

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>STOEL RIVES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1969</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>09/01/1969</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>09/01/1969</u>					
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) <u>STOEL RIVES LLP</u> <u>760 SW NINTH AVENUE, SUITE 3000</u> <u>PORTLAND, OR 97205</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>93-0408771</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>503-294-9484</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>93-0408771</u>	2c Plan Sponsor's telephone number <u>503-294-9484</u>	2d Business code (see instructions) <u>541110</u>	
2b Employer Identification Number (EIN) <u>93-0408771</u>					
2c Plan Sponsor's telephone number <u>503-294-9484</u>					
2d Business code (see instructions) <u>541110</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	SCOTT SCHAEERER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	BRADLEY F. TELLAM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor STOEL RIVES RETIREMENT COMMITTEE C/O SCOTT SCHAEERER 760 SW NINTH AVENUE, SUITE 3000 PORTLAND, OR 97205	3b Administrator's EIN 93-0664951 3c Administrator's telephone number 503-294-9484
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 1295
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	6a(1) 668 6a(2) 715 6b 87 6c 560 6d 1362 6e 10 6f 1372 6g 1316 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: 2E 2F 2H 2J 2R 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STOEL RIVES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 STOEL RIVES LLP	D Employer Identification Number (EIN) 93-0408771	

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	
36 SOUTH CAPITAL ADVISORS LLP	3RD FLOOR BERKLEY SQUARE HOUSE BERKLEY SQUARE, LONDON W1J6BU GB

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ABERDEEN ASSET MANAGEMENT INC.	1735 MARKET STREET, 32ND FLOOR PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AETHER INVESTMENT PARTNERS, LLC	1900 SIXTEENTH STREET, SUITE 825 DENVER, CO 80202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMG FUNDS LLC	PO BOX 9769 PROVIDENCE, RI 02940-9769

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

ARTISAN PARTNERS LP

PO BOX 8412
BOSTON, MA 02266-8412**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BEACH POINT CAPITAL MGMT LP

1620 26TH STREET, SUITE 6000N
SANTA MONICA, CA 90404**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BECKER CAPITAL MANAGEMENT

1211 SW 5TH AVENUE, SUITE 2185
PORTLAND, OR 97204**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BERKELEY PARTNERS

1111 BROADWAY, SUITE 1670
OAKLAND, CA 94607**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CARILLON FAMILY OF FUNDS

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE CARLYLE GROUP

1001 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20004-2505**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE INVESTMENTS

PO BOX 9876
PROVIDENCE, RI 02940**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DRIEHAUS CAPITAL MANAGEMENT LLC

C/O THE NORTHERN TRUST COMPANY
PO BOX 4766
CHICAGO, IL 60680-4766

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

FCP REALTY FUND

5425 WISCONSIN AVENUE, SUITE 202
CHEVY CHASE, MD 20815**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FREEMAN SPOGLI MANAGEMENT CO., L.P.

11100 SANTA MONICA BOULEVARD
SUITE 1900
LOS ANGELES, CA 90025**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GRANDEUR PEAK GLOBAL ADVISORS

136 S. MAIN STREET, SUITE 720
SALT LAKE CITY, UT 84101**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GREENSPRING ASSOCIATES, LLC

100 PAINTERS MILL ROAD, SUITE 700
OWINGS MILLS, MD 21117**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JACKSON SQUARE PARTNERS LLC

BUILDING A, SUITE A3-200
SAN FRANCISCO, CA 94129**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JO HAMBRO CAPITAL MANAGEMENT, LTD

1055 WESTLAKES DRIVE, SUITE 310
BERWYN, PA 19312**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

K1 INVESTMENT MANAGEMENT LLC

2101 ROSECRANS AVE
SUITE 6250
EL SEGUNDO, CA 90245**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KOHLBERG & CO., LLC

111 RADIO CIRCLE
MOUNT KISCO, NY 10549

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

METROPOLITAN WEST ASSET MANAGEMENT

865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

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

MORRISON STREET CAPITAL, LLC

121 SW MORRISON STREET, SUITE 200
PORTLAND, OR 97204

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

MOUNT LUCAS MANAGEMENT LP

405 SOUTH STATE STREET
NEWTOWN, PA 18940

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

MUDRICK CAPITAL MANAGEMENT, LP

527 MADISON AVENUE, 6TH FLOOR
NEW YORK, NY 10022

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

OAK HILL ADVISORS, LP

1114 AVENUE OF THE AMERICAS
27TH FLOOR
NEW YORK, NY 10036

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

ORBIMED ADVISORS, LLC

601 LEXINGTON AVE, 54TH FLOOR
NEW YORK, NY 10022

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

ORION MINE FINANCE FUND III

7 BRYANT PARK
1045 AVENUE OF THE AMERICAS, 25TH F
NEW YORK, NY 10018

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

PALO ALTO INVESTORS, LLC

470 UNIVERSITY AVENUE
PALO ALTO, CA 94301

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

PRIMECAP ODYSSEY FUNDS

PO BOX 701
MILWAUKEE, WI 53201-0701

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

PRINCIPAL MANAGEMENT CORPORATION

650 8TH STREET
DES MOINES, IA 50392-2080

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

RIMROCK CAPITAL MANAGEMENT, LLC

100 INNOVATION DRIVE, SUITE 200
IRVINE, CA 92617

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

RIVERSIDE PARTNERS, LLC

699 BOYLSTON STREET
BOSTON, MA 02116

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

ROCKPOINT GROUP

3953 MAPLE AVENUE, SUITE 300
DALLAS, TX 75219

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

ROCKWOOD CAPITAL LLC

140 EAST 45TH STREET, 34TH FLOOR
NEW YORK, NY 10017

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

STRATEGIC VALUE SPECIAL SITUATIONS

100 WEST PUTNAM AVE
GREENWICH, CT 06830

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

TOUCHSTONE ADVISORS, LLC

303 BROADWAY, SUITE 1100
CINCINNATI, OH 45202-4203

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

TRILANTIC CAPITAL PARTNERS LP

375 PARK AVENUE
30TH FLOOR
NEW YORK, NY 10152

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

TSE CAPITAL MANAGEMENT LP

40 WEST 57TH STREET
MAIL STOP 25TH FLOOR
NEW YORK, NY 10019

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

VENTURE INVESTMENT ASSOCIATES

PO BOX 131
PEABACK, NJ 07977

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

WATER ASSET MANAGEMENT LLC

509 MADISON AVENUE, 8TH FLOOR
NEW YORK, NY 10022

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

WYSE REAL ESTATE ADVISORS

810 SE BELMONT STREET, SUITE 100
PORTLAND, OR 97214

(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)

WCM INVESTMENT MANAGEMENT

281 BROOKS STREET
LAGUNA BEACH, CA 92651

(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?
28 51	NONE	278748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP

411 NW PARK AVENUE, SUITE 401
PORTLAND, OR 97209

(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 51	NONE	246603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK

94-1347393

(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?
21 51 52 72	NONE	142476	Yes ☒ No ☐	Yes ☒ No ☐	0	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 VANGUARD GROUP, INC.

