

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 STOEL RIVES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 09/01/1969
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) STOEL RIVES LLP 760 SW NINTH AVENUE, SUITE 3000 PORTLAND, OR 97205
2b	Employer Identification Number (EIN) 93-0408771
2c	Plan Sponsor's telephone number 503-294-9484
2d	Business code (see instructions) 541110

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.	10/09/2024	SCOTT SCHAEERER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	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

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 1393																						
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">682</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">654</td></tr> <tr><td>6b</td><td style="text-align: right;">92</td></tr> <tr><td>6c</td><td style="text-align: right;">577</td></tr> <tr><td>6d</td><td style="text-align: right;">1323</td></tr> <tr><td>6e</td><td style="text-align: right;">13</td></tr> <tr><td>6f</td><td style="text-align: right;">1336</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">1346</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">1308</td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>			6a(1)	682	6a(2)	654	6b	92	6c	577	6d	1323	6e	13	6f	1336	6g(1)	1346	6g(2)	1308	6h	0
6a(1)	682																							
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6b	92																							
6c	577																							
6d	1323																							
6e	13																							
6f	1336																							
6g(1)	1346																							
6g(2)	1308																							
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 (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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 LONDON, UNITED KINGDOM 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	
ARTEMIS REAL ESTATE PARTNERS, LLC	5404 WISCONSIN AVE SUITE 1150 CHEVY CHASE, MD 20815

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

ASPECT CAPITAL LIMITED	10 PORTMAN SQUARE LONDON, UNITED KINGDOM W1H6AZ GB
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(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
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(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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BH-DG SYSTEMATIC TRADING ERISA FUND	PO BOX 309 GRAND CAYMAN, CAYMAN ISLANDS 11104 KY
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(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
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(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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FALFURRIAS GROWTH PARTNERS GP I LLC	100 NORTH TRYON STREET SUITE 4100 CHARLOTTE, NC 28202
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(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., LP
11100 SANTA MONICA BLVD
SUITE 1900
LOS ANGELES, CA 90025

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

GRAHAM CAPITAL MANAGEMENT, LP
40 HIGHLAND AVE
ROWAYTON, CT 06853

(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

HAMMES INCOME & GROWTH HEALTHCARE F
1400 N WATER STREET
SUITE 500
MILWAUKEE, WI 53202

(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

MATRIX TRUST
2800 NORTH CENTRAL AVE
SUITE 900
PHOENIX, AZ 85004

(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 FL
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

PINGROUP COLLECTIVE INVESTMENT TRUS	C/O SEI TRUST COMPANY ONE FREEDOM VALLEY DRIVE OAKS, PA 19456
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RIDGEMONT PARTNERS MANAGEMENT, LLC	101 S TRYON STREET SUITE 3400 CHARLOTTE, NC 28280
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(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
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(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
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(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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STEPSTONE GROUP	100 PAINTERS MILL ROAD SUITE 700 OWINGS MILLS, MD 21117
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(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
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(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
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(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

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

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

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	276750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	185381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL BANK

42-1466678

(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	143882	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)

MATRIX TRUST

51-0099033

(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	18597	Yes ☒ No ☐	Yes ☒ No ☐	0	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	13618	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	8534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan STOEL RIVES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STOEL RIVES LLP	D Employer Identification Number (EIN) 93-0408771
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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: ANTIPODES GLOBAL EQUITY CIT CLASS A

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 86-2356057-150	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14272109
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a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29229053
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a Name of MTIA, CCT, PSA, or 103-12 IE: DRIEHAUS EMERGING MARKETS GRWTH CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 37-6553761-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19153475
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a Name of MTIA, CCT, PSA, or 103-12 IE: MLM INDEX FUND COMMODITY L/N UNLEVE

b Name of sponsor of entity listed in (a): MLM INDEX FUND

c EIN-PN 27-1198002-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8326117
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	3960	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8580952	9020335
(2) Participant contributions	1b(2)	406810	378775
(3) Other	1b(3)	281278	3362380
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3996238	4022782
(2) U.S. Government securities	1c(2)	12037	12493
(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)	22953973	24410780
(5) Partnership/joint venture interests	1c(5)	155803427	134891572
(6) Real estate (other than employer real property)	1c(6)	38621508	41493036
(7) Loans (other than to participants)	1c(7)	5864895	2901478
(8) Participant loans	1c(8)	787994	787760
(9) Value of interest in common/collective trusts	1c(9)	55845973	62654638
(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)	12544102	8326117
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	199427903	244330104
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	505131050	536592250
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	505131050	536592250

