

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MULTNOMAH BAR ASSOCIATION</u></p> <p><u>620 SW 5TH AVE STE 1220</u> <u>PORTLAND, OR 97204-1432</u></p>	<p>1c Effective date of plan <u>04/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>23-7315437</u></p> <p>2c Plan Sponsor's telephone number <u>503-222-3275</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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.	05/09/2025	GUY WALDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	959
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.....	6a(1)	959
	6a(2)	976
	6b	47
	6c	27
	6d	1050
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>5</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 167345348

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MULTNOMAH BAR ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 23-7315437</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	1568	352	04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1602

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALLIANT INSURANCE SERVICES, INC. 701 B ST FL 6 SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1602	RETENTION BONUS	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2657121
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MULTNOMAH BAR ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 23-7315437</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
OREGON DENTAL SERVICE DBA DELTA DENTAL PLAN OF OREGON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0438772	54941	10001777	1052	04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		670316
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MULTNOMAH BAR ASSOCIATION		D Employer Identification Number (EIN) 23-7315437

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PROVIDENCE HEALTH PLANS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0863097	95005	100218/100219	994	04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		7040576
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MULTNOMAH BAR ASSOCIATION		D Employer Identification Number (EIN) 23-7315437

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	03356975	634	04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 2878	(b) Total amount of fees paid 0
--	--

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

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

ALLIANT INSURANCE SERVICES, INC. **PO BOX 745977
LOS ANGELES, CA 90074**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1548			3

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

AKT BENEFIT ADVISORS LLC **PO BOX 35142
SEATTLE, WA 98124-5142**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1330			3

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	0
(2) Increase (decrease) in amount due but unpaid		9a(2)	0
(3) Increase (decrease) in unearned premium reserve		9a(3)	0
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	51906
(2) Increase (decrease) in claim reserves		9b(2)	0
(3) Incurred claims (add (1) and (2))		9b(3)	51906
(4) Claims charged		9b(4)	0
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	0	
(B) Administrative service or other fees	9c(1)(B)	15968	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	0	
(E) Taxes	9c(1)(E)	0	
(F) Charges for risks or other contingencies	9c(1)(F)	0	
(G) Other retention charges	9c(1)(G)	0	
(H) Total retention	9c(1)(H)	15968	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	0
(2) Claim reserves		9d(2)	0
(3) Other reserves		9d(3)	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	0

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	72582
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MULTNOMAH BAR ASSOCIATION		D Employer Identification Number (EIN) 23-7315437

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
WILLAMETTE DENTAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1171647	57069	OR133	277	04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	148479	
(2) Increase (decrease) in amount due but unpaid	9a(2)	0	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)	148479	
b Benefit charges (1) Claims paid	9b(1)	112927	
(2) Increase (decrease) in claim reserves	9b(2)	0	
(3) Incurred claims (add (1) and (2))	9b(3)	112927	
(4) Claims charged	9b(4)	0	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	0	
(B) Administrative service or other fees	9c(1)(B)	14848	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	0	
(E) Taxes	9c(1)(E)	742	
(F) Charges for risks or other contingencies	9c(1)(F)	0	
(G) Other retention charges	9c(1)(G)	0	
(H) Total retention	9c(1)(H)	15590	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	0	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	0	
(2) Claim reserves	9d(2)	0	
(3) Other reserves	9d(3)	0	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	0	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