23-2186884

(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?
19 28 51 52 72	NONE	77622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BAKER ELLIS ASSET MANAGEMENT

75-2997594

(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?
26 51	NONE	77491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VULCAN VALUE PARTNERS LLC

2801 HIGHWAY 280 SOUTH, SUITE 300
BIRMINGHAM, AL 35223

(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?
28 51	NONE	70420	Yes ☒ No ☐	Yes ☒ No ☐	0	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>STOEL RIVES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STOEL RIVES LLP</u>	D Employer Identification Number (EIN) <u>93-0408771</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN MULTIPLE INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>26-3653822-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33627928</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRIEHAUS EMERGING MARKETS GRWTH CIT</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>37-6553761-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34824674</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MLM INDEX FUND COMMODITY L/N UNLEVE</u>		
b Name of sponsor of entity listed in (a): <u>MLM INDEX FUND</u>		
c EIN-PN <u>27-1198002-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10221198</u>
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)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STOEL RIVES RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 STOEL RIVES LLP	D Employer Identification Number (EIN) 93-0408771	

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	0	72
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9369520	9614421
(2) Participant contributions.....	1b(2)	37037	692444
(3) Other	1b(3)	700109	222879
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4067208	4612339
(2) U.S. Government securities	1c(2)	97851	102241
(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)	35449789	44117417
(5) Partnership/joint venture interests	1c(5)	140400119	128207130
(6) Real estate (other than employer real property)	1c(6)	25482870	37054944
(7) Loans (other than to participants)	1c(7)	5690932	2254213
(8) Participant loans	1c(8)	1260918	888225
(9) Value of interest in common/collective trusts	1c(9)	84922483	68452601
(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)	8169104	10221198
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	247844102	294981976
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	563492042 601422100
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	700 120
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	700 120
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	563491342 601421980

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)	9614320
	(B) Participants	2a(1)(B)	7859242
	(C) Others (including rollovers).....	2a(1)(C)	171287
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	17644849
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3088
	(B) U.S. Government securities	2b(1)(B)	571
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	364484
	(E) Participant loans.....	2b(1)(E)	53772
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	421915
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	318245
	(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)	318245
(3)	Rents	2b(3)	799717
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	109482602
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	109567592
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-84990
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	6397461
	(B) Other	2b(5)(B)	12078268
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	18475729

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-4469881
(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)		2052094
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		42138383
c Other income.....	2c		497101
d Total income. Add all income amounts in column (b) and enter total.....	2d		77793162
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	38947374	
(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)		38947374
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)	755823	
(4) Other.....	2i(4)	159327	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		915150
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		39862524
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		37930638
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: **GEFFEN, MESHER & COMPANY, PC**

(2) EIN: **93-1042710**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan STOEL RIVES RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 STOEL RIVES LLP	D Employer Identification Number (EIN) 93-0408771

Part I	Distributions
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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): 41-6257133 57-1198022		
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	

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)?	☐ Yes	☐ No	☐ 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		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
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		
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?	☐ Yes	☐ No	☐ 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?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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.....	☐ Increase	☐ Decrease	☐ Both	☐ 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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ 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.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

STOEL RIVES RETIREMENT PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2021

(WITH INDEPENDENT AUDITOR'S REPORT)



GeffenMesher

STOEL RIVES RETIREMENT PLAN
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INDEPENDENT AUDITOR'S REPORT

Retirement Committee
Stoel Rives Retirement Plan
Portland, Oregon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Stoel Rives Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 2021 financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 2021 financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2021 financial statements.

In preparing the 2021 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the 2021 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2021 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2021 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 2021 financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan'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 2021 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of delinquent participant contributions for the year ended December 31, 2021 and schedule of assets (held at end of year) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the 2021 financial statements but are supplementary information required by the DOL'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 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads "Greffen Mesher and Company P.C.".

Portland, Oregon
October 11, 2022

STOEL RIVES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2021	2020
ASSETS		
Investments, at fair value	\$ 590,004,059	\$ 552,124,458
Receivables		
Employer contributions	9,614,421	9,369,520
Participant contributions	692,444	37,037
Notes receivable from participants	888,225	1,260,918
Interest and dividends receivable	222,879	700,109
	11,417,969	11,367,584
Noninterest-bearing cash	72	
	601,422,100	563,492,042
LIABILITIES		
Operating payables	120	700
Net assets available for benefits	\$ 601,421,980	\$ 563,491,342

STOEL RIVES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO

Investment income, net \$ 59,179,391

Interest income on notes receivable from participants 53,772

Contributions

Employer contributions 9,614,320

Participant contributions 7,859,242

Participant rollovers 171,287

17,644,849

76,878,012

DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO

Benefits paid to participants or beneficiaries,

including direct rollovers 38,947,374

Net change 37,930,638

Net assets available for benefits

Beginning of year 563,491,342

End of year \$ 601,421,980

YEAR ENDED DECEMBER 31, 2021

1. Description of Plan

The following description of the Stoel Rives Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Organization

The Plan is a defined contribution plan of the profit sharing type, administered by the Retirement Committee, which is appointed by the Executive Committee of the Plan Sponsor, Stoel Rives LLP (the "Firm"). The Retirement Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan amendments

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") was signed into law. The CARES Act allowed retirement plans to provide participants who are impacted by the coronavirus (as defined in the CARES Act) with greater access to their savings.

The Plan implemented certain CARES Act provisions to allow for special coronavirus-related distributions, an increase in Plan loan amounts, deferral of loan payments and waiver of 2020 required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and regulatory guidance.