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9020335	
(B) Participants	2a(1)(B)	7585096	
(C) Others (including rollovers)	2a(1)(C)	2553597	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		19159028
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	488956	
(B) U.S. Government securities	2b(1)(B)	81	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	372131	
(E) Participant loans	2b(1)(E)	50885	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		912053
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	263846	
(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)		263846
(3) Rents	2b(3)		861277
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	99834707	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	96910772	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2923935
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-264419	
(B) Other	2b(5)(B)	1684486	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		10808665
(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)		-217985
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		39109368
c Other income	2c		3577190
d Total income. Add all income amounts in column (b) and enter total	2d		78817444

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46680074	
(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)		46680074
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	484828	
(6) Bank or trust company trustee/custodial fees	2i(6)	191342	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		676170
j Total expenses. Add all expense amounts in column (b) and enter total	2j		47356244

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31461200
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	
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): 42-1466678 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.)	
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	
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		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ 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) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Stoel Rives Retirement Plan

Financial Statements

Year Ended December 31, 2023

(With Independent Auditor's Report)



GeffenMesher

Stoel Rives Retirement Plan
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Year Ended December 31, 2023

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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

We have performed an audits 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 statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits 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 institutions").

Management has obtained a certification from qualified institutions as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying 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 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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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 Financial Statements

Management is responsible for the preparation and fair presentation of the 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 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 financial statements.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an 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 financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 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 audits 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 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 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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 and schedule of reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the 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 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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.

Retirement Committee
Stoel Rives Retirement Plan

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).

Greeff Messer and Company P.C.

Portland, Oregon
October 8, 2024

Stoel Rives Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
Assets		
Investments, at fair value	\$ 523,042,999	\$ 495,070,056
Receivables:		
Employer contributions	9,020,335	8,580,952
Participant contributions	378,775	406,810
Notes receivable from participants	787,760	787,994
Interest and dividends receivable	360,602	265,078
Other receivable	3,001,779	16,200
	<u>13,549,251</u>	<u>10,057,034</u>
Noninterest-bearing cash	-	3,960
Net assets available for benefits	<u><u>\$ 536,592,250</u></u>	<u><u>\$ 505,131,050</u></u>

Stoel Rives Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

	2023
Additions to net assets attributable to	
Investment income (loss), net	<u>\$ 58,931,361</u>
Interest income on notes receivable from participants	<u>50,885</u>
Contributions:	
Employer contributions	9,020,335
Participant contributions	7,585,096
Participant rollovers	<u>2,553,597</u>
	<u>19,159,028</u>
Total additions	78,141,274
Deductions from net assets attributable to	
Benefit paid to participants or beneficiaries, including direct rollovers	<u>46,680,074</u>
Net change	31,461,200
Net asset available for benefits	
Beginning of year	<u>505,131,050</u>
End of year	<u><u>\$ 536,592,250</u></u>

Stoel Rives Retirement Plan

Notes to Financial Statements

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”).

SECURE 2.0 Act

The Securing a Strong Retirement Act (“SECURE 2.0 Act”) was signed into law on December 29, 2022, and includes mandatory and optional provisions with varying effective dates in 2023 and later. Written amendments to the Plan related to the SECURE 2.0 Act, as applicable, will be drafted in accordance with applicable law and regulatory guidance.

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.

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 Principal Bank (“Principal”). All contributions paid into the Plan’s mutual fund window are maintained by Matrix Trust (“Matrix”).