Id	Name	Tax Id	ER % For EE	ER % For DP	ER Flat \$ Cont.
3703-0	Aaby Family Law, P.C.	46-4564801	50	0	0
2672-0	Albert J. Bannon	93-1304981	50	0	0
4021-0	Albies & Stark LLC	81-4601563	100	0	0
4599-0	Allegiant Law LLP	82-2223337	100	0	0
3768-0	Alterman Law Group PC	82-2063732	100	0	0
4389-0	Andersen & Linthorst P.C.	93-1217442	50	0	0
2988-0	Anderson Hansell PC	93-0790084	50	0	0
3000-0	Andrew M Cole	45-2582680	50	0	0
2665-0	Anita Manishan	00-0000000	50	0	0
2668-0	Arnold Law Office, LLC	38-3642048	50	0	445
2670-0	Arthur Knauss	00-0000000	50	0	0
3002-0	Bannon Law LLC.	00-0000000	50	0	0
3939-0	Barbur Law Office, LLC	46-5659192	0	0	370
4545-0	Barry W. Engle	47-2764956	100	100	0
2680-0	Bert P Krages II	00-0000000	50	0	0
2682-0	Bier Family Law	20-8247671	50	0	0
2883-0	Boise Matthews Donegan LLP	93-0696835	100	0	0
4001-0	Brix Law, LLP	47-4273950	100	0	0
4568-0	Brouhard & Gouge, LLC	86-2280470	85	0	85
2687-0	Brown Tarlow Bridges & Palmer, PC	93-0799979	50	0	0
4521-0	Bryant Emerson, LLC	45-3850479	100	0	0
4446-0	Buchanan Schmid LLC	27-2757467	100	0	0
4517-0	Capitol Legal Services, LLC	92-3747794	0	0	250
2694-0	Carolyn W. Miller, PC	93-1319897	100	0	0
2695-0	Carson & Baker	93-0961894	100	0	0
4574-0	Casey Law	85-0907865	0	0	500
2696-0	Cecil B. Strange	00-0000000	100	0	0
2700-0	Charles Robinowitz	93-0603322	100	0	0
2701-0	Chase Law, PC	81-4591236	50	0	0
4452-0	Cherry Tree Law Firm	20-0660777	0	0	300
3017-0	Chock Barhoum	46-1920344	50	0	0
2703-0	Christopher M. Clayhold	00-0000000	50	0	0
3698-0	Clark Law & Associates, LLC	81-0980558	50	0	0
2692-0	Clayton H Morrison, LLC	56-2352701	50	0	0
4588-0	Coast Land Law, LLC	86-1449717	100	0	0
2667-0	Columbia County Indigent Defense	20-4055635	100	0	0
3050-0	Compass IP Law	46-4093602	100	0	0
4592-0	Conde Law Group	45-3073624	100	0	0
4560-0	Cooper Whitman LLC	92-2412109	100	100	0
2709-0	Craig A. Nichols	83-1775231	100	0	0
4544-0	Crawley LLP	46-4608525	50	50	0
2989-0	Creighton & Rose PC	00-0000000	50	0	0
2714-0	Daniel DeNorch	83-2824204	50	0	0
4393-0	Daniel M. Galpern, LLC	91-1375088	100	100	0
4583-0	Danielle M. Myers, Esq., Attorney at Law	93-4754494	65	0	0
2720-0	David C. Landis	00-0000000	50	0	0
3015-0	David Schlachter	45-4855523	50	0	0
2969-0	Delta Counsel, PC	93-1287889	50	0	0

