

<p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: 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;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">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 01/01/2024 and ending 12/31/2024

**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><b>1a</b> Name of plan <u>STOEL RIVES SELF-INSURED MEDICAL PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>506</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STOEL RIVES, LLP</u></p> <p><u>760 SW NINTH AVENUE, SUITE 3000</u> <u>PORTLAND, OR 97205</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2023</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>93-0408771</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>503-294-9483</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/29/2025	ALLISON LIPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  STOEL RIVES WELFARE BENEFITS COMMITTEE  760 SW NINTH AVENUE, SUITE 3000 PORTLAND, OR 97205	<b>3b</b> Administrator's EIN 88-4153338																				
	<b>3c</b> Administrator's telephone number 503-224-3380																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 503																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>503</td></tr> <tr><td><b>6a(2)</b></td><td>538</td></tr> <tr><td><b>6b</b></td><td>0</td></tr> <tr><td><b>6c</b></td><td>0</td></tr> <tr><td><b>6d</b></td><td>538</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	503	<b>6a(2)</b>	538	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	538	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	503																				
<b>6a(2)</b>	538																				
<b>6b</b>	0																				
<b>6c</b>	0																				
<b>6d</b>	538																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 0																				

**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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>STOEL RIVES SELF-INSURED MEDICAL PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>506</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>STOEL RIVES, LLP</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>93-0408771</b></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  
**COMMENCEMENT BAY RISK MANAGEMENT INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-1571623	78879	10006411	961	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1095492
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>STOEL RIVES SELF-INSURED MEDICAL PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>506</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>STOEL RIVES, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0408771</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

GEFFEN MESHER & COMPANY PC

93-1042710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	47975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING SERVICES	31105	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STOEL RIVES SELF-INSURED MEDICAL PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>506</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>STOEL RIVES, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0408771</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	7655	535694
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	7655	535694
<b>Liabilities</b>			
g Benefit claims payable.....	1g	1031744	1436949
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1031744	1436949
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	-1024089	-901255

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4965687	
(B) Participants.....	2a(1)(B)	2250535	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		7216222
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		39046
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7255268

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	6716261	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6716261
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	322593	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	47975	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	14500	
(7) Actuarial fees .....	<b>2i(7)</b>	31105	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		416173
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		7132434

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		122834
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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 AND COMPANY, P.C.**

(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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

Stoel Rives  
Self-Insured Medical Plan  
Financial Statements  
Year Ended December 31, 2024  
(With Independent Auditor's Report)

**Stoel Rives Self-Insured Medical Plan**  
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8 Statement of changes in benefit obligations

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14 Schedule of assets (held at end of year)

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## Independent Auditor's Report

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Welfare Benefits Committee  
Stoel Rives Self-Insured Medical Plan  
Portland, Oregon

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

We have performed audits of the financial statements of Stoel Rives Self-Insured Medical 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 and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and in benefit obligations for the year ended December 31, 2024, 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) audit 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 institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution 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 issued or 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 Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 certifications, 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 Matter - *Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of the year) and schedule of reportable transactions as of and for the year ended December 31, 2024 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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 the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Welfare Benefits Committee  
Stoel Rives Self-Insured Medical 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 and for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Greffen Mesher and Company P.C.*

Portland, Oregon  
July 22, 2025

**Stoel Rives Self-Insured Medical Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

---

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments at fair value	\$ 535,694	\$ 7,655
<b>Net assets available for benefits</b>	<u>\$ 535,694</u>	<u>\$ 7,655</u>

**Stoel Rives Self-Insured Medical Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2024**

---

	<u>2024</u>
<b>Additions to net assets attributable to Contributions</b>	
Employer contributions	\$ 4,965,687
Participant contributions	<u>2,250,535</u>
	7,216,222
<b>Interest and dividends</b>	<u>39,046</u>
<b>Total additions</b>	<u>7,255,268</u>
<b>Deductions from net assets attributable to Claims paid, net</b>	6,311,056
<b>Administrative expenses</b>	<u>416,173</u>
<b>Total deductions</b>	<u>6,727,229</u>
<b>Net change</b>	528,039
<b>Net asset available for benefits</b>	
Beginning of year	<u>7,655</u>
End of year	<u>\$ 535,694</u>

**Stoel Rives Self-Insured Medical Plan**  
**Statements of Benefit Obligations**  
**December 31, 2024 and 2023**

---

	<u>2024</u>	<u>2023</u>
<b>Benefit obligations</b>		
Claims payable and claims incurred but not reported	\$ 1,436,949	\$ 1,031,744
<b>Total benefit obligations</b>	<u>\$ 1,436,949</u>	<u>\$ 1,031,744</u>

**Stoel Rives Self-Insured Medical Plan**  
**Statement of Changes in Benefit Obligations**  
**Year Ended December 31, 2024**

---

	<u>2024</u>
<b>Net change in benefit obligations</b>	
<b>Change in amounts payable and incurred but not reported</b>	
Claims incurred	\$ 6,716,261
Claims paid, net	<u>6,311,056</u>
	405,205
<b>Benefit obligations</b>	
Beginning of year	<u>1,031,744</u>
End of year	<u>\$ 1,436,949</u>

## **Stoel Rives Self-Insured Medical Plan**

### **Notes to Financial Statements**

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#### **1. Description of Plan**

The following description of the Stoel Rives Self-Insured Medical Plan (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

##### **General**

The Plan provides health benefits that are self-insured to eligible employees of Stoel Rives (the “Firm” or “Plan Sponsor”) and covered dependents. Certain assets of the Plan are held in the Stoel Rives Voluntary Employees’ Beneficiary Association Trust (“VEBA”). The Plan is intended to comply with the welfare benefit provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan is intended to satisfy all of the requirements for a qualified health and welfare plan under the appropriate provisions of the Internal Revenue Code (“IRC”) and applicable state tax laws.

