

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>1a Name of plan <u>COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT</u></p> <p><u>CHINOOK WINDS CASINO RESORT</u> <u>1777 NW 44TH ST.</u> <u>LINCOLN CITY, OR 97367-5094</u></p>	<p>1c Effective date of plan <u>07/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>93-0714057</u></p> <p>2c Plan Sponsor's telephone number <u>541-996-5882</u></p> <p>2d Business code (see instructions) <u>921000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	JACQUELINE MEYERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT		D Employer Identification Number (EIN) 93-0714057

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12219738	707	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10	Nonexperience-rated contracts:			
a	Total premiums or subscription charges paid to carrier		10a	14940
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.		10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT</p>	<p>D Employer Identification Number (EIN) 93-0714057</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
UNUM LIFE INSURANCE COMPANY OF AMERICA

(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
01-0278678	62235	879891	883	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 0	(b) Total amount of fees paid 13252
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HUB INTERNATIONAL NORTHWEST **3911 CASTLEVALE ROAD, SUITE 201**
YAKIMA, WA 98902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	13252	ADDITIONAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		458864
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT</p>	<p>D Employer Identification Number (EIN) 93-0714057</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
QBE INSURANCE

(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
22-2311816	10219	LGS02831-24	727	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		674069
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</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: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT</p>	<p>D Employer Identification Number (EIN) 93-0714057</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0438772	54941	10018649	927	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
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		411991
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</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: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT</p>	<p>D Employer Identification Number (EIN) 93-0714057</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
UNUM LIFE INSURANCE COMPANY OF AMERICA

(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
01-0278678	62235	879892	352	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 26344	(b) Total amount of fees paid 5272
--	--

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
HUB INTERNATIONAL NORTHWEST **3911 CASTLEVALE RD., STE. 201**
YAKIMA, WA 98902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26344	5272	SALES COMMISSION / ADDITIONAL COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	180515
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.	10b	

Part IV Provision of Information

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

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

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

A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT	D Employer Identification Number (EIN) 93-0714057	

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

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

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

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

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

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

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

UMR, INC.

150 W. WAUSAU AVE.
WAUSAU, WI 54401

39-1995276

(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?
12	CLAIM PROCESSING	540550	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHINOOK WINDS CASINO RESORT

1777 NW 44TH ST.
LINCOLN CITY, WA 97367-5094

93-1172959

(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 14 15	SPONSOR	127413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONOVER ALMOND VALLEY INS SERVICES

PO BOX 10088
YAKIMA, WA 98909

35-2524649

(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?
55	BROKER	113490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLUEBIRD CPAS

5585 KIETZKE LANE
RENO, NV 89511

26-1571066

(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	11171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CONFEDERATED TRIBES OF SILETZ INDIANS; CHINOOK WINDS CASINO RESORT	D Employer Identification Number (EIN) 93-0714057

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1456262	1010511
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9665	313190
(2) Participant contributions	1b(2)	0	70414
(3) Other	1b(3)	1195	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	1993033	1899105
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3208043	2974405
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6668198	6267625
Liabilities			
g Benefit claims payable.....	1g	621480	639463
h Operating payables.....	1h	116419	209484
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	737899	848947
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5930299	5418678

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5749514	
(B) Participants.....	2a(1)(B)	976457	
(C) Others (including rollovers).....	2a(1)(C)	407566	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		7133537
b Earnings on investments:			
(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)	73268	
(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)		73268
(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)	28122	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		28122
(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	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		580162
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7815089

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7086703	
(2) To insurance carriers for the provision of benefits	2e(2)	674297	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7761000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	116242	
(2) Contract administrator fees	2i(2)	435827	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	11171	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2470	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		565710
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8326710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-511621
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BLUEBIRD, CPAS

(2) EIN: 26-1571066

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS**

**Financial Statements and
Independent Auditor's Report**

December 31, 2024 and 2023

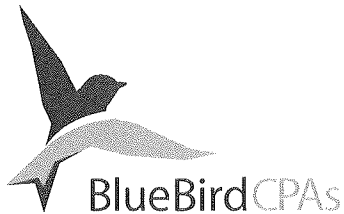


**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS**

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the COHO Benefits of the Confederated Tribes of Siletz Indians:

Opinion

We have audited the accompanying financial statements of the COHO Benefits of the Confederated Tribes of Siletz Indians (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net position available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net position available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net position available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net position available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 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 accounting principles generally accepted in the United States of America 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.

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 for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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

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 generally accepted auditing standards 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 generally accepted auditing standards, 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.

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.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental combining statements on pages 13 through 16 are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedule, *Schedule H, Line 4i – Schedule of Assets (Held at End of Year)* on page 17, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’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 generally accepted auditing standards.