2723-0	Denise L. Stern	93-1161281	50	0	0
2967-0	Diane Grover	00-0000000	50	0	0
2946-0	Dunn & Roy, PC	26-1500293	50	0	0
4388-0	Duvall Law Office, P.C.	26-0406920	100	100	0
4297-0	Easley Family Law	82-2358456	50	0	0
4475-0	Eaton Family Law & Mediation, LLC	47-3151778	100	0	0
4398-0	Edward J. Hill, AAL	57-1224569	100	0	0
2731-0	Elaine D. Smith-Koop	43-2116408	100	0	0
2711-0	Elder Law Firm	83-0379420	100	0	0
4470-0	Elevate Law Group	93-1194657	0	0	700
2733-0	Ellen Adler, PC	36-4624998	100	0	0
4057-0	Elliott, Riquelme and Wilson, LLP	93-1261931	50	0	0
4224-0	Erin Robinson, Attorney at Law	45-5543530	100	0	0
4476-0	Evergreen Legal Services, LLC	82-3127245	75	0	0
4591-0	Fair Play Legal Services, LLC	99-2942412	100	0	0
3937-0	Fenrich & Gallagher, P.C.	90-0672619	100	100	0
4516-0	Fitch and Neary, PC	83-2653845	0	0	450
2740-0	Fitzwater Meyer Hollis & Marmion, LLP	93-0499133	100	0	0
2743-0	Gail Kuechle	00-0000000	50	0	0
4488-0	Gari Lynn Lovejoy, Attorney at Law	46-5300216	50	0	0
2749-0	Georgianna Thurber DO	00-0000000	50	0	0
2751-0	Gerald D Waite Sole Practitioner	55-6928656	100	100	0
2752-0	Gino G. Pieretti, Jr.	00-0000000	50	0	0
2753-0	Glazer Maurer & Peterson PC	93-0861092	100	100	0
4529-0	Good Advice Law LLC	88-3910041	100	0	0
2729-0	Gorge Legacy Law, LLC	33-2568304	100	0	
2992-0	Greenen & Greenen, PLLC	91-1746793	50	0	0
3025-0	Gregory Caldwell	54-1943376	50	0	0
2757-0	Gregory Dolinajec	00-0000000	50	0	0
2886-0	Harris & Elkins Attorneys at Law	93-0948536	0	0	450
2766-0	Hart Wagner	00-0000000	50	0	0
3733-0	Hathaway Larson	45-2686973	50	0	0
2762-0	Herb Weisser Attorney At Law	20-4014037	50	0	0
2763-0	Hobbs, Straus, Dean & Walker, LLP	52-1263904	100	0	0
2971-0	Hodgkinson Street Mephram, LLC	00-0000000	50	0	0
4520-0	Hoebet Olson, PC	93-0835221	0	0	499
2765-0	Hoffman Law LLC	00-0000000	100	0	0
2997-0	Hollander Lebenbaum & Patrick Attorneys at Law	93-0903762	100	0	0
2767-0	Howard Russell Attorney at Law	20-0939078	50	0	0
4399-0	Idiart Law Group, LLC	41-2158170	100	0	0
3308-0	Innova Legal Advisors, PC	47-3626101	50	0	0
2679-0	J Randolph Pickett PC	93-0838159	50	0	0
2866-0	J. Michael Casey	00-0000000	50	0	0
2865-0	J. Patrick O'Malley	26-1655888	50	0	0
2770-0	Jack R. Platten	57-0603124	50	0	0
2775-0	James Cox	00-0000000	50	0	0
2778-0	James Oberholtzer, Chartered	00-0000000	100	0	0
4432-0	Jaques Sharp, Attorneys at Law	93-1031959	80	0	0
4397-0	Jason Broesder, Attorney at Law, LLC	20-2884170	100	0	0

4546-0	Jeff Jorgensen	82-4330293	75	0	0
2783-0	Jeffrey L. Kleinman	93-0872542	100	0	0
2681-0	Jesse Neal Spencer Attorney at Law	82-3573034	100	0	0
4430-0	JJH Law, P.C.	61-1647501	100	0	0
2789-0	John C. O'Brien	93-0751202	50	0	0
2793-0	John H. Heald, PC	02-0675927	50	0	0
2792-0	John J. Lutgens	91-1840637	50	0	0
2791-0	John Lundeen / Attorney PC	36-4488402	50	0	0
3020-0	Jonathan A Clark PC	71-1018056	50	0	0
2998-0	Jonathan D Mishkin, PC	45-5329745	100	0	0
4584-0	Jordan Law PC	27-1178368	80	0	0
4056-0	Jurva Martin, PC	45-2764308	100	100	0
2981-0	Kaempf Law Firm, PC	45-4447760	50	0	0
2802-0	Karolyn H. March	00-0000000	50	0	0
2975-0	Kathy Streed, PC	26-4725381	50	0	0
2803-0	Kelley & Kelley	93-0700450	50	0	0
2804-0	Kenneth L Baker	93-0792703	50	0	0
4563-0	Klein Munsinger	82-2097555	50	0	0
2807-0	Kryger Carlson PC	93-0750595	100	0	0
4010-0	Lam Law Office PC	45-4567267	100	100	0
2810-0	Landerholm, PS	91-0888361	50	0	0
4601-0	Landlord Tenant Law of Portland	82-4430350	100	0	0
4431-0	Law Office of Anna P. Sammons	83-2236177	50	0	0
4483-0	Law Office of Bruce Nishioka PC	20-2754159	100	0	0
2686-0	Law Office of Frank Rote, III	93-0614144	50	0	0
4549-0	Law Office of Jimmy Namgyal LLC	81-0810069	50	0	0
2977-0	Law Office of Karl G Anuta PC	26-1488415	100	0	0
3938-0	Law Office of Randall J. Wolfe, PC	91-1221019	50	0	0
2895-0	Law Office of Robert D Lowry LLC	93-1096659	50	0	0
4441-0	Law Office of Steve Seal, LLC	46-4007024	50	0	0
2659-0	Law Offices of Daniel Snyder	93-1019486	50	0	0
3296-0	Law Offices of Jodie Anne Phillips Polich, P.C.	56-2407659	50	0	0
2799-0	Law Offices of Judy Snyder	93-0926515	0	0	500
4410-0	Lawrence Law Firm, Inc.	81-1721625	60	0	0
2821-0	Leon Simson, PC	04-1367375	50	0	0
4530-0	Levelle Law LLC	83-2151931	50	0	0
2822-0	Linda J. Larkin	93-1321888	100	0	0
2991-0	Lisa Short	46-1046412	50	0	0
2924-0	Local Government Law Group P.C.	26-3044932	50	0	0
2823-0	Mable L. Hardebeck GM	00-0000000	50	0	0
2718-0	Maggie Biondi	00-0000000	50	0	0
4589-0	Mandekor Law Firm, PC	99-2581376	100	100	0
4559-0	Marchitto Law	87-4069217	100	50	0
2996-0	Mark Golding, LLC	12-4382081	50	0	0
2829-0	Mark M. Williams, PC	91-1847215	50	0	0
2827-0	Mark Phillip Bronstein	93-1327307	50	0	0
2982-0	Mark W Eves, PC	00-0000000	50	0	0
2830-0	Marla Heikkala & Assoc. P.S.	91-1853094	50	0	0
2777-0	Marvin Chorzempa & Larson PC	93-1031997	50	0	0

