The accompanying notes are an integral part of these financial statements.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended</u> <u>December 31, 2020</u>	<u>Year Ended</u> <u>December 31, 2019</u>
ADDITIONS:		
Net appreciation in fair value of investments	\$ 374,190	\$ 356,478
Interest and dividends	<u>59,863</u>	<u>60,804</u>
	434,053	417,282
EMPLOYER CONTRIBUTIONS	<u>256,189</u>	<u>239,033</u>
Total additions	690,242	656,315
DEDUCTIONS		
Benefits paid to participants	628,216	166,284
Investment fees	<u>40,290</u>	<u>39,141</u>
Total deductions	<u>668,506</u>	<u>205,425</u>
Net increase (decrease)	(9,810)	450,890
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>2,984,998</u>	<u>2,534,108</u>
End of year	<u>\$ 2,975,188</u>	<u>\$ 2,984,998</u>

The accompanying notes are an integral part of these financial statements.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 (with comparative totals for 2019)

NOTE 1 - DESCRIPTION OF PLAN

The following description of Cascade Regional Blood Services (the Company) Money Purchase Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, nonparticipant-directed, defined contribution plan covering all non-union employees of Cascade Regional Blood Services (the Employer) as well as all employees who are members of OPEIU Local 23. Leased employees, independent contractors, or on call employees are excluded, as defined.

Contributions

Each year, the Company contributes an amount equal to the number of hours worked times the allocation rate. The allocation rate for 2020 and 2019, was \$1.15 per hour of service for union employees, respectively and \$2.95 per hour of service for employees not covered by a collective bargaining agreement. For the years ended December 31, 2020 and December 31, 2019, the Company met the minimum funding requirement and contributed \$256,189 and \$242,377, respectively. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with allocations of the Company's contributions, Plan earnings, and Plan expenses. Allocations are based on participant service hours or account balance, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants become fully vested in their account balances after one year of service, defined as at least 700 hours of service during a plan year, or upon death or disability.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant or beneficiary may elect to receive a benefit payment equal to the value of his or her account. Lump-sum payments will be made for all terminated employees with an account balance less than \$1,000 when administratively practical. Terminated participants with account balances exceeding \$1,000 but less than \$5,000 may only receive a lump sum distribution and will be subject to the automatic "IRA Rollover" rules. Terminated participants with account balances exceeding \$5,000 may elect to leave the vested account balance in the Plan, or to receive a lump-sum payment, an annuity, or a series of payments made over a period of time not exceeding the life expectancy of the participant or designated beneficiary.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 (with comparative totals for 2019)

NOTE 1 - DESCRIPTION OF PLAN (continued)

Forfeited Accounts

Forfeitures of terminated participant's non-vested account balances may be used to pay Plan administrative expenses, reduce the Company's contributions, and restore prior forfeitures. At December 31, 2020 and December 31, 2019, forfeited non-vested accounts totaled \$7,616 and \$3,344, respectively. At December 31, 2020 and December 31, 2019, the vested account balance for terminated participants totaled \$308,917 and \$455,746, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Income Valuation and Income Recognition

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. The Plan's Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and managers of the funds. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial the statements. Some investment related expenses are included in net depreciation of fair value of investments and others are included in investment fees listed as a deduction on the statement of changes in net assets available for benefits.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 (with comparative totals for 2019)

NOTE 2 -SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2021, the date these financial statements were available to be issued.

NOTE 3 -FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy 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 Plan 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;
- 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate and Government bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 (with comparative totals for 2019)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

REITs: Valued at the net asset value (NAV) of shares of the underlying assets in each account held by the Plan at yearend. The Plan's REITs have readily determinable fair values and the funds publish their daily NAV in an actively traded market and transact at that price.

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

	<u>December 31, 2020</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and equivalents	\$ 120,891	\$ 120,891	\$ -	\$ -
Common stocks	1,734,298	1,734,298	-	-
Corporate bonds	983,054	-	983,054	-
Government bonds	98,457	-	98,457	-
REITs	21,794	21,794	-	-
	<u>\$ 2,958,494</u>	<u>\$ 1,876,983</u>	<u>\$ 1,081,511</u>	<u>\$ -</u>

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

	<u>December 31, 2019</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and equivalents	\$ 101,562	\$ 101,562	\$ -	\$ -
Common stocks	1,652,736	1,652,736	-	-
Corporate bonds	911,923	-	911,923	-
Government bonds	285,197	-	285,197	-
REITs	18,834	18,834	-	-
	<u>\$ 2,970,252</u>	<u>\$ 1,773,132</u>	<u>\$ 1,197,120</u>	<u>\$ -</u>

NOTE 4 - INCOME TAX STATUS

The Plan adopted a volume submitter money purchase pension plan that received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2014, which stated that the volume submitter plan, as then designed, was in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has not received an opinion letter specific to the Plan, and the Plan has been amended since receiving the opinion letter; however, the Plan administrator believes the Plan is designed and being operated in accordance with the applicable requirements of the IRC.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 (with comparative totals for 2019)

NOTE 4 - INCOME TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for tax periods in progress. Typically, the U.S. federal tax returns are open to examination for a period of three years after the filing date.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6 - RISKS AND UNCERTAINTIES

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

NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

A party-in-interest is defined as a fiduciary or employee of the Plan, any person who provides service to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee organization, or a relative of such persons mentioned.

The Plan's investment options are held in accounts at Raymond James. Therefore, any transaction executed with the trustee qualifies as a party-in-interest transaction. Certain costs are incurred as transactions occur. These costs are included in the price of investments bought and/or sold and are not separately quantifiable.

The Company is a fiduciary of the Plan. Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan.

The Company has retained the services of a third-party administrator to perform certain other administrative functions. The Company also retains the services of a certified public accountant to perform the annual audit. The administration and audit fees were paid by the Company.