Stoel Rives Retirement Plan

Notes to Financial Statements (Continued)

1. Description of Plan (continued)

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. The loans are secured by the vested balances in the participants' accounts and bear interest at rates that range from 4.25% to 9.50%, 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 administratively feasible and practicable, after a participant requests a distribution. At December 31, 2023, net assets available for benefits included approximately \$4,175,000, allocable to participants, who have elected to withdraw from the Plan during the plan year 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.

Stoel Rives Retirement Plan
Notes to Financial Statements (Continued)

2. Summary of significant accounting policies

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 5 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 investment income (loss) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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, 2023 and 2022.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

The Plan has evaluated subsequent events through October 8, 2024, 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 schedules, including certain investments held at December 31, 2023 and 2022, net investment income (loss), and interest and dividends for the year ended December 31, 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Principal or Matrix.

Stoel Rives Retirement Plan
Notes to Financial Statements (Continued)

3. Information certified by the Trustees (continued)

The following presents assets held and certified by Principal Bank or Matrix, as of December 31, 2023 and 2022 and certified investment activity for the year ended December 31, 2023:

	2023	2022
Investments, at fair value	\$ 272,776,159	\$ 226,390,151
Interest and dividend receivable	54,105	30,724
Noninterest-bearing cash	-	3,960
Total certified assets	\$ 272,830,264	\$ 226,424,835
		2023
Interest and dividends		\$ 5,981,283
Net investment income (loss)		37,090,630
Other income		8,615
Total certified investment activity		\$ 43,080,528

4. Nonparticipant directed funds

The following presents the detail of nonparticipant directed net assets as of December 31, 2023 and 2022 and the changes in net assets for the year ended December 31, 2023:

Net Assets Available for Benefits

	2023	2022
Investments at quoted fair value:		
Interest-bearing cash	\$ 2,459,097	\$ 2,789,545
Common stock	19,920,514	19,494,343
Mutual funds	150,213,917	122,358,929
	172,593,528	144,642,817
Other investments at estimated fair value:		
103-12 investment entities	8,326,117	12,544,102
Common/collective trusts	62,654,638	55,845,973
Limited partnerships	133,778,973	154,657,401
Real estate	41,493,036	38,621,508
Mortgages and contracts	2,898,978	5,852,395
	249,151,742	267,521,379
Total investments, at fair value	421,745,270	412,164,196
Notes receivable from participants	787,760	787,994
Interest and dividends receivable	335,239	252,875
Other receivable	3,000,000	-
Noninterest-bearing cash	-	3,960
Net assets available for benefits - Nonparticipant directed	\$ 422,868,269	\$ 413,209,025

Stoel Rives Retirement Plan
Notes to Financial Statements (Continued)

4. Nonparticipant directed funds (continued)

Changes in Net Assets Available for Benefits

	2023
Additions to net assets attributable to	
Investment income:	
Interest and dividends	\$ 4,904,958
Net unrealized appreciation (depreciation) and realized gains (losses) from quoted securities and other assets	34,545,945
Other income	4,438,469
	<u>43,889,372</u>
Contributions:	
Employer contributions	5,666,857
Participant contributions	4,293,746
Transfers (to) from participant directed accounts	(1,598,961)
Participant rollovers	628,196
Total additions	<u><u>52,879,210</u></u>
Deductions from net assets attributable to	
Investment manager fees and other fees	626,007
Benefits paid to participants	39,593,959
	<u>40,219,966</u>
 Change in net assets available for benefits - Nonparticipant directed	 12,659,244
 Net asset available for benefits - Nonparticipant directed	
Beginning of year	<u>413,209,025</u>
End of year	<u><u>\$ 425,868,269</u></u>

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)

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, 2023, there were no transfers in or out of Level 3. Total purchases of Level 3 assets were approximately \$11,008,000 and \$11,255,000 during 2023 and 2022. Total sales of Level 3 assets were approximately \$6,979,000 and \$6,203,000 during 2023 and 2022.