4538-0	Matthew C. Ellis PC	82-3094318	0	0	400
3264-0	Mayor Law, LLC	46-4152293	100	0	0
4511-0	McDermott Weaver Connelly Clifford, LLP	86-3539666	100	0	0
2835-0	McDowell Rackner & Gibson, PC	32-0173737	50	0	0
2836-0	McGaughey Erickson	47-4447248	100	0	0
4061-0	McNeil & Goldstein, LLC	20-0150434	100	100	0
2772-0	McVittie - Law PC	20-0521588	0	0	500
3644-0	Melinda B. Wilde LLC	54-1766146	50	0	0
3003-0	Melvin D Ferguson	93-0978306	80	0	0
2876-0	Merkel & Conner	88-4386062	100	0	0
2837-0	Mersereau Shannon LLP	93-1036465	50	0	0
4489-0	MGM Law Firm LLC	81-3079163	100	100	0
2842-0	Michael B McCord	56-0824680	50	0	0
2846-0	Miller & Wagner	93-1282063	100	0	0
4598-0	Mockingbird Legal	99-4146871	100	0	0
4590-0	Montoya Law, LLC	92-3886652	0	0	500
2847-0	Multnomah Bar Association	23-7315437	50	0	0
2848-0	Multnomah Law Library	93-0386871	50	0	0
2850-0	Neil T. Jorgenson	93-1065523	50	0	0
2852-0	Nelson & Nelson	93-0669446	100	0	0
2826-0	Nina Moon Law	87-1940520	100	0	0
2854-0	Northwest Law Services	45-3698975	50	0	0
4013-0	Olson Brooksby PC	46-1593803	50	0	0
4552-0	Oregon Health Justice Center	82-4500118	0	0	833
2857-0	Oregon Law Center	93-1194564	100	0	0
4571-0	Oregon Legal Center	92-2918136	100	50	0
2860-0	Oregon State Bar	93-6001744	50	0	0
2861-0	Parker Butte & Lane PC	93-1009672	50	0	0
4458-0	Parker Law, P.C.	27-4420949	50	0	0
2839-0	Patricia Fairchild	93-1001578	50	0	0
2869-0	Paul Krueger Law Firm, PC	65-1315174	100	0	0
3668-0	Paul R. Gary & Associates	93-1136822	100	0	0
2867-0	Paul S Bovarnick	93-0958329	100	0	0
4576-0	Pebworth Ellingson	88-4415166	100	100	0
2993-0	Perkins Law Office, LLC	27-3210146	100	0	0
2871-0	Peter F. Stoloff, PC	93-0790923	100	0	0
4604-0	Philpott Law, LLC	33-2355534	100	0	0
3014-0	PRH Labor Law	46-3270966	100	100	0
2859-0	Professional Liability Fund	93-0845699	50	0	0
4394-0	Public Safety Labor Group, PC	81-1637338	100	0	0
2795-0	Quach Family Law, PC	27-2340101	100	0	0
2885-0	Raymond Bradley & Assoc	94-3075484	100	0	0
2884-0	Raymond Kindley	46-2718179	50	0	0
2889-0	Richard L Cowan, Attorney at Law	54-4528638	50	0	0
2892-0	Richard L. Grant, PC	20-4518380	50	0	0
2893-0	Richard M. Layne	93-1177855	100	100	0
2897-0	Robert Greening	00-0000000	50	0	0
2900-0	Robert K. Udziela	34-7346773	100	0	0
2901-0	Robeznieks Professional Corp.	93-1330762	50	0	0