The Plan is administered by the Firm’s Welfare Benefits Committee (the “Committee”), which is appointed by the executive committee of the Firm. The Committee has responsibility for the operation and administration of the Plan.

##### **Benefits**

The Plan offers medical (including prescriptions) benefits to participants and to their covered dependents. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (“COBRA”). The Plan utilizes a pharmacy benefit manager (“PBM”), which periodically makes refunds to the Plan based on the Plan’s actual utilization pattern of specific drugs.

##### **Eligibility**

Participation in the Plan is open to all employees, associates and partners of the Firm who are not seasonal, temporary, fill-in or special project employees. To be eligible to participate in the Plan, an employee must normally work at least 20 hours per week (18.75 hours per week for non-attorneys) and be on the regular payroll of the Firm. Employees may participate in the Plan on the first day of the month following the satisfaction of the eligibility requirements.

##### **Contributions**

The Plan is self-funded from contributions by the Firm and participants. In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective coverage elections based on group rate premium costs established annually. The Firm makes contributions to the Plan as needed to fund health claims in excess of participants’ contributions. The premiums determined for self-insured benefits may or may not be sufficient to cover all claims incurred. Therefore, any shortfall that occurs will be covered by the Firm.

##### **Stop-loss coverage**

The Firm maintains a stop-loss insurance arrangement in an effort to limit its exposure for self-insured health benefits. The stop-loss insurance policy generally provides coverage for the financial exposure for the Firm for medical and pharmaceutical benefits incurred and paid on behalf of each participant in excess of \$150,000. Premiums paid and related stop-loss reimbursements represent activities of the Firm and, accordingly, are not included in these financial statements.

## **Stoel Rives Self-Insured Medical Plan Notes to Financial Statements (Continued)**

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### **1. Description of Plan (continued)**

#### **Self-insured benefits**

The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services-only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan through the VEBA. Despite the Plan's utilization of the third-party claims processors, ultimate responsibility for payment to providers and participants is retained by the Plan Sponsor.

### **2. Summary of significant accounting policies**

#### **Basis of accounting**

The accompanying financial statements have been prepared on 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, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### **Claims incurred but not reported**

Plan benefit obligations at December 31, 2024 and 2023 include claims incurred but not reported ("IBNR") which are estimated by the Committee, based on data provided by the Plan's third-party claims processors. The Committee believes these claims will be substantially paid during the following fiscal year. Thus, the cost of such claims would be approximately equal to their present value and, therefore, these claims were not discounted. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

#### **Payment of benefits**

Claim payments are recorded when paid by the third-party claims processors and are recorded as claims paid, net of pharmacy rebates in the accompanying statement of changes in net assets available for benefits. Amounts due to claims processors for claims paid that have yet to be reimbursed by the Plan are recorded as claims payable and claims incurred but not reported in the accompanying statements of benefit obligations.

#### **Rebates**

Rebates due from the Plan's PBM are recorded when earned. Pharmacy rebates totaled approximately \$453,000 in 2024 and were netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

## Stoel Rives Self-Insured Medical Plan Notes to Financial Statements (Continued)

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### 2. Summary of significant accounting policies (continued)

#### Administrative expenses

Certain administrative services are provided by the Firm without charge to the Plan and are excluded from these financial statements. Expenses incurred in connection with health insurance administration and management, trust fees and professional fees that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

#### Subsequent events

The Plan has evaluated subsequent events through July 22, 2025, 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. Certified Plan assets

Certain information summarized below related to the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank.

	<b>2024</b>
Certified investments, at fair value	<u>\$ 535,694</u>
Interest and dividends	<u>\$ 39,046</u>
<b>Total certified investment income</b>	<u>\$ 39,046</u>

### 4. 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) and the lowest priority to unobservable inputs (Level 3). 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.

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.

## **Stoel Rives Self-Insured Medical Plan**

### **Notes to Financial Statements (Continued)**

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#### **4. Fair value measurements (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023.

*Interest-bearing cash:* Interest-bearing cash accounts held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These accounts are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded and are classified as Level 1 in the fair value hierarchy.

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 Plan's management 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.

#### **5. Related party transactions and transactions with parties-in-interest**

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 claims or benefits administrators, legal counsel and Plan auditor.

Certain administrative functions of the Plan are also performed by employees of the Firm. No such officer or employee receives compensation directly from the Plan. The Plan's investments are held by Principal Bank. These transactions represent exempt party-in-interest transactions under ERISA.

#### **6. Plan termination**

Although it has not expressed any intention to do so, the Firm has the right under the Plan to modify the benefits provided to, and contributions required of, participants; to discontinue its contributions at any time; and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for the participants. No assets of the Plan may revert to the Plan Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

#### **7. Tax status**

The VEBA trust which funds the benefits of the Plan received an exemption letter from the IRS under the provisions of Section 501(c)(9) of the IRC on August 5, 2020 with an effective date of January 1, 2019. As a result of the Plan's funding policy, from time-to-time, the trust may be subject to income taxes. No federal or state income taxes have been recorded for the year ended December 31, 2024 for unrelated business taxable income.

The Plan Sponsor believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan Sponsor 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.

**Stoel Rives Self-Insured Medical Plan**  
**Notes to Financial Statements (Continued)**

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**8. Risks and uncertainties**

The Plan invests in certain investment securities. Investment securities 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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The IBNR was estimated by the Plan Sponsor based on actual claims adjudicated prior to year-end but paid after year-end. The IBNR includes estimated amounts considering Plan provisions, the number of eligible participants, lag patterns of the Plan and medical cost trends. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates in the near-term would be material to the financial statements.