The following tables set forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

2023				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 2,459,097	\$ -	\$ -	\$ 2,459,097
Common stock	19,920,514	-	-	19,920,514
Mutual funds	234,376,632	-	-	234,376,632
Limited partnerships	-	-	51,871,557	51,871,557
Real estate	-	-	41,493,036	41,493,036
Mortgages and contracts	-	-	2,898,978	2,898,978
Self-directed accounts	16,019,915	-	1,115,099	17,135,014
	272,776,158	-	97,378,670	370,154,828
Investments measured at net asset value	-	-	-	152,888,171
Total Investments at fair value	\$ 272,776,158	\$ -	\$ 97,378,670	\$ 523,042,999

2022				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 2,789,545	\$ -	\$ -	\$ 2,789,545
Common stock	19,494,343	-	-	19,494,343
Mutual funds	190,375,460	-	-	190,375,460
Limited partnerships	-	-	45,210,303	45,210,303
Real estate	-	-	38,621,508	38,621,508
Mortgages and contracts	-	-	5,852,395	5,852,395
Self-directed accounts	13,730,803	-	1,158,526	14,889,329
	226,390,151	-	90,842,732	317,232,883
Investments measured at net asset value	-	-	-	177,837,173
Total Investments at fair value	\$ 226,390,151	\$ -	\$ 90,842,732	\$ 495,070,056

Stoel Rives Retirement Plan

Notes to Financial Statements (Continued)

5. Fair value measurements (continued)

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 Principal/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, 2023 and 2022, there were no unfunded commitments nor were there any restrictions on payments or redemptions for these investments.

6. Derivative financial instruments

On December 31, 2023 and 2022, 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

A related party is any party who can control or significantly influence Plan management or operating policies. Parties-in-interest are defined under DOL regulations as any employees of the Plan, fiduciaries of the Plan, service providers to the Plan, the employer whose employees are covered by the Plan and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator, investment managers, investment advisors, legal counsel and Plan auditor. Certain Plan investments are units in funds managed by Principal 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.

Stoel Rives Retirement Plan

Notes to Financial Statements (Continued)

8. 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.

9. 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.

10. 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.

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, 2023

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 4.25% to 9.50%; maturing through July 2032	\$ -	\$ 787,760

* Party-in-interest

2023 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 12/31/2023
GENERAL ACCOUNT