Change in service providers

On July 1, 2019, Principal Custody Solutions ("Principal") closed the acquisition of Wells Fargo Institutional Retirement & Trust's business unit. Wells Fargo Bank, N.A. ("Wells Fargo") clients were transitioned over to Principal over the next 32 months. The Plan's transition began at the end of 2021 with annual certified statements issued by Principal, under the name of Wells Fargo. The Plan's transition was completed on February 22, 2022 with the migration of all Plan accounts to Principal. In addition, from June 16, 2021 through July 2, 2021, the Plan transitioned to a new service provider for the Plan's recordkeeping and the mutual fund window. During this transition period (a blackout period) participants were not able to make any investment changes in the mutual fund window nor receive a distribution or loan from the Plan. The record keeping services of the mutual fund window were transferred in this period from Vanguard to Northwest Plan Services ("NWPS"). As part of this transition, the custody of the mutual fund window was changed from Vanguard to Matrix Trust Company ("Matrix").

Allocation of Plan assets and investment income

Investment income is allocated to each participant on a time-weighted basis, according to participant account activity. All income earned on participant self-directed investments and mutual fund window accounts is allocated to each participant's individual self-directed account and mutual fund window accounts.

Contributions

Participants may elect to have the Firm reduce their salaries by certain amounts and contribute those amounts to the Plan as elective contributions. The amount eligible for deferral is subject to certain limits of the Internal Revenue Code ("IRC") and to a maximum percentage determined by the Retirement Committee. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may contribute after-tax Roth elective deferrals to the Plan, as allowed by the IRC.

YEAR ENDED DECEMBER 31, 2021

1. Description of Plan (continued)

Contributions (continued)

Participants may also contribute amounts representing rollovers from other qualified plans, as defined in the Plan document. The Plan includes an auto-enrollment provision, whereby all newly-eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates set at 3% of eligible compensation and their contributions invested in a pooled fund until changed by the participant.

Employer contributions to provide benefits under the Plan are funded currently by the Firm under a fixed formula. The formula calculates benefits for qualifying participants in accordance with the provisions of the Plan document. Certain participants can receive additional contributions to the extent necessary to allow the Plan to pass discrimination testing. All minimum funding requirements for the Plan have been met.

All contributions paid into the Plan's pooled fund and self-directed accounts are maintained by Wells Fargo. All contributions paid into the Plan's mutual fund window are maintained by Matrix.

Participant accounts

Each participant's account is credited with the participant's contributions and the Firm's contributions, as well as allocations of Plan earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Eligibility, vesting and benefits

Participation in the Plan is open to all employees, associates and partners of the Firm who are not temporary, fill-in or special project employees. Participation for elective contributions may begin in the first payroll period in the second month after hire.

Participation for employer contributions begins on the first entry date (January 1 or July 1) following the participant's completion of one year of service. Associates are not eligible for employer contributions. Some new partners receive past service credit with their prior employer and are eligible immediately for employer contributions upon hire. Participants vest 100% upon entry to the Plan.

Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. As a result of the CARES Act, the maximum size of loans issued between March 27, 2020 and September 22, 2020 increased to the lesser of \$100,000 or 100% of the participants' vested account balances. The loans are secured by the vested balances in the participants' accounts and bear interest at rates that range from 4.00% to 6.50%, which are commensurate with local prevailing rates. Principal and interest is paid through monthly payroll deductions for staff and associates and quarterly draw account deductions for partners.

Payment of benefits and terminated participants

Benefits equal to the vested value of participants' accounts are payable upon retirement, termination, permanent disability or death. Partial or full withdrawal of participants' account balances are also available under certain circumstances described in the Plan document. Dependent on the circumstances, participants may be able to elect lump sum or installment payments. Participant accounts are paid as soon as

YEAR ENDED DECEMBER 31, 2021

1. Description of Plan (continued)

Payment of benefits and terminated participants (continued)

administratively feasible and practicable, after a participant requests a distribution. At December 31, 2021, net assets available for benefits included approximately \$2,889,000, allocable to participants, who have elected to withdraw from the Plan during the respective plan years and were paid subsequently.

In-service withdrawals

Elective contributions, exclusive of earnings thereon, may be withdrawn only with approval by the Retirement Committee for reasons of financial need as defined in the Plan document. However, participants over age 59½ may withdraw elective contributions and earnings thereon without proof of financial need. A participant over age 65 may withdraw all contributions (including employer) and earnings. Participants' nondeductible contributions made prior to 1987 and earnings thereon may be withdrawn at any time without Retirement Committee approval.

Administration of Plan assets

Plan assets are held by the Trustees of the Plan. Participants direct the investment of contributions into various investment options offered under the Plan.

Certain administrative functions of the Plan are performed by partners or employees of the Firm.

2. Summary of significant accounting policies

Plan termination

It is the intention of the Firm to continue the Plan. However, by action of its Executive Committee, the Firm may terminate the Plan for any reason at any time. In the event of termination without adoption of a successor plan, the Firm may continue the Plan to pay benefits as they mature or liquidate and distribute the net assets of the Plan among the participants and beneficiaries of the Plan in proportion to their account balances.

Basis of accounting

The financial statements of the Plan are prepared under the accrual basis 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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Significant estimates include the fair value of certain investments held by the Plan.

Investment 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 Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities 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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

STOEL RIVES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2021

2. Summary of significant accounting policies (continued)

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments, delinquent notes receivable from participants are reclassified as deemed benefit payments based upon the terms of the Plan document. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

The Plan has evaluated subsequent events through October 11, 2022, which is the date these financial statements were available to be issued. Events, if any, are disclosed within the notes to these financial statements.

3. Information certified by the Trustees

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including certain investments held at December 31, 2021 and 2020, net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Wells Fargo or Matrix.

The following presents assets held and certified by Wells Fargo or Matrix, as of December 31, 2021 and certified investment activity for the years ended December 31, 2021, as well as assets held and certified by Wells Fargo at December 31, 2020:

	2021	2020
Investments, at fair value	\$ 343,813,973	\$ 552,124,458
Interest and dividend receivable	20,790	700,109
Noninterest-bearing cash	72	
Total certified assets	\$ 343,834,835	\$ 552,824,567
Interest and dividend income	\$ 5,793,733	
Net appreciation in fair value of investments	44,485,095	
Other income	5,598	
Total certified investment activity	\$ 50,284,426	

STOEL RIVES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2021

4. Nonparticipant directed funds

The following presents the detail of nonparticipant directed net assets as of December 31, 2021 and 2020 and the changes in net assets for the year ended December 31, 2021:

Net Assets Available for Benefits

December 31,	2021	2020
Investments at quoted fair value		
Interest-bearing cash	\$ 3,529,445	\$ 3,073,837
Common stock	37,335,401	30,262,045
Mutual funds	200,370,312	167,781,369
	241,235,158	201,117,251
Other investments at estimated fair value		
103-12 investment entities	10,221,198	8,169,104
Common/collective trusts	68,452,601	84,922,483
Limited partnerships	127,475,091	139,384,333
Real estate	37,054,944	25,396,747
Mortgages and contracts	2,241,713	5,640,932
	245,445,547	263,513,599
Total investments, at fair value	486,680,705	464,630,850
Notes receivable from participants	888,225	1,260,918
Interest and dividends receivable	212,384	691,929
Noninterest-bearing cash	72	
Net assets available for benefits - Nonparticipant directed	\$ 487,781,386	\$ 466,583,697
Net assets available for benefits - Participant directed	\$ 113,640,594	\$ 96,907,645
	\$ 601,421,980	\$ 563,491,342

STOEL RIVES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2021

4. Nonparticipant directed funds (continued)

Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions to net assets attributed to	
Interest and dividends	\$ 4,163,349
Net unrealized appreciation and realized gains from quoted securities and other assets	39,186,411
Other income	1,249,999
	44,599,759
Employer contributions	6,978,902
Participant contributions	3,630,689
Transfers from participant directed accounts	2,883,061
Participant rollovers	114,822
	58,207,233
Deductions from net assets attributed to	
Investment manager fees and other fees	744,160
Benefits paid to participants	36,265,383
	37,009,543
Change in net assets available for benefits	21,197,690
Net assets available for benefits - Nonparticipant directed	
Beginning of year	466,583,696
End of year	\$ 487,781,386

5. Fair value measurements

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

- Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.
- Level 2:** Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

STOEL RIVES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2021

5. Fair value measurements (continued)

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 valuation 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 Plan 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. For the year ended December 31, 2021, there were no transfers in or out of Level 3. Total purchases of Level 3 assets were approximately \$13,621,000 and \$5,327,000 during 2021 and 2020. Total sales of Level 3 assets were approximately \$3,854,000 and \$4,474,000 during 2021 and 2020.

The following tables set forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

Investments at fair value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 3,529,445			\$ 3,529,445
Common stock	37,335,401			37,335,401
Mutual funds	283,172,578			283,172,578
Limited partnerships			\$ 34,982,120	34,982,120
Real estate			37,054,944	37,054,944
Mortgages and contracts			2,241,713	2,241,713
Self-directed accounts	19,776,549		744,539	20,521,088
				418,837,289
Investments measured at net asset value				171,166,770
Total investments at fair value	\$ 343,813,973	\$ -0-	\$ 75,023,316	\$ 590,004,059

STOEL RIVES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2021

5. Fair value measurements (continued)

Investments at fair value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 3,073,837			\$ 3,073,837
Common stock	30,262,045			30,262,045
Mutual funds	237,106,279			237,106,279
Limited partnerships			\$ 20,501,400	20,501,400
Real estate			25,396,747	25,396,747
Mortgages and contracts			5,640,932	5,640,932
Self-directed accounts	17,016,789		672,003	17,688,792
				339,670,032
Investments measured at net asset value				212,454,426
Total investments at fair value	\$ 287,458,950	\$ -0-	\$ 52,211,082	\$ 552,124,458

Investments in securities traded on a national exchange, including government bonds and notes, corporate obligations, mutual funds and stocks, are valued at their closing price on the last trading day of the Plan year. Interest-bearing cash is primarily held in the Wells Fargo/Blackrock Short-Term Investment Fund S1. This is a money market fund with a diversified portfolio of money market instruments with an overall dollar-weighted average maturity of 90 days or less. Interest is calculated daily on the investments in the fund and is paid monthly. Real estate is valued at current values established by comparable sales in the area or capitalization of long-term lease returns.

Investments in 103-12 investment entities, limited partnerships, common/collective trusts, as well as mortgages and contracts, are valued based on information provided by the Plan's investment managers, using values of the underlying securities, as quoted or reported in an individual investment's audited financial statements; listed securities are valued at their closing price, unlisted securities are valued based on their prices in the over-the-counter market as quoted by dealers, in accordance with standard industry practice. Values of such investments are stated at estimated fair value, which have been determined by the Plan's investment managers. For such investments classified as Level 3 under the fair value hierarchy, the Plan does not develop its own inputs in determining fair values, but uses information provided by the Plan's investment managers without modification.

Investments in self-directed accounts include interest-bearing cash, government bonds and notes, corporate obligations, common stock, mutual funds, limited partnerships and real estate.

Certain investments in 103-12 investment entities, limited partnerships and common/collective trusts were measured at net asset value per share (or its equivalent) and have not been classified in the fair value hierarchy. At December 31, 2021 and 2020, there were no unfunded commitments nor were there any restrictions on payments or redemptions for these investments.

YEAR ENDED DECEMBER 31, 2021

6. Derivative financial instruments

On December 31, 2021 and 2020, the Plan had no direct commitments to purchase or sell securities, financial instruments or commodities relating to derivative financial instruments. The Plan may have indirect commitments that arise through positions held by portfolio funds in which the Plan invests. However, as an investor in these portfolio funds, the Plan's risk is limited to the current value of its investment, which is reflected in the statements of net assets available for benefits.

7. Related party and party-in-interest transactions

Certain Plan investments are units in funds managed by Wells Fargo or Matrix, the asset custodians; therefore, these investments and related investment transactions qualify as party-in-interest transactions and are permitted by ERISA. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. Tax status

The Internal Revenue Service ("IRS") has determined and informed the Firm by a letter, dated January 26, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. There have been no subsequent amendments to the Plan. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and uncertainties

The Plan invests in various traditional and non-traditional asset classes. The Plan invests in non-traditional asset classes in order to provide long-term capital appreciation by investing in a diversified portfolio of hedge funds, private real estate and private equity funds employing various strategies. The primary investment objective is to maximize total return consistent with limited volatility. The investments in these asset classes are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Relative to traditional asset classes, non-traditional asset classes, such as hedge funds for which the Plan maintains an exposure primarily through its investments in certain limited partnerships, may expose the Plan to greater security-specific risks, among others, given their greater investment flexibility.

Certain partnerships may also contain underlying investments in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

YEAR ENDED DECEMBER 31, 2021

9. Risks and uncertainties (continued)

Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of 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.