**9. Reconciliation of financial statements to Form 5500**

Claims that have been processed and approved for payment at year end but not paid and claims incurred but not reported are not considered liabilities under accounting principles generally accepted in the United States of America ("U.S. GAAP") and, therefore, are not presented as liabilities or claims paid in the accompanying statements of net assets available for benefits and changes in net assets available for benefits but are recorded on the Form 5500 as a liability.

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2024 to Form 5500:

	<b>2024</b>
<b>Net assets available for benefits per the financial statements</b>	<u>\$ 535,694</u>
Claims payable and claims incurred but not reported	(1,436,949)
<b>Net assets available for benefits per Form 5500</b>	<u><u>\$ (901,255)</u></u>

The following is a reconciliation of changes in net assets per the financial statements for the year ended December 31, 2024 to Form 5500:

	<b>2024</b>
<b>Change in net assets per the financial statements</b>	<u>\$ 528,039</u>
Net increase during the year in claims payable and claims incurred but not reported	(405,205)
<b>Net income (loss) per Form 5500</b>	<u><u>\$ 122,834</u></u>

## Supplemental Schedules

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**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4i –**  
**Schedule of Assets (Held at End of Year)**

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**December 31, 2024**

**EIN: 93-0408771**  
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(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
	Federated Hermes	Government Obligations Fund	\$ 535,694	\$ 535,694

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions**

**December 31, 2024**

**EIN: 93-0408771**  
**Plan #506**

**Single by issue and series by issue**

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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		8,337.71			
	COMPARATIVE VALUE (5%)		416.89			
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/02/24 B	680	1.000	0	680*-*	680	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/03/24 B	276,471	1.000	0	276,471*-*	276,471	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/11/24 S	120,976	1.000	0	120,976 *	120,976	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/18/24 S	28,636	1.000	0	28,636 *	28,636	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/19/24 B	89,178	1.000	0	89,178*-*	89,178	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/22/24 S	3,625	1.000	0	3,625 *	3,625	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/25/24 S	80,665	1.000	0	80,665 *	80,665	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/01/24 B	768	1.000	0	768*-*	768	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/01/24 S	131,696	1.000	0	131,696 *	131,696	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/07/24 B	532,405	1.000	0	532,405*-*	532,405	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/08/24 S	94,333	1.000	0	94,333 *	94,333	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/15/24 S	78,944	1.000	0	78,944 *	78,944	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/21/24 S	9,875	1.000	0	9,875 *	9,875	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/23/24 B	169,042	1.000	0	169,042*-*	169,042	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/29/24 S	53,881	1.000	0	53,881 *	53,881	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/01/24 B	1,473	1.000	0	1,473*-*	1,473	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/07/24 S	71,801	1.000	0	71,801 *	71,801	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/14/24 S	28,420	1.000	0	28,420 *	28,420	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/15/24 B	534,530	1.000	0	534,530*-*	534,530	

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions (Continued)**

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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/18/24 S	16,523	1.000	0	16,523 *	16,523	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/21/24 S	102,415	1.000	0	102,415 *	102,415	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/28/24 S	65,991	1.000	0	65,991 *	65,991	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/01/24 B	2,848	1.000	0	2,848-*	2,848	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/04/24 S	221,293	1.000	0	221,293 *	221,293	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/11/24 S	82,774	1.000	0	82,774 *	82,774	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/12/24 B	525,498	1.000	0	525,498-*	525,498	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/18/24 S	34,225	1.000	0	34,225 *	34,225	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/22/24 S	3,625	1.000	0	3,625 *	3,625	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/25/24 S	70,865	1.000	0	70,865 *	70,865	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/01/24 B	3,326	1.000	0	3,326-*	3,326	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/02/24 S	276,643	1.000	0	276,643 *	276,643	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/09/24 S	62,763	1.000	0	62,763 *	62,763	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/10/24 B	534,267	1.000	0	534,267-*	534,267	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/16/24 S	82,240	1.000	0	82,240 *	82,240	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/24/24 S	86,439	1.000	0	86,439 *	86,439	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/31/24 S	109,894	1.000	0	109,894 *	109,894	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/03/24 B	3,727	1.000	0	3,727-*	3,727	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/06/24 S	105,935	1.000	0	105,935 *	105,935	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/10/24 S	19,650	1.000	0	19,650 *	19,650	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/14/24 B	415,082	1.000	0	415,082-*	415,082	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/21/24 S	91,077	1.000	0	91,077 *	91,077	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/27/24 S	98,357	1.000	0	98,357 *	98,357	0

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions (Continued)**

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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	14,582	1.000	14,582 *	14,582	0
07/01/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	3,656	1.000	3,656-*	3,656	0
07/05/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	81,958	1.000	81,958 *	81,958	0
07/11/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	98,876	1.000	98,876 *	98,876	0
07/12/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	526,028	1.000	526,028-*	526,028	0
07/18/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	143,895	1.000	143,895 *	143,895	0
07/22/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	3,625	1.000	3,625 *	3,625	0
07/23/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	2,620	1.000	2,620 *	2,620	0
07/25/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	85,823	1.000	85,823 *	85,823	0
08/01/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	4,294	1.000	4,294-*	4,294	0
08/01/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	184,813	1.000	184,813 *	184,813	0
08/08/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	143,727	1.000	143,727 *	143,727	0
08/09/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	525,547	1.000	525,547-*	525,547	0
08/15/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	71,501	1.000	71,501 *	71,501	0
08/22/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	130,791	1.000	130,791 *	130,791	0
08/29/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	99,995	1.000	99,995 *	99,995	0
09/03/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	4,287	1.000	4,287-*	4,287	0
09/05/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	129,269	1.000	129,269 *	129,269	0
09/12/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	60,472	1.000	60,472 *	60,472	0
09/17/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	6,855	1.000	6,855 *	6,855	0
09/19/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	44,687	1.000	44,687 *	44,687	0
09/20/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	536,247	1.000	536,247-*	536,247	0
09/26/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	107,751	1.000	107,751 *	107,751	0