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
ASSETS		
NON-INTEREST BEARING CASH	0	0
INTEREST BEARING CASH		
* PRINCIPAL/BLACKROCK SHORT-TERM INVESTMENT FUND S1	2,238,815	2,238,815
TOTAL INTEREST BEARING CASH	2,238,815	2,238,815
PARTNERSHIPS/ JOINT VENTURES		
36 SOUTH KOHINOOR SERIES THREE FUND	9,156,298	9,967,674
ABERDEEN EMERGING MARKETS BOND FUND	125,745	0
AETHER REAL ASSETS II LP	3,119,083	1,694,422
ASPECT SYSTEMATIC GLOBAL MACRO	6,500,000	6,676,131
BEACH POINT LOAN FUND LTD	12,308,960	16,855,055
BH-DG SYSTEMATIC TRADING FUND	13,370,474	12,614,210
FALFURIAS GROWTH PARTNERS	465,000	335,002
FS EQUITY PARTNERS VIII LP	2,045,543	3,262,879
GRAHAM QUANT MACRO FUND	8,000,000	7,556,997
K4 PRIVATE INVESTORS LP	2,325,212	4,119,825
K5 PRIVATE INVESTORS LP	1,375,388	1,526,695
KOHLBERG INVESTORS FUND IX	2,144,646	3,157,492
MUDRICK DISTRESSED OPPORTUNITY FUND OFFSHORE LTD	4,340,828	10,442,717
OHA EUROPEAN STRATEGIC CREDIT FUND OFFSHORE LP	62,001	212,631
ORBIMED PARTNERS LTD	1,593,052	5,280,647
ORION MINE FINANCE FUND III	5,868,301	6,559,357
PALO ALTO HEALTHCARE OFFSHORE II LTD	1,273,820	4,287,547
RIDGEMONT EQUITY PARTNERS IV	2,812,751	2,927,493
RIMROCK LOW VOLATILITY FUND LTD	275,001	491,923
RIMROCK STRUCTURED PRODUCT FUND LTD	5,209,351	7,734,516
RIVERSIDE FUND VI LP	1,971,134	2,566,047
STEPSTONE VC SECONDARIES FUND V	2,048,380	2,012,848
STRATEGIC VALUE PARTNERS FUND V	2,609,761	3,295,612
TRILANTIC CAPITAL PARTNERS VI PARALLEL	2,176,388	2,734,802
US WATER & LAND LP	1,155,633	2,345,826
VENTURE INVESTMENT ASSOCIATES ENERGY II LP	3,440,229	2,240,529
WATER PROPERTY INVESTOR LP	5,689,434	12,880,097
TOTAL PARTNERSHIP/ JOINT VENTURE	101,462,413	133,778,973
REAL ESTATE: INCOME-PRODUCING		
ARTEMIS REAL ESTATE PARTNERS FUND IV	498,737	393,289
BERKELEY PARTNERS FUND V LP	2,228,349	2,504,465
CARLYLE REALTY FOREIGN INVESTORS VIII-C	2,345,406	2,459,889
CARLYLE REALTY PARTNERS IX LP	1,036,957	854,152
FCP REALTY FUND IV, LP	2,915,546	3,237,145
HAMMES INCOME & GROWTH HEALTHCARE	2,089,412	2,075,273
MORRISON STREET FUND VI LP	2,901,826	2,862,308
NICKERSON MINI STORAGE	113,960	17,750,000
PACIFIC CROSSROADS	2,659,972	7,664,395
ROCKPOINT REAL ESTATE FUND VI	1,236,905	1,692,119
TOTAL REAL ESTATE: INCOME-PRODUCING	18,027,070	41,493,036
LOANS (OTHER THAN TO PARTICIPANTS) SECURED BY MORTGAGES: COMMERCIAL		
MORRISON STREET DEBT OPPORTUNITIES FUND II LP	370,897	286,803
MORRISON STREET INCOME FUND	3,054,552	2,612,175
TOTAL LOANS SECURED BY MORTGAGES: COMMERCIAL	3,425,449	2,898,978

2023 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 12/31/2023
GENERAL ACCOUNT

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
<u>COMMON/COLLECTIVE TRUSTS</u>		
ANTIPODES GLOBAL EQUITY CLASS A	12,000,000	14,272,109
ARTISAN DEVELOPING WORLD	9,466,337	18,775,727
ARTISAN GLOBAL OPPORTUNITIES TRUST	11,000,000	10,453,326
DRIEHAUS EMERGING MARKETS GROWTH FUND	12,476,652	19,153,475
TOTAL COMMON/COLLECTIVE TRUSTS	44,942,989	62,654,638
<u>103-12 INVESTMENT ENTITIES</u>		
MT. LUCAS MLM COMMODITY INDEX L/N	5,154,920	8,326,117
TOTAL 103-12 INVESTMENT ENTITIES	5,154,920	8,326,117
<u>REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS)</u>		
ARTISAN INTERNATIONAL VALUE FUND (APHKX)	21,873,961	30,888,976
GRANDEUR PEAK INTERNATIONAL OPPORTUNITIES FUND (GPIIX)	7,402,150	8,354,554
METROPOLITAN WEST LOW DURATION BOND FUND (MWLIX)	2,504,236	2,532,415
VANGUARD GROWTH INDEX FUND (VIGIX)	33,787,785	43,279,820
VANGUARD SHORT-TERM INFL-PROT SECURITIES INDEX FUND (VTSPX)	10,608,077	10,276,362
VANGUARD TOTAL BOND MARKET INDEX FUND (VBTIX)	23,708,189	21,302,301
VANGUARD VALUE INDEX FUND (VMVIX)	26,922,315	33,579,486
TOTAL REGISTERED INVESTMENT COMPANIES	126,806,713	150,213,917
<u>ACCRUALS</u>		
MORRISON STREET FUND VI	187,466	187,466
MORRISON STREET INCOME FUND	57,431	57,431
NICKERSON MINI STORAGE	36,463	36,463
* PRINCIPAL/BLACKROCK SHORT-TERM INVESTMENT FUND S1	22,212	22,212
PARTICIPANT LATE LOAN PAYMENTS	25,137	25,137
MUDRICK REDEMPTION	3,000,000	3,000,000
TOTAL ACCRUED INCOME	3,328,708	3,328,708
TOTAL NET ASSETS	305,387,078	404,933,182