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 (with comparative totals for 2019)

CASH AND CASH EQUIVALENTS:		\$	120,891	\$	120,891
COMMON STOCKS:					
MICROSOFT CORPORATION	192 shares	\$	37,191	\$	42,705
AUTODESK INCORPORATED	140 shares		36,221		42,748
ALIBABA GROUP HLDG LIMITED SPONSORED ADS	160 shares		35,994		37,237
ORACLE CORPORATION	616 shares		33,876		39,849
ALPHABET INCORPORATED CAP STK CLASS A	21 shares		33,302		36,805
FACEBOOK INCORPORATED CLASS A	186 shares		30,806		50,808
QUALCOMM INCORPORATED	200 shares		28,021		30,468
NOVARTIS AG SPONSORED ADR (SWITZERLAND)	339 shares		27,950		32,012
DEERE & COMPANY	113 shares		27,279		30,403
MONSTER BEVERAGE CORPORATION NEW	310 shares		25,990		28,669
BOEING COMPANY	153 shares		25,930		32,751
ROCHE HLDG LIMITED SPONSORED ADR (SWITZERLAND)	668 shares		24,538		29,189
REGENERON PHARMACEUTICALS	42 shares		24,528		20,291
DISNEY WALT COMPANY	161 shares		21,850		29,170
COLGATE PALMOLIVE COMPANY	263 shares		20,663		22,489
SALESFORCE COM INCORPORATED	136 shares		17,975		30,264
STARBUCKS CORPORATION	193 shares		17,890		20,647
VISA INCORPORATED COM CLASS A	213 shares		17,874		46,589
EXPEDITORS INTERNATIONAL WASH INCORPORATED	196 shares		17,305		18,642
JPMORGAN CHASE & COMPANY	202 shares		16,215		25,668
ILLUMINA INCORPORATED	48 shares		14,881		17,760
UNILEVER PLC SPON ADR NEW (UNITED KINGDOM)	271 shares		13,797		16,358
NVIDIA CORPORATION	72 shares		12,731		37,598
VERIZON COMMUNICATIONS INCORPORATED	225 shares		12,692		13,219
MEDTRONIC PLC SHS (IRELAND)	131 shares		12,486		15,345
CERNER CORPORATION	167 shares		12,177		13,106
FACTSET RESH SYSTEMS INCORPORATED	36 shares		12,025		11,970
US BANCORP DEL COM NEW	252 shares		12,021		11,741
BRISTOL-MYERS SQUIBB COMPANY	190 shares		11,765		11,786
HONEYWELL INTERNATIONAL INCORPORATED	80 shares		11,634		17,016
ALPHABET INCORPORATED CAP STK CLASS C	13 shares		11,378		22,774
TOTAL SE SPONSORED ADS (FRANCE)	222 shares		11,360		9,304
WORKDAY INCORPORATED CLASS A	49 shares		11,235		11,741
CISCO SYSTEMS INCORPORATED	302 shares		11,186		13,515
EVEREST RE GROUP LIMITED (BERMUDA)	43 shares		11,016		10,066
SEI INVTS COMPANY	204 shares		10,649		11,724
AMERICAN INTERNATIONAL GROUP INCORPORATED COM NEW	215 shares		10,549		8,140
COMCAST CORPORATION NEW CLASS A	239 shares		10,443		12,524
WABTEC	150 shares		9,943		10,980
TAIWAN SEMICONDUCTOR MFG LIMITED SPONSORED ADS	144 shares		9,810		15,702
RAYTHEON TECHNOLOGIES CORPORATION	137 shares		9,763		9,797
TEXAS INSTRS INCORPORATED	79 shares		9,699		12,966
AMERICAN EXPRESS COMPANY	110 shares		9,675		13,300
YUM BRANDS INCORPORATED	96 shares		9,636		10,422
GENERAL DYNAMICS CORPORATION	54 shares		9,533		8,036
EAST WEST BANCORP INCORPORATED	234 shares		9,495		11,866
INTUITIVE SURGICAL INCORPORATED COM NEW	13 shares		9,445		10,635
PPG INDUSTRIES INCORPORATED	79 shares		9,337		11,393
WATERS CORPORATION	42 shares		9,208		10,392
CIT GROUP INCORPORATED COM NEW	252 shares		8,939		9,047
AMAZON COM INCORPORATED	18 shares		8,932		58,625
CVS HEALTH CORPORATION	147 shares		8,847		10,040
MORGAN STANLEY COM NEW	197 shares		8,726		13,500
UNITEDHEALTH GROUP INCORPORATED	25 shares		8,716		8,767
FIDELITY NATIONAL FINANCIAL IN FNF GROUP COM	259 shares		8,281		10,124
PROCTER AND GAMBLE COMPANY	68 shares		8,147		9,462
ALCON INC ACT NOM (SWITZERLAND)	148 shares		8,075		9,879
HUBBELL INCORPORATED	65 shares		7,837		10,191
DOW INCORPORATED	168 shares		7,723		9,324
LEAR CORPORATION COM NEW	62 shares		7,691		9,860
SANOFI SPONSORED ADR (FRANCE)	161 shares		7,676		7,823
CHEVRON CORPORATION NEW	79 shares		7,540		6,672
SCHLUMBERGER LIMITED (CURACAO)	409 shares		7,536		8,928
BLACKSTONE GROUP INCORPORATED COM CLASS A	138 shares		7,522		8,944
NOVO-NORDISK A S ADR (DENMARK)	105 shares		7,500		7,334
CUMMINS INCORPORATED	48 shares		7,487		10,901
MASCO CORPORATION	186 shares		7,486		10,217
PEPSICO INCORPORATED	68 shares		7,410		10,084
YUM CHINA HLDGS INCORPORATED	128 shares		7,090		7,308
CRH PLC ADR (IRELAND)	207 shares	\$	6,889	\$	8,814