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions (Continued)**

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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024				STOEL RIVES VEGA TRUST ACCOUNT NUMBER 26262800		
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/01/24 B	3,600	1.000	0	3,600--*	3,600	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/03/24 S	136,729	1.000	0	136,729 *	136,729	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/08/24 S	8,975	1.000	0	8,975 *	8,975	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/10/24 S	52,542	1.000	0	52,542 *	52,542	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/11/24 B	541,040	1.000	0	541,040--*	541,040	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/17/24 S	261,906	1.000	0	261,906 *	261,906	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/21/24 S	3,625	1.000	0	3,625 *	3,625	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/24/24 S	154,087	1.000	0	154,087 *	154,087	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/31/24 S	301,396	1.000	0	301,396 *	301,396	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/01/24 B	4,365	1.000	0	4,365--*	4,365	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/07/24 S	224,624	1.000	0	224,624 *	224,624	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/08/24 B	777,168	1.000	0	777,168--*	777,168	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/14/24 S	91,032	1.000	0	91,032 *	91,032	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/21/24 S	118,495	1.000	0	118,495 *	118,495	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/02/24 B	3,798	1.000	0	3,798--*	3,798	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/02/24 S	503,159	1.000	0	503,159 *	503,159	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/05/24 S	167,445	1.000	0	167,445 *	167,445	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/06/24 B	549,108	1.000	0	549,108--*	549,108	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/13/24 S	166,246	1.000	0	166,246 *	166,246	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/19/24 S	119,804	1.000	0	119,804 *	119,804	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/26/24 S	87,759	1.000	0	87,759 *	87,759	0
GRAND TOTAL			0	12,611,058	12,611,058	0

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions (Continued)**

**December 31, 2024**

**EIN: 93-0408771**  
**Plan #506**

**Single by issue and series by issue**

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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024				STOEL RIVES VEDA TRUST ACCOUNT NUMBER 26262800		
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions (Continued)**

**December 31, 2024**

**EIN: 93-0408771**  
**Plan #506**

**Single by issue and series by issue**

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REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

		SERIES / BY BROKER					
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS	
	BEGINNING MARKET VALUE		8,337.71				
	COMPARATIVE VALUE (5%)		416.89				

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

**Stoel Rives Self-Insured Medical Plan  
 Schedule H, Part IV, Line 4j –  
 Schedule of Reportable Transactions (Continued)**

**December 31, 2024**

**EIN: 93-0408771**

**Plan #506**

**Single by issue and series by issue**

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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
	BEGINNING MARKET VALUE		8,337.71			
	COMPARATIVE VALUE (5%)		416.89			
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/02/24 B	680	1.000	0	680--*	680	
01/03/24 B	3	1.000	0	3--	3	
01/05/24 B	276,471	1.000	0	276,471--*	276,471	
01/19/24 B	89,178	1.000	0	89,178--*	89,178	
02/01/24 B	768	1.000	0	768--*	768	
02/02/24 B	3	1.000	0	3--	3	
02/07/24 B	532,405	1.000	0	532,405--*	532,405	
02/23/24 B	169,042	1.000	0	169,042--*	169,042	
03/01/24 B	1,473	1.000	0	1,473--*	1,473	
03/04/24 B	3	1.000	0	3--	3	
03/15/24 B	534,530	1.000	0	534,530--*	534,530	
04/01/24 B	2,848	1.000	0	2,848--*	2,848	
04/03/24 B	6	1.000	0	6--	6	
04/12/24 B	525,498	1.000	0	525,498--*	525,498	
05/01/24 B	3,326	1.000	0	3,326--*	3,326	
05/02/24 B	11	1.000	0	11--	11	
05/10/24 B	534,267	1.000	0	534,267--*	534,267	
06/03/24 B	3,727	1.000	0	3,727--*	3,727	
06/04/24 B	32	1.000	0	32--	32	
06/14/24 B	415,082	1.000	0	415,082--*	415,082	
07/01/24 B	3,656	1.000	0	3,656--*	3,656	
07/02/24 B	36	1.000	0	36--	36	
07/12/24 B	526,028	1.000	0	526,028--*	526,028	
08/01/24 B	4,294	1.000	0	4,294--*	4,294	
08/05/24 B	35	1.000	0	35--	35	
08/09/24 B	525,547	1.000	0	525,547--*	525,547	
09/03/24 B	4,287	1.000	0	4,287--*	4,287	
09/04/24 B	41	1.000	0	41--	41	
09/20/24 B	536,247	1.000	0	536,247--*	536,247	
10/01/24 B	3,600	1.000	0	3,600--*	3,600	
10/02/24 B	41	1.000	0	41--	41	
10/11/24 B	541,040	1.000	0	541,040--*	541,040	
11/01/24 B	4,365	1.000	0	4,365--*	4,365	
11/04/24 B	36	1.000	0	36--	36	
11/08/24 B	777,168	1.000	0	777,168--*	777,168	

**Stoel Rives Self-Insured Medical Plan  
 Schedule H, Part IV, Line 4j –  
 Schedule of Reportable Transactions (Continued)**