SUPPLEMENTAL SCHEDULES

STOEL RIVES RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

EIN: 93-0408771

PLAN #333

(a)	(b) Identity of issuer, 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
*	Participant loans	Participant loans; interest rates ranging from 4.00% to 6.50%; maturing through May 2031	\$ -0-	\$ 888,225

*Party-in-interest

2021 FORM 5500: SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
STOEL RIVES RETIREMENT PLAN
POOLED FUND

EXHIBIT H/4i
EIN 93-0408771
PLAN #333

ASSET STATEMENT
AS OF 12/31/2021
GENERAL ACCOUNT

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
<u>ASSETS</u>		
<u>NON-INTEREST BEARING CASH</u>	0	0
<u>INTEREST BEARING CASH</u>		
* WELLS FARGO/BLACKROCK SHORT-TERM INVESTMENT FUND S1	2,098,851	2,098,851
TOTAL INTEREST BEARING CASH	2,098,851	2,098,851
<u>PARTNERSHIPS/ JOINT VENTURES</u>		
36 SOUTH KOHINOOR SERIES THREE FUND	9,156,298	8,730,498
ABERDEEN EMERGING MARKETS BOND FUND	11,878,348	14,245,871
AETHER REAL ASSETS II LP	3,478,291	2,480,259
BEACH POINT LOAN FUND LTD	12,308,960	14,897,913
FS EQUITY PARTNERS VIII LP	1,237,340	1,636,524
K4 PRIVATE INVESTORS LP	1,859,857	3,121,003
K5 PRIVATE INVESTORS LP	619,377	576,002
KOHLBERG INVESTORS FUND IX	1,127,484	1,416,258
MUDRICK DISTRESSED OPPORTUNITY FUND OFFSHORE LTD	9,390,495	20,078,976
OHA EUROPEAN STRATEGIC CREDIT FUND OFFSHORE LP	234,715	431,398
ORBIMED PARTNERS LTD	1,593,052	4,127,518
ORION MINE FINANCE FUND III	3,544,415	3,820,081
PALO ALTO HEALTHCARE OFFSHORE II LTD	1,273,820	5,396,549
RIMROCK LOW VOLATILITY FUND LTD	6,615,171	11,857,821
RIMROCK STRUCTURED PRODUCT FUND LTD	9,171,647	13,157,825
RIVERSIDE FUND VI LP	1,166,362	1,457,041
STEPSTONE VC SECONDARIES FUND V	906,660	906,660
STRATEGIC VALUE PARTNERS FUND V	1,250,000	1,358,078
TRILANTIC CAPITAL PARTNERS VI PARALLEL	1,786,893	2,243,074
US WATER & LAND LP	1,155,633	2,345,485
VENTURE INVESTMENT ASSOCIATES ENERGY II LP	3,874,351	2,938,757
WATER PROPERTY INVESTOR LP	5,689,434	10,251,501
TOTAL PARTNERSHIP/ JOINT VENTURE	89,318,603	127,475,091
<u>REAL ESTATE: INCOME-PRODUCING</u>		
BERKELEY PARTNERS FUND V LP	1,514,925	1,796,544
CARLYLE REALTY FOREIGN INVESTORS VIII-C	1,928,812	2,189,179
FCP REALTY FUND IV, LP	2,432,328	3,395,934
MORRISON STREET FUND VI LP	1,245,448	1,259,174
MORRISON STREET INCOME FUND	3,871,768	3,875,403
NICKERSON MINI STORAGE	113,960	16,185,000
PACIFIC CROSSROADS	2,659,972	6,877,915
ROCKPOINT REAL ESTATE FUND VI	1,146,251	1,475,794
TOTAL REAL ESTATE: INCOME-PRODUCING	14,913,464	37,054,944
<u>LOANS (OTHER THAN TO PARTICIPANTS) SECURED BY MORTGAGES: COMMERCIAL</u>		
MORRISON STREET DEBT OPPORTUNITIES FUND LP	974,020	61,651
MORRISON STREET DEBT OPPORTUNITIES FUND II LP	2,253,350	2,180,062
TOTAL LOANS SECURED BY MORTGAGES: COMMERCIAL	3,227,370	2,241,713

2021 FORM 5500: SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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ASSET STATEMENT
AS OF 12/31/2021
GENERAL ACCOUNT

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
<u>COMMON/COLLECTIVE TRUSTS</u>		
ARTISAN DEVELOPING WORLD	12,367,288	33,627,928
DRIEHAUS EMERGING MARKETS GROWTH FUND	19,932,473	34,824,674
TOTAL COMMON/COLLECTIVE TRUSTS	32,299,761	68,452,601
<u>103-12 INVESTMENT ENTITIES</u>		
MT. LUCAS MLM COMMODITY INDEX L/N	10,000,000	10,221,198
TOTAL 103-12 INVESTMENT ENTITIES	10,000,000	10,221,198
<u>REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS)</u>		
ARTISAN INTERNATIONAL VALUE FUND (APHKX)	20,384,285	26,955,907
GRANDEUR PEAK INTERNATIONAL OPPORTUNITIES FUND (GPIIX)	9,744,671	15,170,164
METROPOLITAN WEST LOW DURATION BOND FUND (MWLIX)	7,552,120	7,515,466
PRIMECAP ODYSSEY AGGRESSIVE GROWTH FUND (POAGX)	4,105,335	5,741,434
* VANGUARD GROWTH INDEX FUND (VIGIX)	35,343,374	47,371,297
* VANGUARD LONG-TERM TREASURY INDEX (VLGIX)	14,118,693	14,201,142
* VANGUARD SHORT-TERM INFL-PROT SECURITIES INDEX FUND (VTSPX)	15,492,337	16,182,073
* VANGUARD TOTAL BOND MARKET INDEX FUND (VBTIX)	20,677,303	20,979,177
* VANGUARD VALUE INDEX FUND (VIVIX)	35,978,016	46,253,654
TOTAL REGISTERED INVESTMENT COMPANIES	163,396,134	200,370,312
<u>ACCRUALS</u>		
MORRISON STREET DEBT OPPORTUNITIES FUND LP	107,318	107,318
MORRISON STREET DEBT OPPORTUNITIES FUND II LP	42,235	42,235
MORRISON STREET FUND V	0	0
MORRISON STREET FUND VI	12,567	12,567
* NICKERSON MINI STORAGE	39,969	39,969
* WELLS FARGO/BLACKROCK SHORT-TERM INVESTMENT FUND S1	106	106
TOTAL ACCRUED INCOME	202,195	202,195
TOTAL NET ASSETS	315,456,379	448,116,905
	=====	=====