2902-0	Rod M. Jones, Attorney	93-0987581	50	0	0
2906-0	Ronald D Murray PC	00-0000000	100	0	0
2905-0	Rose Senders & Bovarnick, LLC	93-0958329	100	0	0
4435-0	Ross Law LLC	45-4059466	100	0	0
4003-0	Roy Law	27-3001551	50	0	475
2708-0	Rupp Law, LLC	42-2522149	50	0	0
3244-0	Sali Robb, LLC	99-3798262	100	0	0
3692-0	Sanger Law PC	46-5692371	100	100	0
4444-0	Schaleger Philpott, PC	82-4365422	100	0	0
2913-0	Schroeder Law Offices, PC	93-1283865	50	0	0
2914-0	Schulte Anderson et al.	93-0805242	0	0	600
2915-0	Scott C Adams	35-2253995	100	0	0
4575-0	Scott G. Bassinger, P.C.	93-1187594	100	0	0
2918-0	Scott W. Swindell, Attorney at Law, PC	20-2021489	50	0	0
2920-0	Shawn P. Ryan	91-1727288	50	0	0
3008-0	Shelley A Lorenzen	53-2482916	50	0	0
3024-0	Snk, LLC	47-5459414	50	0	0
4447-0	Soofi Law Office, LLC	27-2386094	100	0	0
2925-0	St. Andrew Legal Clinic	93-0739368	50	0	0
4579-0	Stark and Hammack, PC	93-1044059	50	0	0
2929-0	Steven W Thayer, PS	91-1379786	50	0	0
3275-0	Susan C. Moffet, Attorney at Law, PC	81-2906992	50	0	0
2931-0	Susan Elizabeth Reese, LLC	46-5065220	50	0	0
2933-0	Suzanne Pike SH	00-0000000	50	0	0
4566-0	The Commons Law Center	81-2672973	0	0	445
3297-0	The Newton Law Firm, P.C.	93-1135770	100	100	0
2936-0	Thede Culpepper Moore Munro & Silliman, LLP	26-1225723	50	0	0
3676-0	Therese L. Rogers	53-2702970	50	0	0
2951-0	Thomas K. Wolf, LLC	93-1268587	50	0	0
2939-0	Thomas Levak	00-0000000	50	0	0
4524-0	Thomas Melville, PC	93-1307224	100	0	0
2908-0	Thompson Bogran PC	93-1071539	100	0	0
4436-0	Thompson Law Group, LLC	46-1601224	0	0	250
4401-0	Timmons Law Firm	30-0384808	90	50	0
2943-0	Timothy M. McNeil, PC	20-8073818	100	0	0
4477-0	Tom Hoyt Attorney PC	90-0403469	100	0	0
2985-0	Tomasi Bragar DuBay PC	45-5350262	100	0	0
2944-0	Troutman Law Firm PC	47-2095236	100	0	0
4445-0	Tuthill & Johnson, LLC	82-3851744	100	0	0
4262-0	Victim Rights Law Center	02-0588944	80	50	0
4500-0	Ward Grover	27-4632274	80	0	0
2952-0	Welch Bruun & Green	93-0691419	100	0	0
4490-0	Wildwood Law Group LLC	84-2297998	50	0	0
4512-0	Willamette NW Law Firm, LLC	81-4753273	50	0	0
4536-0	Willamette Valley Law Group	81-5250105	0	0	191
2955-0	William A. Birdwell	00-0000000	50	0	0
2958-0	William N. Gross, Lawyer	31-5464039	50	0	0
3732-0	Wise Cat LLC	82-1702676	100	100	0
2963-0	Zbinden & Curtis	93-0954053	50	0	0

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [x] 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) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 04/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): MULTNOMAH BAR ASSOCIATION
620 SW 5TH AVE STE 1220
PORTLAND OR 97204-1432
2b Employer Identification Number (EIN): 23-7315437
2c Plan Sponsor's telephone number: 503-222-3275
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: GUY WALDEN, 5/9/25, GUY WALDEN. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311