December 31, 2024

EIN: 93-0408771

Plan #506

Single by issue and series by issue

PAGE 48

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
12/02/24 B	3,798	1.000	0	3,798-*	3,798	
12/03/24 B	45	1.000	0	45-	45	
12/06/24 B	549,108	1.000	0	549,108-*	549,108	
SUB-TOTAL OF BUYS # 38			0	6,568,725	6,568,725	
01/11/24 S	120,976	1.000	0	120,976 *	120,976	0
01/18/24 S	28,636	1.000	0	28,636 *	28,636	0
01/22/24 S	3,625	1.000	0	3,625 *	3,625	0
01/25/24 S	80,665	1.000	0	80,665 *	80,665	0
02/01/24 S	131,696	1.000	0	131,696 *	131,696	0
02/08/24 S	94,333	1.000	0	94,333 *	94,333	0
02/15/24 S	78,944	1.000	0	78,944 *	78,944	0
02/21/24 S	9,875	1.000	0	9,875 *	9,875	0
02/29/24 S	53,881	1.000	0	53,881 *	53,881	0
03/07/24 S	71,801	1.000	0	71,801 *	71,801	0
03/14/24 S	28,420	1.000	0	28,420 *	28,420	0
03/18/24 S	16,523	1.000	0	16,523 *	16,523	0
03/21/24 S	102,415	1.000	0	102,415 *	102,415	0
03/28/24 S	65,991	1.000	0	65,991 *	65,991	0
04/04/24 S	221,293	1.000	0	221,293 *	221,293	0
04/11/24 S	82,774	1.000	0	82,774 *	82,774	0
04/18/24 S	34,225	1.000	0	34,225 *	34,225	0
04/22/24 S	3,625	1.000	0	3,625 *	3,625	0
04/25/24 S	70,865	1.000	0	70,865 *	70,865	0
05/02/24 S	276,643	1.000	0	276,643 *	276,643	0
05/09/24 S	62,763	1.000	0	62,763 *	62,763	0
05/16/24 S	82,240	1.000	0	82,240 *	82,240	0
05/24/24 S	86,439	1.000	0	86,439 *	86,439	0
05/31/24 S	109,894	1.000	0	109,894 *	109,894	0
06/06/24 S	105,935	1.000	0	105,935 *	105,935	0
06/10/24 S	19,650	1.000	0	19,650 *	19,650	0
06/21/24 S	91,077	1.000	0	91,077 *	91,077	0
06/27/24 S	98,357	1.000	0	98,357 *	98,357	0
06/28/24 S	14,582	1.000	0	14,582 *	14,582	0
07/05/24 S	81,958	1.000	0	81,958 *	81,958	0
07/11/24 S	98,876	1.000	0	98,876 *	98,876	0
07/18/24 S	143,895	1.000	0	143,895 *	143,895	0
07/22/24 S	3,625	1.000	0	3,625 *	3,625	0
07/23/24 S	2,620	1.000	0	2,620 *	2,620	0
07/25/24 S	85,823	1.000	0	85,823 *	85,823	0
08/01/24 S	184,813	1.000	0	184,813 *	184,813	0
08/08/24 S	143,727	1.000	0	143,727 *	143,727	0
08/15/24 S	71,501	1.000	0	71,501 *	71,501	0

**Stoel Rives Self-Insured Medical Plan  
 Schedule H, Part IV, Line 4j –  
 Schedule of Reportable Transactions (Continued)**

December 31, 2024

EIN: 93-0408771

Plan #506

Single by issue and series by issue

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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
08/22/24 S	130,791	1.000	0	130,791 *	130,791	0
08/29/24 S	99,995	1.000	0	99,995 *	99,995	0
09/05/24 S	129,269	1.000	0	129,269 *	129,269	0
09/12/24 S	60,472	1.000	0	60,472 *	60,472	0
09/17/24 S	6,855	1.000	0	6,855 *	6,855	0
09/19/24 S	44,687	1.000	0	44,687 *	44,687	0
09/26/24 S	107,751	1.000	0	107,751 *	107,751	0
10/03/24 S	136,729	1.000	0	136,729 *	136,729	0
10/08/24 S	8,975	1.000	0	8,975 *	8,975	0
10/10/24 S	52,542	1.000	0	52,542 *	52,542	0
10/17/24 S	261,906	1.000	0	261,906 *	261,906	0
10/21/24 S	3,625	1.000	0	3,625 *	3,625	0
10/24/24 S	154,087	1.000	0	154,087 *	154,087	0
10/31/24 S	301,396	1.000	0	301,396 *	301,396	0
11/07/24 S	224,624	1.000	0	224,624 *	224,624	0
11/14/24 S	31,032	1.000	0	31,032 *	31,032	0
11/21/24 S	118,495	1.000	0	118,495 *	118,495	0
12/02/24 S	503,159	1.000	0	503,159 *	503,159	0
12/05/24 S	167,445	1.000	0	167,445 *	167,445	0
12/13/24 S	166,246	1.000	0	166,246 *	166,246	0
12/19/24 S	119,804	1.000	0	119,804 *	119,804	0
12/26/24 S	87,759	1.000	0	87,759 *	87,759	0
SUB-TOTAL OF SALES # 60			0	6,042,625	6,042,625	0
SUB-TOTAL			0	12,611,350	12,611,350	0
GRAND TOTAL			0	12,611,350	12,611,350	0