In forming our opinion on *Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, we evaluated whether *Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Blue Bird, CPAs

Reno, Nevada
September 11, 2025

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
STATEMENTS OF NET POSITION AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Cash and cash equivalents	\$ 1,010,511	\$ 1,456,262
Investments, at fair value	4,873,510	5,201,076
Employer premiums receivable	313,190	9,665
Participants premiums receivable	70,414	-
Deposits	-	1,195
Total assets	6,267,625	6,668,198
LIABILITIES:		
Health claims incurred but not reported	575,085	595,811
Health claims payable	64,378	25,669
Accrued liabilities	209,484	116,419
Total liabilities	848,947	737,899
NET POSITION AVAILABLE FOR BENEFITS	\$ 5,418,678	\$ 5,930,299

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
STATEMENTS OF CHANGES IN NET POSITION AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS:		
Employer premium revenues	\$ 5,749,514	\$ 5,279,124
Participants premium revenues	976,457	892,769
Investment income	681,662	726,848
Other revenues	407,456	237,864
Total additions	7,815,089	7,136,605
DEDUCTIONS:		
Health care benefits	7,086,703	4,739,882
Insurance premiums	674,297	577,275
Administrative and other expenses	565,710	516,245
Total deductions	8,326,710	5,833,402
NET INCREASE (DECREASE) IN NET POSITION AVAILABLE FOR BENEFITS	(511,621)	1,303,203
NET POSITION AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	5,930,299	4,627,096
NET POSITION AVAILABLE FOR BENEFITS - END OF YEAR	\$ 5,418,678	\$ 5,930,299

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 1: Plan Description

The following description of the COHO Benefits of the Confederated Tribes of Siletz Indians (the "Plan") provides only general information about the Plan provisions. Participants should refer to the Plan agreement for a complete description of the Plan's provisions, copies of which can be obtained from the Plan sponsor.

General

The Plan provides health and other benefits to eligible employees and covered dependents of the Confederated Tribes of Siletz Indians and its enterprises (the "Sponsor"). Eligible employees are those who are regularly scheduled to work 30 hours or more a week. The Plan is intended to comply with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Plan provides health benefits (medical, vision, dental, and prescription drugs), life insurance, short and long-term disability benefits, and accidental death and dismemberment benefits to active employees and to their covered dependents. An eligible employee's coverage becomes effective on the first day of the month following his/her completion of 30 days for the Confederated Tribes of Siletz Indians (the "Tribe"), Siletz Tribal Gaming Commission (STGC), Siletz Tribal Business Corporation (STBC), Tenas Illahee Childcare Center (TICC), and Chinook Winds Casino Resort (the "Resort").

The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The cost of continuation of coverage may be paid in monthly installments and such cost will not exceed 102% of the Plan's full cost of coverage.

Insured Benefits

The Plan fully insures life insurance benefits, accidental death and dismemberment benefits, short and long-term disability benefits. The Sponsor purchases annual insurance contracts for these insured benefits.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Self-Insured Benefits

Medical, prescription drugs, vision, and dental benefits are all self-insured. 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 the participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to the providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager which periodically rebates to the Plan based on the Plan's utilization pattern of specific drugs.

Contributions

In addition to deductibles and copayments, employees of the Resort pay a cost share for their respective benefit elections that are determined annually by the Resort Management. Employees of the Tribe, STGC, STBC, and TICC only contribute if they elect to enroll dependents. The Plan pays the full cost of the stop-loss insurance.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 2: Summary of Significant Accounting Policies

The following significant accounting policies were used to prepare the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with GAAP. Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. Generally accepted accounting principles include statements from GASB, as well as other guidance provided by the American Institute of Certified Public Accounts' Audit and Accounting Guide, *Employee Benefit Plans*.

During 2024, the Plan implemented GASB Statement No. 100, *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62*, the objective of this statement is to enhance the accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability. The additional information required by GASB Statement No. 100 is included in Note 2 to the financial statements.

In April 2022, GASB issued Statement No. 99, *Omnibus 2022*, the objectives of which were to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing (1) practice issues that have been identified during implementation and application of certain GASB Statements and (2) accounting and financial reporting for financial guarantees. GASB Statement No. 99 became effective as follows: (a) the requirements in paragraphs 26-32 of this statement were effective upon issuance, (b) the requirements in paragraphs 11-25 of this statement became effective for the Plan during the 2023 reporting period, (c) the requirements in paragraphs 4-10 of this statement became effective for the Plan for the 2024 reporting period. Implementation of the requirements in paragraphs 4-10 of this statement did not have a significant impact on the Plan's financial statements.

In December 2023, GASB issued Statement No. 102, *Certain Risk Disclosures*. The objective of this statement is to provide users of government financial statements with essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints. GASB Statement No. 102 becomes effective for the Plan for the 2025 reporting period.