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

EIN: 91-0657805

PLAN NO. 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	TJX COMPANIES INCORPORATED NEW	126 shares	\$ 6,822	\$ 8,605
	LANDSTAR SYSTEMS INCORPORATED	51 shares	6,776	6,868
	CORTEVA INCORPORATED	256 shares	6,762	9,912
	CMS ENERGY CORPORATION	113 shares	6,688	6,894
	FOX CORPORATION CLASS A COM	265 shares	6,491	7,717
	AMERIPRISE FINL INCORPORATED	53 shares	6,472	10,299
	EDISON INTERNATIONAL	107 shares	6,416	6,722
	MASTERCARD INCORPORATED CLASS A	20 shares	6,412	7,139
	DUKE ENERGY CORPORATION NEW COM NEW	74 shares	6,314	6,775
	DOMINOS PIZZA INCORPORATED	14 shares	5,992	5,368
	HEINEKEN NV SPONSORED ADR L1 (NETHERLANDS)	124 shares	5,854	6,920
	GLOBE LIFE INCORPORATED	71 shares	5,815	6,742
	LOWES COMPANIES INCORPORATED	57 shares	5,803	9,149
	MARATHON PETE CORPORATION	135 shares	5,564	5,584
	MERCK & COMPANY. INCORPORATED	84 shares	5,560	6,871
	AUTOMATIC DATA PROCESSING INCORPORATED	33 shares	5,457	5,815
	CABOT OIL & GAS CORPORATION	280 shares	5,435	4,558
	KERRY GROUP PLC SPONSORED ADR (IRELAND)	48 shares	5,345	6,960
	PHILIP MORRIS INTERNATIONAL INCORPORATED	64 shares	5,315	5,299
	RECKITT BENCKISER GRP PLC SPONSORED ADR	318 shares	5,268	5,687
	ASSA ABLOY AB ADR (SWEDEN)	489 shares	5,071	6,028
	EBAY INCORPORATED	133 shares	4,994	6,683
	MICRON TECHNOLOGY INCORPORATED	71 shares	4,989	5,338
	AMERICAN WTR WKS COMPANY INCORPORATED NEW	30 shares	4,968	4,604
	NETAPP INCORPORATED	93 shares	4,919	6,160
	CHECK POINT SOFTWARE TECH LIMITED ORD (ISRAEL)	59 shares	4,838	7,842
	SMITH & NEPHEW PLC SPDN ADR NEW (UNITED KINGDOM)	119 shares	4,796	5,018
	SAP SE SPON ADR (GERMANY)	51 shares	4,703	6,650
	CHOICE HOTELS INTERNATIONAL INCORPORATED	48 shares	4,659	5,123
	MCKESSON CORPORATION	34 shares	4,520	5,913
	GENERAL MTRS COMPANY	159 shares	4,446	6,621
	TELEPERFORMANCE UNSPONSORD ADR (FRANCE)	41 shares	4,430	6,805
	PRUDENTIAL PLC ADR (UNITED KINGDOM)	106 shares	4,427	3,915
	BRIDGESTONE CORPORATION ADR (JAPAN)	228 shares	4,390	3,736
	NEXTERA ENERGY INCORPORATED	89 shares	4,308	6,866
	BUNZL PLC SPON ADR NEW (UNITED KINGDOM)	223 shares	4,175	7,447
	UBS GROUP AG SHS (SWITZERLAND)	254 shares	4,171	3,593
	PERNOD RICARD SA ADR (FRANCE)	166 shares	4,162	6,370
	RELX PLC SPONSORED ADR (UNITED KINGDOM)	263 shares	4,143	6,486
	KBC GROUP NV UNSPONSORED ADR (BELGIUM)	105 shares	4,029	3,680
	DIAGEO PLC SPON ADR NEW (UNITED KINGDOM)	25 shares	3,921	3,970
	TOYOTA MOTOR CORPORATION SP ADR REP2COM (JAPAN)	35 shares	3,759	5,410
	INFOSYS LIMITED SPONSORED ADR (INDIA)	354 shares	3,649	6,000
	BRENNTAG AG UNSPONSORD ADR (GERMANY)	321 shares	3,637	4,976
	DBS GROUP HOLDINGS LIMITED SPONSORED ADR (SINGAPORE)	49 shares	3,584	3,713
	APPLE INCORPORATED	81 shares	3,558	10,748
	VERTEX PHARMACEUTICALS INCORPORATED	15 shares	3,524	3,545
	HDFC BANK LIMITED SPONSORED ADS (INDIA)	64 shares	3,486	4,625
	LILLY ELI & COMPANY	20 shares	3,444	3,377
	FERGUSON PLC NEW SPONSRD ADS NEW	475 shares	3,442	5,768
	NORFOLK SOUTHN CORPORATION	14 shares	3,343	3,327
	ABBVIE INCORPORATED	32 shares	3,340	3,429
	KONINKLIJKE PHILIPS N V NY REG SH NEW (NETHERLANDS)	74 shares	3,235	4,009
	SMURFIT KAPPA PLC DUBLIN UNSPONSORD ADR (IRELAND)	87 shares	3,136	4,049
	SCHNEIDER ELECTRIC SE UNSPONSORD ADR (FRANCE)	184 shares	3,064	5,327
	AIA GROUP LIMITED SPONSORED ADR (HONG KONG)	96 shares	2,961	4,705
	JOHNSON & JOHNSON	22 shares	2,935	3,462
	TECHNOPRO HLDGS INCORPORATED SPONSORED ADS (JAPAN)	251 shares	2,926	4,157
	JULIUS BAER GROUP LIMITED UNSPONSORD ADR (SWITZERLAND)	309 shares	2,898	3,566
	SONOVA HLDG AG UNSPONSORED ADR (SWITZERLAND)	109 shares	2,880	5,672
	ONEOK INCORPORATED NEW	102 shares	2,868	3,915
	NEXSTAR MEDIA GROUP INCORPORATED CLASS A	43 shares	2,771	4,695
	HOYA CORPORATION SPONSORED ADR (JAPAN)	40 shares	2,673	5,529
	TECHTRONIC INDUSTRIES LIMITED SPONSORED ADR (HONG KONG)	96 shares	2,600	6,847
	NXP SEMICONDUCTORS N V (NETHERLANDS)	26 shares	2,413	4,134
	TOKIO MARINE HOLDINGS INCORPORATED ADR (JAPAN)	55 shares	2,318	2,828
	AIR LIQUIDE ADR (FRANCE)	108 shares	\$ 2,224	\$ 3,548