2023 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, 2023**

STOEL RIVES RET - ACCOUNT #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						
* 220,281.840	SHORT-TERM INVESTMENT FUND A S1 PF9980004	220,281.84 100.0000	220,281.84 100.0000	12/31/23	0.00	1,238.64
TOTAL SHORT TERM INVESTMENT FUNDS		220,281.84	220,281.84		0.00	1,238.64
TOTAL OTHER CASH EQUIVALENTS		220,281.84	220,281.84		0.00	1,238.64
TOTAL CASH EQUIVALENTS		220,281.84	220,281.84		0.00	1,238.64
EQUITIES						
COMMON STOCKS						
AMERICAN DEPOSITORY RECEIPTS						
1,820.000	ACCENTURE PLC G1151C101	311,527.48 171.1689	638,656.20 350.9100	12/29/23	327,128.72	0.00
12,400.000	ADVANTEST CORP 00762U200	444,184.62 35.8213	418,500.00 33.7500	12/29/23	25,684.62-	0.00
57,896.000	ADYEN N.V. 00783V104	838,759.79 14.4874	745,700.48 12.8800	12/29/23	93,059.31-	0.00
2,081.000	AON PLC G0403H108	465,176.44 223.5351	605,612.62 291.0200	12/29/23	140,436.18	0.00

2023 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, 2023**

STOEL RIVES RET - ACCOUNT #24

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
6,910.000	ARCH CAPITAL GROUP LTD G0450A105	488,147.67 70.6437	513,205.70 74.2700	12/29/23	25,058.03	0.00
1,175.000	ASM INTERNATIONAL NV N07045102	432,579.80 368.1530	610,060.00 519.2000	12/29/23	177,480.20	0.00
1,054.000	ASML HOLDING N.V. N07059210	183,877.82 174.4571	797,793.68 756.9200	12/29/23	613,915.86	0.00
7,990.000	ASTRAZENECA PLC SPONSORED ADR 046353108	520,551.48 65.1504	538,126.50 67.3500	12/29/23	17,575.02	0.00
24,755.000	ATLAS COPCO AB SPONSORED ADR NEW REPSTG COM SER A 049255706	170,238.27 6.8769	426,033.55 17.2100	12/29/23	255,795.28	0.00
10,954.000	BAE SYSTEMS PLC - ADR SPONSORED ADR 05523R107	573,309.91 52.3380	633,338.37 57.8180	12/29/23	60,028.46	0.00
5,965.000	CANADIAN NAT RES LTD COM 136385101	373,063.57 62.5421	390,826.80 65.5200	12/29/23	17,763.23	861.52
14,466.000	COMPASS GROUP PLC ADR 20449X401	399,349.45 27.6061	402,299.46 27.8100	12/29/23	2,950.01	0.00
4,792.000	EVOLUTION AB 30051E104	821,647.17 171.4623	572,212.72 119.4100	12/29/23	249,434.45-	0.00
13,665.000	EXPERIAN PLC 30215C101	255,258.99 18.6798	556,712.10 40.7400	12/29/23	301,453.11	0.00