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION



<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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><b>1a</b> Name of plan <u>STOEL RIVES SELF-INSURED MEDICAL PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>506</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STOEL RIVES, LLP</u></p> <p><u>760 SW NINTH AVENUE, SUITE 3000</u> <u>PORTLAND, OR 97205</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2023</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>93-0408771</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>503-294-9483</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	<p style="font-size: 8pt;">DocuSigned by:</p> <p style="font-size: 8pt;">CDF20C9819AE4AC...</p>	7/29/2025	Allison Lipp
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  STOEL RIVES WELFARE BENEFITS COMMITTEE 760 SW NINTH AVENUE, SUITE 3000 PORTLAND, OR 97205	<b>3b</b> Administrator's EIN 88-4153338																				
	<b>3c</b> Administrator's telephone number 503-224-3380																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 503																				
<b>6</b> 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). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines 6d and 6e..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr> <td><b>6a(1)</b></td> <td>503</td> </tr> <tr> <td><b>6a(2)</b></td> <td>538</td> </tr> <tr> <td><b>6b</b></td> <td>0</td> </tr> <tr> <td><b>6c</b></td> <td>0</td> </tr> <tr> <td><b>6d</b></td> <td>538</td> </tr> <tr> <td><b>6e</b></td> <td></td> </tr> <tr> <td><b>6f</b></td> <td></td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td></td> </tr> </table>	<b>6a(1)</b>	503	<b>6a(2)</b>	538	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	538	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	503																				
<b>6a(2)</b>	538																				
<b>6b</b>	0																				
<b>6c</b>	0																				
<b>6d</b>	538																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>																				

**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

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

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

- a Pension Schedules**
- (1)  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 1
  - (4)  C (Service Provider Information)
  - (5)  D (DFE/Participating Plan Information)
  - (6)  G (Financial Transaction Schedules)

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

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**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 \_\_\_\_\_

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**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4i –**  
**Schedule of Assets (Held at End of Year)**

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**December 31, 2024**

**EIN: 93-0408771**  
**Plan #506**

(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
	Federated Hermes	Government Obligations Fund	\$ 535,694	\$ 535,694

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions**

**December 31, 2024**

**EIN: 93-0408771**  
**Plan #506**

**Single by issue and series by issue**

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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		8,337.71			
	COMPARATIVE VALUE (5%)		416.89			
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/02/24 B	680	1.000	0	680*-*	680	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/03/24 B	276,471	1.000	0	276,471*-*	276,471	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/11/24 S	120,976	1.000	0	120,976 *	120,976	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/18/24 S	28,636	1.000	0	28,636 *	28,636	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/19/24 B	89,178	1.000	0	89,178*-*	89,178	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/22/24 S	3,625	1.000	0	3,625 *	3,625	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/25/24 S	80,665	1.000	0	80,665 *	80,665	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/01/24 B	768	1.000	0	768*-*	768	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/01/24 S	131,696	1.000	0	131,696 *	131,696	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/07/24 B	532,405	1.000	0	532,405*-*	532,405	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/08/24 S	94,333	1.000	0	94,333 *	94,333	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/15/24 S	78,944	1.000	0	78,944 *	78,944	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/21/24 S	9,875	1.000	0	9,875 *	9,875	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/23/24 B	169,042	1.000	0	169,042*-*	169,042	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
02/29/24 S	53,881	1.000	0	53,881 *	53,881	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/01/24 B	1,473	1.000	0	1,473*-*	1,473	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/07/24 S	71,801	1.000	0	71,801 *	71,801	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/14/24 S	28,420	1.000	0	28,420 *	28,420	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/15/24 B	534,530	1.000	0	534,530*-*	534,530	

**Stoel Rives Self-Insured Medical Plan**  
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 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/18/24 S	16,523	1.000	0	16,523 *	16,523	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/21/24 S	102,415	1.000	0	102,415 *	102,415	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
03/28/24 S	65,991	1.000	0	65,991 *	65,991	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/01/24 B	2,848	1.000	0	2,848-*	2,848	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/04/24 S	221,293	1.000	0	221,293 *	221,293	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/11/24 S	82,774	1.000	0	82,774 *	82,774	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/12/24 B	525,498	1.000	0	525,498-*	525,498	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/18/24 S	34,225	1.000	0	34,225 *	34,225	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/22/24 S	3,625	1.000	0	3,625 *	3,625	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
04/25/24 S	70,865	1.000	0	70,865 *	70,865	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/01/24 B	3,326	1.000	0	3,326-*	3,326	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/02/24 S	276,643	1.000	0	276,643 *	276,643	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/09/24 S	62,763	1.000	0	62,763 *	62,763	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/10/24 B	534,267	1.000	0	534,267-*	534,267	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/16/24 S	82,240	1.000	0	82,240 *	82,240	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/24/24 S	86,439	1.000	0	86,439 *	86,439	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
05/31/24 S	109,894	1.000	0	109,894 *	109,894	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/03/24 B	3,727	1.000	0	3,727-*	3,727	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/06/24 S	105,935	1.000	0	105,935 *	105,935	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/10/24 S	19,650	1.000	0	19,650 *	19,650	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/14/24 B	415,082	1.000	0	415,082-*	415,082	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/21/24 S	91,077	1.000	0	91,077 *	91,077	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
06/27/24 S	98,357	1.000	0	98,357 *	98,357	0