CASCADE REGIONAL BLOOD SERVICES
MONEY PURCHASE PENSION PLAN AND TRUST

EIN: 91-0657805

PLAN NO. 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	TERUMO CORPORATION ADR (JAPAN)	71 shares	\$ 2,168	\$ 2,965
	LONZA GROUP AG UNSPONSORED ADR (SWITZERLAND)	85 shares	2,163	5,470
	ADIDAS AG ADR (GERMANY)	18 shares	2,103	3,280
	QIAGEN NV SHS NEW (NETHERLANDS)	44 shares	2,063	2,297
	INFINEON TECHNOLOGIES AG SPONSORED ADR (GERMANY)	109 shares	2,042	4,186
	WILLIS TOWERS WATSON PLC LIMITED SHS (IRELAND)	16 shares	2,010	3,371
	BARRATT DEVS PLC ADR (UNITED KINGDOM)	119 shares	1,793	2,180
	SMITHS GROUP PLC SPONSORED ADR	77 shares	1,770	1,584
	AERCAP HOLDINGS NV SHS (NETHERLANDS)	40 shares	1,571	1,823
	ARKEMA SPON ADR (FRANCE)	23 shares	1,519	2,631
	RIGHTMOVE PLC UNSPONSORED ADR (UNITED KINGDOM)	122 shares	1,512	2,171
	KAO CORPORATION UNSPONSORD ADS (JAPAN)	120 shares	1,510	1,853
	SGS SA UNSPONSORED ADR (SWITZERLAND)	106 shares	1,505	3,202
	SANTEN PHARMACEUTICAL COMPANY LIMITED ADR (JAPAN)	127 shares	1,473	2,060
	LONDON STK EXCHANGE GROUP UNSPONSORED ADR	104 shares	1,468	3,202
	AON PLC SHS CL A (IRELAND)	22 shares	1,431	4,648
	L OREAL COMPANY ADR (FRANCE)	33 shares	1,402	2,510
	ENBRIDGE INCORPORATED (CANADA)	42 shares	1,371	1,342
	DEUTSCHE BOERSE UNSPONSORD ADR (GERMANY)	124 shares	1,347	2,113
	WEIR GROUP PLC SPONSORED ADR	161 shares	1,277	2,189
	ASML HOLDING N V N Y REGISTRY SHS (NETHERLANDS)	14 shares	1,266	6,828
	DAIKIN INDUSTRIES LIMITED UNSPONSORED ADS (JAPAN)	197 shares	1,241	4,373
	AUTOLIV INCORPORATED	17 shares	1,136	1,566
	GIVAUDAN SA ADR (SWITZERLAND)	23 shares	475	1,941
			\$ 1,340,921	\$ 1,734,298
	CORPORATE BONDS:			
	FANNIE MAE POOL #AL5259 3.5% DUE 05/01/2029	110,000 par value	\$ 27,628	\$ 27,792
	FREDDIE MAC GROUP #G31066 4% DUE 11/01/2035	39,000 par value	24,298	25,822
	FANNIE MAE POOL #MA3955 2.5% DUE 03/01/2035	32,000 par value	23,324	23,104
	FANNIE MAE POOL #FM3387 3.5% DUE 03/01/2035	29,000 par value	21,591	21,604
	FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 1.875% DUE 09/24/2026	20,000 par value	21,517	21,625
	FHLMC SERIES K-037 A-2 3.49% DUE 01/25/2024	20,000 par value	21,378	21,717
	FHLMC REMIC SERIES K-079 A-2 3.926% DUE 06/25/2028	16,000 par value	19,224	19,188
	FREDDIE MAC GROUP #C91441 3% DUE 04/01/2032	65,000 par value	18,974	18,829
	FANNIE MAE POOL #AS1415 3% DUE 01/01/2029	60,000 par value	18,936	19,124
	FREDDIE MAC GROUP #G13511 4.5% DUE 04/01/2024	1,364,654 par value	17,992	18,513
	FREDDIE MAC GROUP #SB8028 3.5% DUE 01/01/2035	24,000 par value	17,266	17,521
	FHLMC REMIC SERIES K-115 A-2 1.383% DUE 06/25/2030	16,000 par value	16,480	16,298
	NISSAN AUTO REC TR 2019-A A-3 AUTO LOANS 2.9% DUE 10/16/2023	15,000 par value	14,045	14,311
	GM FIN CONS ATMB TR 2020-3 A3 AUTO LOANS 0.45% DUE 04/16/2025	14,000 par value	14,007	14,056
	FHLMC REMIC SERIES K-121 A-1 0.995% DUE 08/25/2030	14,000 par value	13,999	14,043
	FREDDIE MAC GROUP #J12247 4.5% DUE 05/01/2025	410,000 par value	13,899	14,093
	FHLMC REMIC SERIES K-065 A-2 3.243% DUE 04/25/2027	12,000 par value	13,496	13,704
	FHLMC REMIC SERIES K-068 A-2 3.244% DUE 08/25/2027	12,000 par value	13,478	13,767
	FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 2.625% DUE 09/06/2024	12,000 par value	13,019	13,051
	FHLMC REMIC SERIES K-077 A-2 3.85% DUE 05/25/2028	11,000 par value	12,386	13,112
	AMDOCS LIMITED 2.538% DUE 06/15/2030	12,000 par value	12,152	12,657
	SHELL INTERNATIONAL FINANCE B.V. 0.6206% DUE 11/13/2023	12,000 par value	12,063	12,031
	MORGAN STANLEY 0.56% DUE 11/10/2023	12,000 par value	12,005	12,028
	GOLDMAN SACHS GROUP, INC. 0.6186% DUE 11/17/2023	12,000 par value	12,000	12,009
	CNH EQUIPMENT TR 2017-C A-4 2.36% DUE 11/15/2024	12,000 par value	11,997	12,221
	INTERCONTINENTAL EXCHANGE INC 3.45% DUE 09/21/2023	11,000 par value	11,857	11,852
	VERIZON OWNER TR 2018-A A-1A 3.23% DUE 04/20/2023	15,000 par value	11,820	11,868
	FHLMC REMIC SERIES K-048 A-2 3.284% DUE 06/25/2025	11,000 par value	11,679	12,246
	NASDAQ INC 3.85% DUE 06/30/2026	10,000 par value	11,427	11,478
	DISCOVERY COMMUNICATIONS, LLC 3.95% DUE 03/20/2028	10,000 par value	11,295	11,478
	HCP INC 3.25% DUE 07/15/2026	11,000 par value	11,212	12,417
	STARBUCKS CORPORATION 2% DUE 03/12/2027	11,000 par value	11,104	11,673
	LYB INTERNATIONAL FINANCE III LLC 1.2375% DUE 10/01/2023	11,000 par value	11,011	11,019
	B.A.T. CAPITAL CORPORATION 2.259% DUE 03/25/2028	11,000 par value	11,000	11,419
	MCKESSON CORPORATION 0.9% DUE 12/03/2025	11,000 par value	10,996	11,055
	WILLIS NORTH AMERICAN INC. 2.95% DUE 09/15/2029	10,000 par value	10,830	10,941
	PAYPAL HOLDINGS INCORPORATION 2.3% DUE 06/01/2030	10,000 par value	10,746	10,708
	KEYCORP 2.25% DUE 04/06/2027	10,000 par value	10,601	10,668
	JPMORGAN CHASE & CO. 2.182% DUE 06/01/2028	10,000 par value	10,581	10,615
	FHLMC REMIC SERIES K-116 A-2 1.378% DUE 07/25/2030	10,000 par value	\$ 10,299	\$ 10,206