2021 FORM 5500: SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021

STOEL RIVES RET
ACCOUNT NUMBER 24

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH EQUIVALENTS						
OTHER CASH EQUIVALENTS						
SHORT TERM INVESTMENT FUNDS						
* 1,382,212.690	WELLS FARGO/BLACKROCK SHORT TERM INVESTMENT FUND S1 PF9980004	1,382,212.69 100.0000	1,382,212.69 100.0000	12/31/21	0.00	0.00
TOTAL SHORT TERM INVESTMENT FUNDS		1,382,212.69	1,382,212.69		0.00	0.00
TOTAL OTHER CASH EQUIVALENTS		1,382,212.69	1,382,212.69		0.00	0.00
TOTAL CASH EQUIVALENTS		1,382,212.69	1,382,212.69		0.00	0.00
EQUITIES						
COMMON STOCKS						
AMERICAN DEPOSITORY RECEIPTS						
2,745.000	ACCENTURE PLC G1151C101	324,482.12 118.2084	1,137,939.75 414.5500	12/31/21	813,457.63	0.00
26,301.000	ADYEN N.V. 00783V104	489,479.84 18.6107	692,242.32 26.3200	12/31/21	202,762.48	0.00
24,422.000	AIA GROUP LTD-SP 001317205	754,626.28 30.8994	984,804.94 40.3245	12/31/21	230,178.66	0.00
10,240.000	ALCON, INC. H01301128	565,012.85 55.1770	892,108.80 87.1200	12/31/21	327,095.95	0.00

2021 FORM 5500: SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021

STOEL RIVES RET
ACCOUNT NUMBER 24

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
9,200.000	AMADEUS IT GROUP, S.A. 02263T104	678,037.15 73.6997	623,024.00 67.7200	12/31/21	55,013.15-	0.00
2,105.000	AON PLC G0403H108	415,855.79 197.5562	632,678.80 300.5600	12/31/21	216,823.01	0.00
1,925.000	ASML HOLDING N.V. N07059210	335,829.99 174.4571	1,532,569.50 796.1400	12/31/21	1,196,739.51	0.00
13,005.000	ATLAS COPCO AB SPONSORED ADR NEW REPSTG COM SER A 049255706	357,737.64 27.5077	901,376.55 69.3100	12/31/21	543,638.91	0.00
1,734.000	ATLASSIAN CORPORATION PLC G06242104	656,339.60 378.5119	661,156.86 381.2900	12/31/21	4,817.26	0.00
14,815.000	CANADIAN PAC RY LTD COM 13645T100	423,556.48 28.5897	1,065,791.10 71.9400	12/31/21	642,234.62	2,276.01
9,705.000	CSL LIMITED 12637N204	369,702.88 38.0941	1,026,789.00 105.8000	12/31/21	657,086.12	0.00
10,700.000	DSV A/S 26251A108	267,709.70 25.0196	1,255,966.00 117.3800	12/31/21	988,256.30	0.00
3,770.000	EVOLUTION AB 30051E104	729,273.57 193.4413	538,959.20 142.9600	12/31/21	190,314.37-	0.00
25,395.000	EXPERIAN PLC 30215C101	474,372.63 18.6798	1,252,227.45 49.3100	12/31/21	777,854.82	0.00

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STOEL RIVES RET
ACCOUNT NUMBER 24

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
3,665.000	FERRARI NV N3167Y103	585,904.78 159.8649	948,575.30 258.8200	12/31/21	362,670.52	0.00
3,270.000	ICON PLC G4705A100	476,473.02 145.7104	1,012,719.00 309.7000	12/31/21	536,245.98	0.00
19,440.000	LASERTEC CORP ADR 51809L109	685,239.26 35.2489	1,191,088.80 61.2700	12/31/21	505,849.54	0.00
1,904.000	LI NING CO LTD ADR 52989T102	567,351.60 297.9788	516,421.92 271.2300	12/31/21	50,929.68-	0.00
11,021.000	LONZA GROUP AG 54338V101	674,977.28 61.2446	920,253.50 83.5000	12/31/21	245,276.22	0.00
5,962.000	LVMH MOET HENNESSY UNSP ADR - ADR SPONSORED ADR 502441306	230,805.06 38.7127	986,711.00 165.5000	12/31/21	755,905.94	0.00
6,020.000	NESTLE S.A. REGISTERED SHARES - ADR SPONSORED ADR 641069406	445,358.54 73.9798	845,027.40 140.3700	12/31/21	399,668.86	0.00
5,538.000	NOVO NORDISK A/S - ADR SPONSORED ADR 670100205	587,364.69 106.0608	620,256.00 112.0000	12/31/21	32,891.31	0.00
13,085.000	PERNOD RICARD SA ADR 714264306	425,790.86 32.5404	634,360.80 48.4800	12/31/21	208,569.94	0.00
26,555.000	SHENZHOU INTERNATIONAL GROUP HOLDINGS LTD 82322R109	566,348.51 21.3274	509,856.00 19.2000	12/31/21	56,492.51-	0.00

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**STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021**

**STOEL RIVES RET
ACCOUNT NUMBER 24**

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
656.000	SHOPIFY INC - A W/I 82509L107	79,147.99 120.6524	903,567.84 1,377.3900	12/31/21	824,419.85	0.00
22,705.000	SIKA AG 82674R103	424,072.93 18.6775	943,619.80 41.5600	12/31/21	519,546.87	0.00
3,230.000	STERIS PLC G8473T100	379,069.86 117.3591	786,214.30 243.4100	12/31/21	407,144.44	0.00
11,098.000	TAIWAN SEMICONDUCTOR MANUFACTU - ADR SPONSORED ADR 874039100	242,753.37 21.8736	1,335,200.38 120.3100	12/31/21	1,092,447.01	4,348.45
22,520.000	WUXI BIOLOGICS (CAYMAN) INC. 98260N108	573,199.65 25.4529	527,868.80 23.4400	12/31/21	45,330.85-	0.00
	TOTAL AMERICAN DEPOSITORY RECEIPTS	13,785,873.92	25,879,375.11		12,093,501.19	6,624.46
	CONSUMER DISCRETIONARY					
2,211.000	LULULEMON ATHLETICA INC 550021109	440,300.20 199.1408	865,495.95 391.4500	12/31/21	425,195.75	0.00
	TOTAL CONSUMER DISCRETIONARY	440,300.20	865,495.95		425,195.75	0.00
	INFORMATION TECHNOLOGY					
1,315.000	EPAM SYSTEMS INC 29414B104	582,984.85 443.3345	879,011.75 668.4500	12/31/21	296,026.90	0.00
565.000	METTLER-TOLEDO INTL INC 592688105	329,082.41 582.4467	958,923.65 1,697.2100	12/31/21	629,841.24	0.00
	TOTAL INFORMATION TECHNOLOGY	912,067.26	1,837,935.40		925,868.14	0.00