**Stoel Rives Self-Insured Medical Plan**  
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STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	14,582	1.000	14,582 *	14,582	0
07/01/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	3,656	1.000	3,656*-*	3,656	0
07/05/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	81,958	1.000	81,958 *	81,958	0
07/11/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	98,876	1.000	98,876 *	98,876	0
07/12/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	526,028	1.000	526,028*-*	526,028	0
07/18/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	143,895	1.000	143,895 *	143,895	0
07/22/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	3,625	1.000	3,625 *	3,625	0
07/23/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	2,620	1.000	2,620 *	2,620	0
07/25/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	85,823	1.000	85,823 *	85,823	0
08/01/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	4,294	1.000	4,294*-*	4,294	0
08/01/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	184,813	1.000	184,813 *	184,813	0
08/08/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	143,727	1.000	143,727 *	143,727	0
08/09/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	525,547	1.000	525,547*-*	525,547	0
08/15/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	71,501	1.000	71,501 *	71,501	0
08/22/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	130,791	1.000	130,791 *	130,791	0
08/29/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	99,995	1.000	99,995 *	99,995	0
09/03/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	4,287	1.000	4,287*-*	4,287	0
09/05/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	129,269	1.000	129,269 *	129,269	0
09/12/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	60,472	1.000	60,472 *	60,472	0
09/17/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	6,855	1.000	6,855 *	6,855	0
09/19/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	44,687	1.000	44,687 *	44,687	0
09/20/24 B	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	536,247	1.000	536,247*-*	536,247	0
09/26/24 S	ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117	107,751	1.000	107,751 *	107,751	0

**Stoel Rives Self-Insured Medical Plan**  
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DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/01/24 B	3,600	1.000	0	3,600--*	3,600	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/03/24 S	136,729	1.000	0	136,729 *	136,729	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/08/24 S	8,975	1.000	0	8,975 *	8,975	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/10/24 S	52,542	1.000	0	52,542 *	52,542	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/11/24 B	541,040	1.000	0	541,040--*	541,040	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/17/24 S	261,906	1.000	0	261,906 *	261,906	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/21/24 S	3,625	1.000	0	3,625 *	3,625	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/24/24 S	154,087	1.000	0	154,087 *	154,087	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/31/24 S	301,396	1.000	0	301,396 *	301,396	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/01/24 B	4,365	1.000	0	4,365--*	4,365	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/07/24 S	224,624	1.000	0	224,624 *	224,624	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/08/24 B	777,168	1.000	0	777,168--*	777,168	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/14/24 S	91,032	1.000	0	91,032 *	91,032	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
11/21/24 S	118,495	1.000	0	118,495 *	118,495	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/02/24 B	3,798	1.000	0	3,798--*	3,798	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/02/24 S	503,159	1.000	0	503,159 *	503,159	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/05/24 S	167,445	1.000	0	167,445 *	167,445	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/06/24 B	549,108	1.000	0	549,108--*	549,108	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/13/24 S	166,246	1.000	0	166,246 *	166,246	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/19/24 S	119,804	1.000	0	119,804 *	119,804	0
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
12/26/24 S	87,759	1.000	0	87,759 *	87,759	0
GRAND TOTAL			0	12,611,058	12,611,058	0

**Stoel Rives Self-Insured Medical Plan**  
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DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Stoel Rives Self-Insured Medical Plan**  
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REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

		SERIES / BY BROKER					
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS	
	BEGINNING MARKET VALUE		8,337.71				
	COMPARATIVE VALUE (5%)		416.89				

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

**Stoel Rives Self-Insured Medical Plan  
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 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
BEGINNING MARKET VALUE				8,337.71		
COMPARATIVE VALUE (5%)				416.89		
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
01/02/24 B	680	1.000	0	680--*	680	
01/03/24 B	3	1.000	0	3--	3	
01/05/24 B	276,471	1.000	0	276,471--*	276,471	
01/19/24 B	89,178	1.000	0	89,178--*	89,178	
02/01/24 B	768	1.000	0	768--*	768	
02/02/24 B	3	1.000	0	3--	3	
02/07/24 B	532,405	1.000	0	532,405--*	532,405	
02/23/24 B	169,042	1.000	0	169,042--*	169,042	
03/01/24 B	1,473	1.000	0	1,473--*	1,473	
03/04/24 B	3	1.000	0	3--	3	
03/15/24 B	534,530	1.000	0	534,530--*	534,530	
04/01/24 B	2,848	1.000	0	2,848--*	2,848	
04/03/24 B	6	1.000	0	6--	6	
04/12/24 B	525,498	1.000	0	525,498--*	525,498	
05/01/24 B	3,326	1.000	0	3,326--*	3,326	
05/02/24 B	11	1.000	0	11--	11	
05/10/24 B	534,267	1.000	0	534,267--*	534,267	
06/03/24 B	3,727	1.000	0	3,727--*	3,727	
06/04/24 B	32	1.000	0	32--	32	
06/14/24 B	415,082	1.000	0	415,082--*	415,082	
07/01/24 B	3,656	1.000	0	3,656--*	3,656	
07/02/24 B	36	1.000	0	36--	36	
07/12/24 B	526,028	1.000	0	526,028--*	526,028	
08/01/24 B	4,294	1.000	0	4,294--*	4,294	
08/05/24 B	35	1.000	0	35--	35	
08/09/24 B	525,547	1.000	0	525,547--*	525,547	
09/03/24 B	4,287	1.000	0	4,287--*	4,287	
09/04/24 B	41	1.000	0	41--	41	
09/20/24 B	536,247	1.000	0	536,247--*	536,247	
10/01/24 B	3,600	1.000	0	3,600--*	3,600	
10/02/24 B	41	1.000	0	41--	41	
10/11/24 B	541,040	1.000	0	541,040--*	541,040	
11/01/24 B	4,365	1.000	0	4,365--*	4,365	
11/04/24 B	36	1.000	0	36--	36	
11/08/24 B	777,168	1.000	0	777,168--*	777,168	