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MONEY PURCHASE PENSION PLAN AND TRUST

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FHLMC REMIC SERIES K-117 A-2 1.406% DUE 08/25/2030	10,000 par value	\$ 10,299	\$ 10,200
	AMPHENOL CORPORATION 2.8% DUE 02/15/2030	10,000 par value	10,282	11,031
	FISERV, INC. 2.75% DUE 07/01/2024	10,000 par value	10,250	10,738
	ABBVIE INC. 3.75% DUE 11/14/2023	10,000 par value	10,249	10,904
	FHLMC REMIC SERIES K-J09 A-2 2.838% DUE 09/25/2022	24,000 par value	10,215	10,312
	FANNIE MAE POOL #MA3932 3.5% DUE 02/01/2035	14,000 par value	10,090	10,280
	BANK OF AMERICA CORPORATION 1.319% DUE 06/19/2026	10,000 par value	10,040	10,213
	CONAGRA BRANDS INC 1.375% DUE 11/01/2027	10,000 par value	9,882	10,092
	PRIVATE EXPORT FUNDING CORP. 2.45% DUE 07/15/2024	10,000 par value	9,865	10,674
	FANNIE MAE POOL #BN6579 3.5% DUE 04/01/2034	19,000 par value	9,851	10,044
	FANNIE MAE POOL #BK0709 2.5% DUE 02/01/2035	13,000 par value	9,729	9,738
	VERIZON COMMUNICATIONS INC. 2.625% DUE 08/15/2026	9,000 par value	9,466	9,862
	MARSH & MCLENNAN COMPANIES, INC. 3.5% DUE 06/03/2024	9,000 par value	9,435	9,816
	INTERCONTINENTAL EXCHANGE GROUP INC 4% DUE 10/15/2023	9,000 par value	9,395	9,876
	QUEST DIAGNOSTICS INCORPORATED 2.8% DUE 06/30/2031	9,000 par value	9,311	9,868
	HP INC 2.2% DUE 06/17/2025	9,000 par value	9,305	9,529
	FANNIE MAE POOL #FM3081 3% DUE 04/01/2033	11,000 par value	9,136	9,092
	AUTOZONE, INC. 3.125% DUE 07/15/2023	9,000 par value	9,105	9,524
	CBOE HOLDINGS INC 3.65% DUE 01/12/2027	9,000 par value	9,015	10,237
	OMNICOM GROUP INC 3.6% DUE 04/15/2026	9,000 par value	9,010	10,270
	BOSTON SCIENTIFIC CORPORATION 3.45% DUE 03/01/2024	9,000 par value	8,995	9,749
	NOVARTIS CAPITAL CORPORATION 2% DUE 02/14/2027	9,000 par value	8,992	9,605
	AT&T INC 2.3% DUE 06/01/2027	9,000 par value	8,987	9,599
	FANNIE MAE POOL #MA3956 3% DUE 03/01/2035	12,000 par value	8,970	9,116
	FHLMC REMIC SERIES K-047 A-2 3.329% DUE 05/25/2025	8,000 par value	8,926	8,910
	VIRGINIA ELECTRIC AND POWER COMPANY 2.95% DUE 11/15/2026	9,000 par value	8,618	10,014
	MAGELLAN MIDSTREAM PARTNERS LP 3.25% DUE 06/01/2030	8,000 par value	8,400	9,040
	THERMO FISHER SCIENTIFIC INC 4.15% DUE 02/01/2024	8,000 par value	8,330	8,821
	MICROSOFT CORPORATION 3.125% DUE 11/03/2025	8,000 par value	8,275	8,944
	U.S. BANCORP 3.95% DUE 11/17/2025	8,000 par value	8,103	9,235
	CME GROUP INC. 3.75% DUE 06/15/2028	8,000 par value	8,026	9,479
	BLACKROCK, INC. 3.2% DUE 03/15/2027	8,000 par value	8,018	9,024
	DUKE ENERGY PROGRESS INC 3.7% DUE 09/01/2028	8,000 par value	8,003	9,364
	NIKE, INC. 2.4% DUE 03/27/2025	8,000 par value	7,989	8,622
	COMCAST CORPORATION 3.3% DUE 02/01/2027	8,000 par value	7,738	9,025
	FANNIE MAE POOL #BM5440 4.5% DUE 11/01/2038	12,000 par value	7,511	7,839
	FANNIE MAE POOL #MA3159 3% DUE 10/01/2027	17,000 par value	7,437	7,616
	AMGEN INC. 1.9% DUE 02/21/2025	7,000 par value	6,986	7,358
	FEDERAL HOME LOAN MORTGAGE CORPORATION NOTE 2.375% DUE 01/13/2022	7,000 par value	6,901	7,162
	FREDDIE MAC GROUP #G18575 3% DUE 11/01/2030	16,000 par value	5,857	5,887
	FANNIE MAE POOL #AX5294 4% DUE 01/01/2027	35,000 par value	5,138	5,182
	FANNIE MAE POOL #MA0648 3.5% DUE 02/01/2026	47,000 par value	3,785	3,787
	FANNIE MAE POOL #AL6841 4% DUE 02/01/2029	14,000 par value	2,517	2,489
	CVS HEALTH CORP 3.7% DUE 03/09/2023	2,000 par value	1,994	2,140
	FREDDIE MAC GROUP #G14922 4.5% DUE 09/01/2026	12,000 par value	891	887
			\$ 952,929	\$ 983,054
	GOVERNMENT BONDS:			
	US TREASURY NOTES 1.75% 11/15/2029	36,000 par value	\$ 39,122	\$ 38,907
	US TREASURY NOTES 3.125% 11/15/2028	24,000 par value	25,459	28,416
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			\$ 94,190	\$ 98,457
	REAL ESTATE INVESTMENT TRUSTS:			
	ALEXANDRIA REAL ESTATE EQ INCORPORATED REIT	44 shares	\$ 6,848	\$ 7,842
	PROLOGIS INCORPORATED REIT	67 shares	5,475	6,677
	HIGHWOODS PPTYS INCORPORATED REIT	84 shares	3,700	3,329
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CASCADE REGIONAL BLOOD SERVICES
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EIN: 91-0657805