2021 FORM 5500: SCHEDULE H, LINE 4(i)
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**STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021**

**STOEL RIVES RET
ACCOUNT NUMBER 24**

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	HEALTH CARE					
4,180.000	RESMED INC 761152107	444,808.35 106.4135	1,088,806.40 260.4800	12/31/21	643,998.05	0.00
	TOTAL HEALTH CARE	444,808.35	1,088,806.40		643,998.05	0.00
	TOTAL COMMON STOCKS	15,583,049.73	29,671,612.86		14,088,563.13	6,624.46
	TOTAL EQUITIES	15,583,049.73	29,671,612.86		14,088,563.13	6,624.46
	TOTAL ASSETS AND LIABILITIES	16,965,262.42	31,053,825.55		14,088,563.13	6,624.46
	CASH	68.85	68.85			
	ACCRUED INCOME	6,624.46	6,624.46			
	TOTAL ACCOUNT	16,971,955.73	31,060,518.86		14,088,563.13	

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STOEL RIVES RET
ACCOUNT NUMBER 29

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH EQUIVALENTS						
OTHER CASH EQUIVALENTS						
SHORT TERM INVESTMENT FUNDS						
* 67,952.370	WELLS FARGO/BLACKROCK SHORT TERM INVESTMENT FUND S1 PF9980004	67,952.37 100.0000	67,952.37 100.0000	12/31/21	0.00	0.00
TOTAL SHORT TERM INVESTMENT FUNDS		67,952.37	67,952.37		0.00	0.00
TOTAL OTHER CASH EQUIVALENTS		67,952.37	67,952.37		0.00	0.00
TOTAL CASH EQUIVALENTS		67,952.37	67,952.37		0.00	0.00
EQUITIES						
COMMON STOCKS						
AMERICAN DEPOSITORY RECEIPTS						
1,570.000	COLLIERS INTERNATIONAL GROUP INC. 194693107	105,478.57 67.1838	233,380.50 148.6500	12/31/21	127,901.93	235.50
26,633.000	CUSHMAN & WAKEFIELD PLC G2717B108	397,239.91 14.9153	592,317.92 22.2400	12/31/21	195,078.01	0.00
12,548.000	ITURAN LOCATION AND CONTROL SHS M6158M104	240,152.96 19.1387	334,655.16 26.6700	12/31/21	94,502.20	1,756.72
TOTAL AMERICAN DEPOSITORY RECEIPTS		742,871.44	1,160,353.58		417,482.14	1,992.22
INDUSTRIALS						

2021 FORM 5500: SCHEDULE H, LINE 4(i)
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STOEL RIVES RET
ACCOUNT NUMBER 29

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
6,354.000	ARM INDS INC COM 000957100	244,830.61 38.5317	259,560.90 40.8500	12/31/21	14,730.29	0.00
1,028.000	CURTISS WRIGHT CORP COM 231561101	101,060.67 98.3080	142,552.76 138.6700	12/31/21	41,492.09	0.00
3,974.000	ENERSYS COM 29275Y102	285,383.34 71.8126	314,184.44 79.0600	12/31/21	28,801.10	0.00
8,389.000	MILLERKNOLL INC 600544100	292,310.11 34.8445	328,764.91 39.1900	12/31/21	36,454.80	1,572.94
33,592.000	SMARTRENT INC 83193G107	409,440.38 12.1886	325,170.56 9.6800	12/31/21	84,269.82-	0.00
	TOTAL INDUSTRIALS	1,333,025.11	1,370,233.57		37,208.46	1,572.94
	CONSUMER DISCRETIONARY					
7,637.000	PROG HOLDINGS INC 74319R101	403,702.83 52.8614	344,505.07 45.1100	12/31/21	59,197.76-	0.00
	TOTAL CONSUMER DISCRETIONARY	403,702.83	344,505.07		59,197.76-	0.00
	FINANCIALS					
551.000	JONES LANG LASALLE INC COM 48020Q107	61,663.10 111.9113	148,406.34 269.3400	12/31/21	86,743.24	0.00
19,072.000	PARK HOTELS & RESORTS INC. 700517105	313,901.26 16.4587	360,079.36 18.8800	12/31/21	46,178.10	0.00

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**STOEL RIVES RET
ACCOUNT NUMBER 29**

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
1,197.000	VIRTUS INVESTMENT PARTNERS INC 92828Q109	130,300.77 108.8561	355,628.70 297.1000	12/31/21	225,327.93	0.00
	TOTAL FINANCIALS	505,865.13	864,114.40		358,249.27	0.00
	INFORMATION TECHNOLOGY					
5,826.000	CERENCE INC 156727109	473,222.59 81.2260	446,504.64 76.6400	12/31/21	26,717.95-	0.00
964.000	LITTELFUSE INC COM 537008104	192,741.25 199.9391	303,351.52 314.6800	12/31/21	110,610.27	0.00
22,634.000	PORCH GROUP INC 733245104	469,001.53 20.7211	352,864.06 15.5900	12/31/21	116,137.47-	0.00
2,707.000	UPSTART HOLDINGS INC 91680M107	366,655.31 135.4471	409,569.10 151.3000	12/31/21	42,913.79	0.00
	TOTAL INFORMATION TECHNOLOGY	1,501,620.68	1,512,289.32		10,668.64	0.00
	HEALTH CARE					
814.000	MEDPACE HOLDINGS INC 58506Q109	143,695.84 176.5305	177,158.96 217.6400	12/31/21	33,463.12	0.00
	TOTAL HEALTH CARE	143,695.84	177,158.96		33,463.12	0.00
	TOTAL COMMON STOCKS	4,630,781.03	5,428,654.90		797,873.87	3,565.16
	FOREIGN EQUITIES					
	COMMON FOREIGN					