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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024				STOEL RIVES VEBB TRUST ACCOUNT NUMBER 26262800		
SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/02/24 B	3,798	1.000	0	3,798-*	3,798	0
12/03/24 B	45	1.000	0	45-	45	0
12/06/24 B	549,108	1.000	0	549,108-*	549,108	0
SUB-TOTAL OF BUYS # 38			0	6,568,725	6,568,725	
01/11/24 S	120,976	1.000	0	120,976 *	120,976	0
01/18/24 S	28,636	1.000	0	28,636 *	28,636	0
01/22/24 S	3,625	1.000	0	3,625 *	3,625	0
01/25/24 S	80,665	1.000	0	80,665 *	80,665	0
02/01/24 S	131,696	1.000	0	131,696 *	131,696	0
02/08/24 S	94,333	1.000	0	94,333 *	94,333	0
02/15/24 S	78,944	1.000	0	78,944 *	78,944	0
02/21/24 S	9,875	1.000	0	9,875 *	9,875	0
02/29/24 S	53,881	1.000	0	53,881 *	53,881	0
03/07/24 S	71,801	1.000	0	71,801 *	71,801	0
03/14/24 S	28,420	1.000	0	28,420 *	28,420	0
03/18/24 S	16,523	1.000	0	16,523 *	16,523	0
03/21/24 S	102,415	1.000	0	102,415 *	102,415	0
03/28/24 S	65,991	1.000	0	65,991 *	65,991	0
04/04/24 S	221,293	1.000	0	221,293 *	221,293	0
04/11/24 S	82,774	1.000	0	82,774 *	82,774	0
04/18/24 S	34,225	1.000	0	34,225 *	34,225	0
04/22/24 S	3,625	1.000	0	3,625 *	3,625	0
04/25/24 S	70,865	1.000	0	70,865 *	70,865	0
05/02/24 S	276,643	1.000	0	276,643 *	276,643	0
05/09/24 S	62,763	1.000	0	62,763 *	62,763	0
05/16/24 S	82,240	1.000	0	82,240 *	82,240	0
05/24/24 S	86,439	1.000	0	86,439 *	86,439	0
05/31/24 S	109,894	1.000	0	109,894 *	109,894	0
06/06/24 S	105,935	1.000	0	105,935 *	105,935	0
06/10/24 S	19,650	1.000	0	19,650 *	19,650	0
06/21/24 S	91,077	1.000	0	91,077 *	91,077	0
06/27/24 S	98,357	1.000	0	98,357 *	98,357	0
06/28/24 S	14,582	1.000	0	14,582 *	14,582	0
07/05/24 S	81,958	1.000	0	81,958 *	81,958	0
07/11/24 S	98,876	1.000	0	98,876 *	98,876	0
07/18/24 S	143,895	1.000	0	143,895 *	143,895	0
07/22/24 S	3,625	1.000	0	3,625 *	3,625	0
07/23/24 S	2,620	1.000	0	2,620 *	2,620	0
07/25/24 S	85,823	1.000	0	85,823 *	85,823	0
08/01/24 S	184,813	1.000	0	184,813 *	184,813	0
08/08/24 S	143,727	1.000	0	143,727 *	143,727	0
08/15/24 S	71,501	1.000	0	71,501 *	71,501	0

**Stoel Rives Self-Insured Medical Plan  
 Schedule H, Part IV, Line 4j –  
 Schedule of Reportable Transactions (Continued)**

December 31, 2024

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Single by issue and series by issue

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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEBB TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
08/22/24 S	130,791	1.000	0	130,791 *	130,791	0
08/29/24 S	99,995	1.000	0	99,995 *	99,995	0
09/05/24 S	129,269	1.000	0	129,269 *	129,269	0
09/12/24 S	60,472	1.000	0	60,472 *	60,472	0
09/17/24 S	6,855	1.000	0	6,855 *	6,855	0
09/19/24 S	44,687	1.000	0	44,687 *	44,687	0
09/26/24 S	107,751	1.000	0	107,751 *	107,751	0
10/03/24 S	136,729	1.000	0	136,729 *	136,729	0
10/08/24 S	8,975	1.000	0	8,975 *	8,975	0
10/10/24 S	52,542	1.000	0	52,542 *	52,542	0
10/17/24 S	261,906	1.000	0	261,906 *	261,906	0
10/21/24 S	3,625	1.000	0	3,625 *	3,625	0
10/24/24 S	154,087	1.000	0	154,087 *	154,087	0
10/31/24 S	301,396	1.000	0	301,396 *	301,396	0
11/07/24 S	224,624	1.000	0	224,624 *	224,624	0
11/14/24 S	31,032	1.000	0	31,032 *	31,032	0
11/21/24 S	118,495	1.000	0	118,495 *	118,495	0
12/02/24 S	503,159	1.000	0	503,159 *	503,159	0
12/05/24 S	167,445	1.000	0	167,445 *	167,445	0
12/13/24 S	166,246	1.000	0	166,246 *	166,246	0
12/19/24 S	119,804	1.000	0	119,804 *	119,804	0
12/26/24 S	87,759	1.000	0	87,759 *	87,759	0
SUB-TOTAL OF SALES # 60			0	6,042,625	6,042,625	0
SUB-TOTAL			0	12,611,350	12,611,350	0
GRAND TOTAL			0	12,611,350	12,611,350	0

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**Stoel Rives Self-Insured Medical Plan**  
**Schedule H, Part IV, Line 4j –**  
**Schedule of Reportable Transactions (Continued)**

**December 31, 2024**

**EIN: 93-0408771**  
**Plan #506**

**Single by issue and series by issue**

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REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

STOEL RIVES VEDA TRUST  
 ACCOUNT NUMBER 26262800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SINGLE / BY BROKER		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
			8,337.71			
			416.89			

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*