PLAN NO. 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	TJX COMPANIES INCORPORATED NEW	126 shares \$	6,822 \$	8,605
	LANDSTAR SYSTEMS INCORPORATED	51 shares	6,776	6,868
	CORTEVA INCORPORATED	256 shares	6,762	9,912
	CMS ENERGY CORPORATION	113 shares	6,688	6,894
	FOX CORPORATION CLASS A COM	265 shares	6,491	7,717
	AMERIPRISE FINL INCORPORATED	53 shares	6,472	10,299
	EDISON INTERNATIONAL	107 shares	6,416	6,722
	MASTERCARD INCORPORATED CLASS A	20 shares	6,412	7,139
	DUKE ENERGY CORPORATION NEW COM NEW	74 shares	6,314	6,775
	DOMINOS PIZZA INCORPORATED	14 shares	5,992	5,368
	HEINEKEN NV SPONSORED ADR L1 (NETHERLANDS)	124 shares	5,854	6,920
	GLOBE LIFE INCORPORATED	71 shares	5,815	6,742
	LOWES COMPANIES INCORPORATED	57 shares	5,803	9,149
	MARATHON PETE CORPORATION	135 shares	5,564	5,584
	MERCK & COMPANY. INCORPORATED	84 shares	5,560	6,871
	AUTOMATIC DATA PROCESSING INCORPORATED	33 shares	5,457	5,815
	CABOT OIL & GAS CORPORATION	280 shares	5,435	4,558
	KERRY GROUP PLC SPONSORED ADR (IRELAND)	48 shares	5,345	6,960
	PHILIP MORRIS INTERNATIONAL INCORPORATED	64 shares	5,315	5,299
	RECKITT BENCKISER GRP PLC SPONSORED ADR	318 shares	5,268	5,687
	ASSA ABLOY AB ADR (SWEDEN)	489 shares	5,071	6,028
	EBAY INCORPORATED	133 shares	4,994	6,683
	MICRON TECHNOLOGY INCORPORATED	71 shares	4,989	5,338
	AMERICAN WTR WKS COMPANY INCORPORATED NEW	30 shares	4,968	4,604
	NETAPP INCORPORATED	93 shares	4,919	6,160
	CHECK POINT SOFTWARE TECH LIMITED ORD (ISRAEL)	59 shares	4,838	7,842
	SMITH & NEPHEW PLC SPDN ADR NEW (UNITED KINGDOM)	119 shares	4,796	5,018
	SAP SE SPON ADR (GERMANY)	51 shares	4,703	6,650
	CHOICE HOTELS INTERNATIONAL INCORPORATED	48 shares	4,659	5,123
	MCKESSON CORPORATION	34 shares	4,520	5,913
	GENERAL MTRS COMPANY	159 shares	4,446	6,621
	TELEPERFORMANCE UNSPONSORD ADR (FRANCE)	41 shares	4,430	6,805
	PRUDENTIAL PLC ADR (UNITED KINGDOM)	106 shares	4,427	3,915
	BRIDGESTONE CORPORATION ADR (JAPAN)	228 shares	4,390	3,736
	NEXTERA ENERGY INCORPORATED	89 shares	4,308	6,866
	BUNZL PLC SPON ADR NEW (UNITED KINGDOM)	223 shares	4,175	7,447
	UBS GROUP AG SHS (SWITZERLAND)	254 shares	4,171	3,593
	PERNOD RICARD SA ADR (FRANCE)	166 shares	4,162	6,370
	RELX PLC SPONSORED ADR (UNITED KINGDOM)	263 shares	4,143	6,486
	KBC GROUP NV UNSPONSORED ADR (BELGIUM)	105 shares	4,029	3,680
	DIAGEO PLC SPON ADR NEW (UNITED KINGDOM)	25 shares	3,921	3,970
	TOYOTA MOTOR CORPORATION SP ADR REP2COM (JAPAN)	35 shares	3,759	5,410
	INFOSYS LIMITED SPONSORED ADR (INDIA)	354 shares	3,649	6,000
	BRENNTAG AG UNSPONSORD ADR (GERMANY)	321 shares	3,637	4,976
	DBS GROUP HOLDINGS LIMITED SPONSORED ADR (SINGAPORE)	49 shares	3,584	3,713
	APPLE INCORPORATED	81 shares	3,558	10,748
	VERTEX PHARMACEUTICALS INCORPORATED	15 shares	3,524	3,545
	HDFC BANK LIMITED SPONSORED ADS (INDIA)	64 shares	3,486	4,625
	LILLY ELI & COMPANY	20 shares	3,444	3,377
	FERGUSON PLC NEW SPONSRD ADS NEW	475 shares	3,442	5,768
	NORFOLK SOUTHN CORPORATION	14 shares	3,343	3,327
	ABBVIE INCORPORATED	32 shares	3,340	3,429
	KONINKLIJKE PHILIPS N V NY REG SH NEW (NETHERLANDS)	74 shares	3,235	4,009
	SMURFIT KAPPA PLC DUBLIN UNSPONSORD ADR (IRELAND)	87 shares	3,136	4,049
	SCHNEIDER ELECTRIC SE UNSPONSORD ADR (FRANCE)	184 shares	3,064	5,327
	AIA GROUP LIMITED SPONSORED ADR (HONG KONG)	96 shares	2,961	4,705
	JOHNSON & JOHNSON	22 shares	2,935	3,462
	TECHNOPRO HLDGS INCORPORATED SPONSORED ADS (JAPAN)	251 shares	2,926	4,157
	JULIUS BAER GROUP LIMITED UNSPONSORD ADR (SWITZERLAND)	309 shares	2,898	3,566
	SONOVA HLDG AG UNSPONSORED ADR (SWITZERLAND)	109 shares	2,880	5,672
	ONEOK INCORPORATED NEW	102 shares	2,868	3,915
	NEXSTAR MEDIA GROUP INCORPORATED CLASS A	43 shares	2,771	4,695
	HOYA CORPORATION SPONSORED ADR (JAPAN)	40 shares	2,673	5,529
	TECHTRONIC INDUSTRIES LIMITED SPONSORED ADR (HONG KONG)	96 shares	2,600	6,847
	NXP SEMICONDUCTORS N V (NETHERLANDS)	26 shares	2,413	4,134
	TOKIO MARINE HOLDINGS INCORPORATED ADR (JAPAN)	55 shares	2,318	2,828
	AIR LIQUIDE ADR (FRANCE)	108 shares \$	2,224 \$	3,548