2023 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, 2023**

STOEL RIVES RET - ACCOUNT #24

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
3,327.000	FERGUSON PLC G3421J106	492,439.38 148.0130	642,343.89 193.0700	12/29/23	149,904.51	2,628.33
2,675.000	FERRARI NV N3167Y103	427,638.55 159.8649	905,300.25 338.4300	12/29/23	477,661.70	0.00
20,953.000	ICICI BANK LTD. - ADR SPONSORED ADR 45104G104	469,062.71 22.3864	499,519.52 23.8400	12/29/23	30,456.81	0.00
3,211.000	ICON PLC G4705A100	552,215.40 171.9761	908,937.77 283.0700	12/29/23	356,722.37	0.00
5,319.000	L'OREAL - ADR SPONSORED ADR 502117203	476,261.80 89.5397	528,761.79 99.4100	12/29/23	52,499.99	0.00
3,267.000	LVMH MOET HENNESSY UNSP ADR - ADR SPONSORED ADR 502441306	126,474.36 38.7127	530,724.15 162.4500	12/29/23	404,249.79	0.00
4,460.000	NESTLE S.A. REGISTERED SHARES - ADR SPONSORED ADR 641069406	329,950.01 73.9798	515,709.80 115.6300	12/29/23	185,759.79	0.00
10,659.000	NOVO NORDISK A/S - ADR SPONSORED ADR 670100205	585,157.34 54.8980	1,102,673.55 103.4500	12/29/23	517,516.21	0.00
13,249.000	SAFRAN SA 786584102	583,322.98 44.0277	584,678.37 44.1300	12/29/23	1,355.39	0.00
10,558.000	SCHNEIDER ELECTRIC SE. 80687F106	338,837.18 32.0929	424,748.34 40.2300	12/29/23	85,911.16	0.00

2023 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, 2023**

STOEL RIVES RET - ACCOUNT #24

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
2,390.000	STERIS PLC G8473T100	280,488.22 117.3591	525,441.50 219.8500	12/29/23	244,953.28	0.00
14,655.000	UBS GROUP AG H42097107	421,917.37 28.7900	452,839.50 30.9000	12/29/23	30,922.13	0.00
3,115.000	WASTE CONNECTIONS, INC. 94106B101	444,516.88 142.7020	464,976.05 149.2700	12/29/23	20,459.17	0.00
	TOTAL AMERICAN DEPOSITORY RECEIPTS INDUSTRIALS	11,805,954.64	15,935,732.66		4,129,778.02	3,489.85
526.000	MERCADOLIBRE INC 58733R102	738,965.42 1,404.8772	826,630.04 1,571.5400	12/29/23	87,664.62	0.00
	TOTAL INDUSTRIALS	738,965.42	826,630.04		87,664.62	0.00
	INFORMATION TECHNOLOGY					
3,649.000	ATLASSIAN CORPORATION CL A 049468101	935,670.98 256.4185	867,951.14 237.8600	12/29/23	67,719.84-	0.00
1,046.000	EPAM SYSTEMS INC 29414B104	460,628.01 440.3709	311,017.64 297.3400	12/29/23	149,610.37-	0.00
	TOTAL INFORMATION TECHNOLOGY	1,396,298.99	1,178,968.78		217,330.21-	0.00
	TOTAL COMMON STOCKS	13,941,219.05	17,941,331.48		4,000,112.43	3,489.85
	FOREIGN EQUITIES					
	COMMON FOREIGN					

2023 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, 2023**

STOEL RIVES RET - ACCOUNT #24

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
13,021.000	CANADIAN PACIFIC KANSAS CITY 13646K108	496,039.75 38.0954	1,029,440.26 79.0600	12/29/23	533,400.51	1,801.75
1,254.000	LINDE PLC G54950103	419,881.22 334.8335	515,030.34 410.7100	12/29/23	95,149.12	0.00
2,973.000	THOMSON REUTERS CORP 884903808	340,539.94 114.5442	434,712.06 146.2200	12/29/23	94,172.12	0.00
	TOTAL COMMON FOREIGN	1,256,460.91	1,979,182.66		722,721.75	1,801.75
	TOTAL FOREIGN EQUITIES	1,256,460.91	1,979,182.66		722,721.75	1,801.75
	TOTAL EQUITIES	15,197,679.96	19,920,514.14		4,722,834.18	5,291.60
	TOTAL ASSETS AND LIABILITIES	15,417,961.80	20,140,795.98		4,722,834.18	6,530.24
	ACCRUED INCOME	6,530.24	6,530.24			
	TOTAL ACCOUNT	15,424,492.04	20,147,326.22		4,722,834.18	