2021 FORM 5500: SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
STOEL RIVES RETIREMENT PLAN
POOLED FUND

EXHIBIT H/4(i)
EIN 93-0408771
PLAN #333

**STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021**

**STOEL RIVES RET
ACCOUNT NUMBER 29**

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
60,070.000	FORTERRA PLC 1P 144A BYYW3C2	193,448.73 3.2204	224,558.62 3.7383	12/31/21	31,109.89	0.00
132,703.000	IBSTOCK PLC 1P 144A BYXJC27	360,994.34 2.7203	366,309.29 2.7604	12/31/21	5,314.95	0.00
15,916.000	ISS A/S DKK 1.0 BKJ9RT5	271,243.30 17.0422	304,193.26 19.1124	12/30/21	32,949.96	0.00
2,682.000	PREMIUM BRANDS HLDGS CORP NPV B1VJFK7	247,136.43 92.1463	268,465.41 100.0990	12/31/21	21,328.98	0.00
9,505.000	SAVILLS PLC 2.5P B135BJ4	179,307.97 18.8646	181,266.60 19.0707	12/31/21	1,958.63	0.00
7,804.000	SDIPTCH AB SEK 0.025 BD8YX16	351,591.06 45.0527	406,411.20 52.0773	12/31/21	54,820.14	0.00
29,774.000	VICTORIA PLC 5P BZC0LC1	434,756.34 14.6019	483,928.77 16.2534	12/31/21	49,172.43	0.00
	TOTAL COMMON FOREIGN	2,038,478.17	2,235,133.15		196,654.98	0.00
	TOTAL FOREIGN EQUITIES	2,038,478.17	2,235,133.15		196,654.98	0.00
	TOTAL EQUITIES	6,669,259.20	7,663,788.05		994,528.85	3,565.16
	TOTAL ASSETS AND LIABILITIES	6,737,211.57	7,731,740.42		994,528.85	3,565.16
	CASH	3.06	3.06			
	ACCRUED INCOME	3,565.16	3,565.16			
	TOTAL ACCOUNT	6,740,779.79	7,735,308.64		994,528.85	

2021 FORM 5500: Schedule H, line 4(i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

STOEL RIVES RETIREMENT PLAN

MUTUAL FUND WINDOW

DECEMBER 31, 2021
PLAN #333EIN 93-0408771
Exhibit H/4(i)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AMG GW&K Small/Mid Cap Growth I	Mutual Fund	(1)	\$ 479,957
	AMG TimesSquare Mid Cap Growth Z	Mutual Fund	(1)	\$ 1,529,165
	Artisan International Value Instl	Mutual Fund	(1)	\$ 1,538,685
	Becker Value Equity Institutional	Mutual Fund	(1)	\$ 3,074,352
	Carillon Reams Unconstrained Bond I	Mutual Fund	(1)	\$ 359,209
	Grandeur Peak International Opps Instl	Mutual Fund	(1)	\$ 881,113
	Jackson Square Large-Cap Growth IS	Mutual Fund	(1)	\$ 3,491,873
	JOHCM International Select Instl	Mutual Fund	(1)	\$ 1,179,240
	Metropolitan West Low Duration Bond I	Mutual Fund	(1)	\$ 573,302
	Principal Diversified Real Asset R6	Mutual Fund	(1)	\$ 139,919
	Touchstone Mid Cap Institutional	Mutual Fund	(1)	\$ 1,951,554
*	Vanguard Emerg Markets Stock Idx Adm	Mutual Fund	(1)	\$ 931,453
*	Vanguard Federal Money Market Fund	Money Market	(1)	\$ 1,507,153
*	Vanguard Institutional Index I	Mutual Fund	(1)	\$ 25,881,502
*	Vanguard Instl Trgt Retire 2015	Mutual Fund	(1)	\$ 5,437
*	Vanguard Instl Trgt Retire 2020	Mutual Fund	(1)	\$ 944,715
*	Vanguard Instl Trgt Retire 2025	Mutual Fund	(1)	\$ 2,022,799
*	Vanguard Instl Trgt Retire 2030	Mutual Fund	(1)	\$ 1,911,356
*	Vanguard Instl Trgt Retire 2035	Mutual Fund	(1)	\$ 2,760,503
*	Vanguard Instl Trgt Retire 2040	Mutual Fund	(1)	\$ 2,440,846
*	Vanguard Instl Trgt Retire 2045	Mutual Fund	(1)	\$ 2,256,439
*	Vanguard Instl Trgt Retire 2050	Mutual Fund	(1)	\$ 1,643,282
*	Vanguard Instl Trgt Retire 2055	Mutual Fund	(1)	\$ 432,730
*	Vanguard Instl Trgt Retire 2060	Mutual Fund	(1)	\$ 1,035,791
*	Vanguard Instl Trgt Retire Income	Mutual Fund	(1)	\$ 596,692
*	Vanguard Mid Cap Index Institutional	Mutual Fund	(1)	\$ 7,330,637
*	Vanguard Small Cap Index Institutional	Mutual Fund	(1)	\$ 6,125,135
*	Vanguard Total Bond Market Index I	Mutual Fund	(1)	\$ 5,343,763
*	Vanguard Total Intl Stock Index Adm	Mutual Fund	(1)	\$ 2,810,302
	Vulcan Value Partners Small Cap	Mutual Fund	(1)	\$ 1,593,631
				<u>82,772,535</u>

* Party-in-interest

(1) Cost information may be omitted for plan assets which are participant-directed

2021 FORM 5500: SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
STOEL RIVES RETIREMENT PLAN
SELF-DIRECTED ACCOUNTS

EXHIBIT H/4(i)
EIN 93-0408771
PLAN #333

ASSET STATEMENT
AS OF 12/31/2021

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
SELF-DIRECTED ACCOUNTS	14,056,570	20,531,583

STOEL RIVES RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2021

EIN: 93-0408771
PLAN #333

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Wells Fargo	Wells Fargo / Blackrock Short-Term Investment Fund S1							
	Purchases	\$ 91,566,435	N/A	N/A	\$ -0-	N/A	\$ 91,566,435	N/A
	Sales	N/A	\$ 91,167,643	N/A	\$ -0-	\$ 91,167,643	\$ 91,167,643	\$ -0-
Driehaus	Driehaus Emerging Market Growth CIT							
	Sales	N/A	\$ 36,626,180	N/A	\$ -0-	\$ 36,616,104	\$ 36,626,180	\$ 10,076
Driehaus	Driehaus Emerging Market Growth							
	Purchases	\$ 34,626,180	N/A	N/A	\$ -0-	N/A	\$ 34,626,180	N/A