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TERUMO CORPORATION ADR (JAPAN)	71 shares	\$ 2,168	\$ 2,965
LONZA GROUP AG UNSPONSORED ADR (SWITZERLAND)	85 shares	2,163	5,470
ADIDAS AG ADR (GERMANY)	18 shares	2,103	3,280
QIAGEN NV SHS NEW (NETHERLANDS)	44 shares	2,063	2,297
INFINEON TECHNOLOGIES AG SPONSORED ADR (GERMANY)	109 shares	2,042	4,186
WILLIS TOWERS WATSON PLC LIMITED SHS (IRELAND)	16 shares	2,010	3,371
BARRATT DEVS PLC ADR (UNITED KINGDOM)	119 shares	1,793	2,180
SMITHS GROUP PLC SPONSORED ADR	77 shares	1,770	1,584
AERCAP HOLDINGS NV SHS (NETHERLANDS)	40 shares	1,571	1,823
ARKEMA SPON ADR (FRANCE)	23 shares	1,519	2,631
RIGHTMOVE PLC UNSPONSORED ADR (UNITED KINGDOM)	122 shares	1,512	2,171
KAO CORPORATION UNSPONSORED ADS (JAPAN)	120 shares	1,510	1,853
SGS SA UNSPONSORED ADR (SWITZERLAND)	106 shares	1,505	3,202
SANTEN PHARMACEUTICAL COMPANY LIMITED ADR (JAPAN)	127 shares	1,473	2,060
LONDON STK EXCHANGE GROUP UNSPONSORED ADR	104 shares	1,468	3,202
AON PLC SHS CL A (IRELAND)	22 shares	1,431	4,648
L OREAL COMPANY ADR (FRANCE)	33 shares	1,402	2,510
ENBRIDGE INCORPORATED (CANADA)	42 shares	1,371	1,342
DEUTSCHE BOERSE UNSPONSORD ADR (GERMANY)	124 shares	1,347	2,113
WEIR GROUP PLC SPONSORED ADR	161 shares	1,277	2,189
ASML HOLDING N V N Y REGISTRY SHS (NETHERLANDS)	14 shares	1,266	6,828
DAIKIN INDUSTRIES LIMITED UNSPONSORED ADS (JAPAN)	197 shares	1,241	4,373
AUTOLIV INCORPORATED	17 shares	1,136	1,566
GIVAUDAN SA ADR (SWITZERLAND)	23 shares	475	1,941
		\$ 1,340,921	\$ 1,734,298
CORPORATE BONDS:			
FANNIE MAE POOL #AL5259 3.5% DUE 05/01/2029	110,000 par value	\$ 27,628	\$ 27,792
FREDDIE MAC GROUP #G31066 4% DUE 11/01/2035	39,000 par value	24,298	25,822
FANNIE MAE POOL #MA3955 2.5% DUE 03/01/2035	32,000 par value	23,324	23,104
FANNIE MAE POOL #FM3387 3.5% DUE 03/01/2035	29,000 par value	21,591	21,604
FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 1.875% DUE 09/24/2026	20,000 par value	21,517	21,625
FHLMC SERIES K-037 A-2 3.49% DUE 01/25/2024	20,000 par value	21,378	21,717
FHLMC REMIC SERIES K-079 A-2 3.926% DUE 06/25/2028	16,000 par value	19,224	19,188
FREDDIE MAC GROUP #C91441 3% DUE 04/01/2032	65,000 par value	18,974	18,829
FANNIE MAE POOL #AS1415 3% DUE 01/01/2029	60,000 par value	18,936	19,124
FREDDIE MAC GROUP #G13511 4.5% DUE 04/01/2024	1,364,654 par value	17,992	18,513
FREDDIE MAC GROUP #SB8028 3.5% DUE 01/01/2035	24,000 par value	17,266	17,521
FHLMC REMIC SERIES K-115 A-2 1.383% DUE 06/25/2030	16,000 par value	16,480	16,298
NISSAN AUTO REC TR 2019-A A-3 AUTO LOANS 2.9% DUE 10/16/2023	15,000 par value	14,045	14,311
GM FIN CONS ATMB TR 2020-3 A3 AUTO LOANS 0.45% DUE 04/16/2025	14,000 par value	14,007	14,056
FHLMC REMIC SERIES K-121 A-1 0.995% DUE 08/25/2030	14,000 par value	13,999	14,043
FREDDIE MAC GROUP #J12247 4.5% DUE 05/01/2025	410,000 par value	13,899	14,093
FHLMC REMIC SERIES K-065 A-2 3.243% DUE 04/25/2027	12,000 par value	13,496	13,704
FHLMC REMIC SERIES K-068 A-2 3.244% DUE 08/25/2027	12,000 par value	13,478	13,767
FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 2.625% DUE 09/06/2024	12,000 par value	13,019	13,051
FHLMC REMIC SERIES K-077 A-2 3.85% DUE 05/25/2028	11,000 par value	12,386	13,112
AMDOCS LIMITED 2.538% DUE 06/15/2030	12,000 par value	12,152	12,657
SHELL INTERNATIONAL FINANCE B.V. 0.6206% DUE 11/13/2023	12,000 par value	12,063	12,031
MORGAN STANLEY 0.56% DUE 11/10/2023	12,000 par value	12,005	12,028
GOLDMAN SACHS GROUP, INC. 0.6186% DUE 11/17/2023	12,000 par value	12,000	12,009
CNH EQUIPMENT TR 2017-C A-4 2.36% DUE 11/15/2024	12,000 par value	11,997	12,221
INTERCONTINENTAL EXCHANGE INC 3.45% DUE 09/21/2023	11,000 par value	11,857	11,852
VERIZON OWNER TR 2018-A A-1A 3.23% DUE 04/20/2023	15,000 par value	11,820	11,868
FHLMC REMIC SERIES K-048 A-2 3.284% DUE 06/25/2025	11,000 par value	11,679	12,246
NASDAQ INC 3.85% DUE 06/30/2026	10,000 par value	11,427	11,478
DISCOVERY COMMUNICATIONS, LLC 3.95% DUE 03/20/2028	10,000 par value	11,295	11,478
HCP INC 3.25% DUE 07/15/2026	11,000 par value	11,212	12,417
STARBUCKS CORPORATION 2% DUE 03/12/2027	11,000 par value	11,104	11,673
LYB INTERNATIONAL FINANCE III LLC 1.2375% DUE 10/01/2023	11,000 par value	11,011	11,019
B.A.T. CAPITAL CORPORATION 2.259% DUE 03/25/2028	11,000 par value	11,000	11,419
MCKESSON CORPORATION 0.9% DUE 12/03/2025	11,000 par value	10,996	11,055
WILLIS NORTH AMERICAN INC. 2.95% DUE 09/15/2029	10,000 par value	10,830	10,941
PAYPAL HOLDINGS INCORPORATION 2.3% DUE 06/01/2030	10,000 par value	10,746	10,708
KEYCORP 2.25% DUE 04/06/2027	10,000 par value	10,601	10,668
JPMORGAN CHASE & CO. 2.182% DUE 06/01/2028	10,000 par value	10,581	10,615
FHLMC REMIC SERIES K-116 A-2 1.378% DUE 07/25/2030	10,000 par value	\$ 10,299	\$ 10,206