2023 Form 5500: Schedule H, line 4(i)
Schedule of Assets Held for Investment at End of Year
Stoel Rives LLP Retirement Plan
EIN: 93-0408771
Plan Number: 333

(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
	AB Small Cap Value Advisor	Mutual Fund	(1)	\$ 534,511
	AMG GW&K Small/Mid Cap Growth I	Mutual Fund	(1)	\$ 435,000
	AMG TimesSquare Mid Cap Growth Z	Mutual Fund	(1)	\$ 1,385,050
	Artisan International Value Instl	Mutual Fund	(1)	\$ 2,235,163
	Becker Value Equity Institutional	Mutual Fund	(1)	\$ 2,776,506
	Brown Advisory Sustainable Growth I	Mutual Fund	(1)	\$ 3,235,370
	Carillon Reams Unconstrained Bond I	Mutual Fund	(1)	\$ 544,440
	Grandeur Peak International Opps Instl	Mutual Fund	(1)	\$ 501,376
	JOHCM International Select Instl	Mutual Fund	(1)	\$ 858,968
	Metropolitan West Low Duration Bond I	Mutual Fund	(1)	\$ 242,925
	Principal Diversified Real Asset R6	Mutual Fund	(1)	\$ 84,612
	Touchstone Mid Cap Institutional	Mutual Fund	(1)	\$ 1,931,346
	Vanguard Emerg Markets Stock Idx Adm	Mutual Fund	(1)	\$ 919,503
	Vanguard Federal Money Market Fund	Money Market	(1)	\$ 2,289,543
	Vanguard Institutional Index I	Mutual Fund	(1)	\$ 30,117,721
	Vanguard Mid Cap Index Institutional	Mutual Fund	(1)	\$ 6,330,831
	Vanguard Small Cap Index Institutional	Mutual Fund	(1)	\$ 5,000,028
	Vanguard Target Retire 2020	Mutual Fund	(1)	\$ 880,958
	Vanguard Target Retire 2025	Mutual Fund	(1)	\$ 1,839,578
	Vanguard Target Retire 2030	Mutual Fund	(1)	\$ 1,670,519
	Vanguard Target Retire 2035	Mutual Fund	(1)	\$ 3,290,621
	Vanguard Target Retire 2040	Mutual Fund	(1)	\$ 2,162,177
	Vanguard Target Retire 2045	Mutual Fund	(1)	\$ 2,752,865
	Vanguard Target Retire 2050	Mutual Fund	(1)	\$ 2,394,320
	Vanguard Target Retire 2055	Mutual Fund	(1)	\$ 715,645
	Vanguard Target Retire 2060	Mutual Fund	(1)	\$ 1,387,875
	Vanguard Target Retire 2065	Mutual Fund	(1)	\$ 21,987
	Vanguard Target Retire 2070	Mutual Fund	(1)	\$ 2
	Vanguard Target Retire Income	Mutual Fund	(1)	\$ 501,150
	Vanguard Total Bond Market Index I	Mutual Fund	(1)	\$ 4,404,398
	Vanguard Total Intl Stock Index Adm	Mutual Fund	(1)	\$ 2,717,728
				84,162,716

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

2023 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 12/31/2023

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
SELF-DIRECTED ACCOUNTS	13,106,318	17,160,377

Stoel Rives Retirement Plan
Schedule H, Part IV, Item 4j –
Schedule of Reportable Transactions
December 31, 2023

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)
Principal	Principal / Blackrock Short-Term Fund S1							
	Purchases	\$ 80,028,297	N/A	N/A	\$ -	N/A	\$ 80,028,297	N/A
	Sales	N/A	\$ 80,366,195	N/A	\$ -	\$ 80,366,195	\$ 80,366,195	\$ -