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FHLMC REMIC SERIES K-117 A-2 1.406% DUE 08/25/2030	10,000 par value	\$ 10,299	\$ 10,200
AMPHENOL CORPORATION 2.8% DUE 02/15/2030	10,000 par value	10,282	11,031
FISERV, INC. 2.75% DUE 07/01/2024	10,000 par value	10,250	10,738
ABBVIE INC. 3.75% DUE 11/14/2023	10,000 par value	10,249	10,904
FHLMC REMIC SERIES K-109 A-2 2.838% DUE 09/25/2022	24,000 par value	10,215	10,312
FANNIE MAE POOL #MA3932 3.5% DUE 02/01/2035	14,000 par value	10,090	10,280
BANK OF AMERICA CORPORATION 1.319% DUE 06/19/2026	10,000 par value	10,040	10,213
CONAGRA BRANDS INC 1.375% DUE 11/01/2027	10,000 par value	9,882	10,092
PRIVATE EXPORT FUNDING CORP. 2.45% DUE 07/15/2024	10,000 par value	9,865	10,674
FANNIE MAE POOL #BN6579 3.5% DUE 04/01/2034	19,000 par value	9,851	10,044
FANNIE MAE POOL #BK0709 2.5% DUE 02/01/2035	13,000 par value	9,729	9,738
VERIZON COMMUNICATIONS INC. 2.625% DUE 08/15/2026	9,000 par value	9,466	9,862
MARSH & MCLENNAN COMPANIES, INC. 3.5% DUE 06/03/2024	9,000 par value	9,435	9,816
INTERCONTINENTAL EXCHANGE GROUP INC 4% DUE 10/15/2023	9,000 par value	9,395	9,876
QUEST DIAGNOSTICS INCORPORATED 2.8% DUE 06/30/2031	9,000 par value	9,311	9,868
HP INC 2.2% DUE 06/17/2025	9,000 par value	9,305	9,529
FANNIE MAE POOL #FM3081 3% DUE 04/01/2033	11,000 par value	9,136	9,092
AUTOZONE, INC. 3.125% DUE 07/15/2023	9,000 par value	9,105	9,524
CBOE HOLDINGS INC 3.65% DUE 01/12/2027	9,000 par value	9,015	10,237
OMNICOM GROUP INC 3.6% DUE 04/15/2026	9,000 par value	9,010	10,270
BOSTON SCIENTIFIC CORPORATION 3.45% DUE 03/01/2024	9,000 par value	8,995	9,749
NOVARTIS CAPITAL CORPORATION 2% DUE 02/14/2027	9,000 par value	8,992	9,605
AT&T INC 2.3% DUE 06/01/2027	9,000 par value	8,987	9,599
FANNIE MAE POOL #MA3956 3% DUE 03/01/2035	12,000 par value	8,970	9,116
FHLMC REMIC SERIES K-047 A-2 3.329% DUE 05/25/2025	8,000 par value	8,926	8,910
VIRGINIA ELECTRIC AND POWER COMPANY 2.95% DUE 11/15/2026	9,000 par value	8,618	10,014
MAGELLAN MIDSTREAM PARTNERS LP 3.25% DUE 06/01/2020	8,000 par value	8,400	9,040
THERMO FISHER SCIENTIFIC INC 4.15% DUE 02/01/2024	8,000 par value	8,330	8,821
MICROSOFT CORPORATION 3.125% DUE 11/03/2025	8,000 par value	8,275	8,944
U.S. BANCORP 3.95% DUE 11/17/2025	8,000 par value	8,103	9,235
CME GROUP INC. 3.75% DUE 06/15/2028	8,000 par value	8,026	9,479
BLACKROCK, INC. 3.2% DUE 03/15/2027	8,000 par value	8,018	9,024
DUKE ENERGY PROGRESS INC 3.7% DUE 09/01/2028	8,000 par value	8,003	9,364
NIKE, INC. 2.4% DUE 03/27/2025	8,000 par value	7,989	8,622
COMCAST CORPORATION 3.3% DUE 02/01/2027	8,000 par value	7,738	9,025
FANNIE MAE POOL #BM5440 4.5% DUE 11/01/2038	12,000 par value	7,511	7,839
FANNIE MAE POOL #MA3159 3% DUE 10/01/2027	17,000 par value	7,437	7,616
AMGEN INC. 1.9% DUE 02/21/2025	7,000 par value	6,986	7,358
FEDERAL HOME LOAN MORTGAGE CORPORATION NOTE 2.375% DUE 01/13/2022	7,000 par value	6,901	7,162
FREDDIE MAC GROUP #G18575 3% DUE 11/01/2030	16,000 par value	5,857	5,887
FANNIE MAE POOL #AX5294 4% DUE 01/01/2027	35,000 par value	5,138	5,182
FANNIE MAE POOL #MA0648 3.5% DUE 02/01/2026	47,000 par value	3,785	3,787
FANNIE MAE POOL #AL6841 4% DUE 02/01/2029	14,000 par value	2,517	2,489
CVS HEALTH CORP 3.7% DUE 03/09/2023	2,000 par value	1,994	2,140
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