In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this statement is to improve key components of the financial reporting model to (a) enhance the effectiveness of the financial reporting model in providing information that is essential for decision making and assessing a government's accountability and (b) address certain application issues identified through pre-agenda research conducted by the GASB. GASB Statement No. 103 becomes effective for the Plan for the 2026 reporting period.

The effect of the future adoption of GASB Statements No. 102 and No. 103 on the Plan's financial statements has not been evaluated as of the date of this report.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therewith, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 2: Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, regardless of time to maturity. 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and included in other revenues in the accompanying statements of changes in net position available for benefits.

Payment of Benefits

Premiums paid by the Plan for insurance benefits are recorded as insurance premiums in the accompanying statements of changes in net position available for benefits.

Claim payments are recorded when paid by the third-party claims processors. Amounts due to claims processors that have not yet been reimbursed by the Plan are recorded as health claims payables in the accompanying statements of net position available for benefits.

Stop-Loss

Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net position available for benefits. During the year ended December 31, 2014, the Plan switched stop-loss providers and coverage to become liable for the first \$150,000 per individual claim and maximum aggregate reimbursement of \$1,000,000 per policy period. Stop-loss refunds totaling \$408,913 and \$38,561 for the years ended December 31, 2024 and 2023, respectively, have been netted with health care benefits in the accompanying statements of changes in net position available for benefits.

Date of Management's Review

Subsequent events were evaluated through September 11, 2025, which is the date the financial statements were available to be issued.

Reclassification of Amounts

The Plan decided to disaggregate premium revenues between employers and participants in 2024. As a result, employer premium revenues and participant premium revenues have been reclassified and are now reported separately in the 2023 statement of changes in net position available for benefits. This reclassification had no effect on the total net position available for benefits or the change in net position available for benefits as presented in the 2023 financial statements.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 3: Cash and Cash Equivalents

At December 31, 2024 and 2023, cash and cash equivalents consisted of the following:

	2024	2023
Carrying amount of demand deposits	\$ 1,010,511	\$ 1,456,262
Total cash and cash equivalents	\$ 1,010,511	\$ 1,456,262
Financial institution balances	\$ 1,013,864	\$ 1,463,052
Amounts insured by FDIC and SIPC	(540,897)	(531,669)
Uninsured balances	\$ 472,967	\$ 931,383

Custodial credit risk for demand deposits is the risk that in the event of bank failure, the Plan's demand deposits will not be returned to it. The Plan does not have a policy for deposit custodial credit risk. Balances held in financial institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank, per depositor, per deposit category. The portion of the Plan's funds held in money market funds is insured as to credit risk by the Securities Investor Protection Corporation (SIPC) in amounts up to \$500,000.

Note 4: Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net position available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

GASB Statement No. 72, *Fair Value Measurement and Application*, provides the framework for measuring fair value. That framework 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 under GASB Statement No. 72 are described as follows: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan uses Level 2 inputs only when Level 1 inputs are not available to the Plan. There were no Level 3 inputs required to be used by the Plan.

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 observable inputs and minimize the use of unobservable inputs.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 4: Fair Value Measurements (Continued)

The following is a description of the value methodologies used for assets measured at fair value, there have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Level 1 Fair Value Measurements

The fair value of mutual funds is valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 Fair Value Measurements

The fair value of investments in government and agency securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, spreads, and data points for yield curves.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

December 31, 2024	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Inputs Other Than Quoted Prices in Active Markets for Identical Assets (Level 2)</u>
Equity mutual funds	\$ 2,974,405	\$ 2,974,405	\$ -
Government and agency securities	1,899,105	-	1,899,105
Total investments, at fair value	<u>\$ 4,873,510</u>	<u>\$ 2,974,405</u>	<u>\$ 1,899,105</u>

December 31, 2023	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Inputs Other Than Quoted Prices in Active Markets for Identical Assets (Level 2)</u>
Equity mutual funds	\$ 3,208,043	\$ 3,208,043	\$ -
Government and agency securities	1,993,033	-	1,993,033
Total investments, at fair value	<u>\$ 5,201,076</u>	<u>\$ 3,208,043</u>	<u>\$ 1,993,033</u>

Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair value to changes in market interest rates. There is no formal investment policy to limit interest rate risk.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 4: Fair Value Measurements (Continued)

Custodial credit risk – Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. There is no formal investment policy to limit custodial credit risk.

Concentration risk – Concentration of credit risk is the risk of loss attributed to the magnitude of an issuer’s investment in a single issuer. The Council does not have a policy that limits the amount that can be invested in any one issuer.

Note 5: Investments

Investments representing 5% or more of net position available for benefits consisted of the following as of December 31:

	<u>2024</u>	<u>2023</u>
Govt Natl Mtg Assn - 38383YEP3	N/A	\$ 346,662
Invesco S&P 500 Index	\$ 863,036	\$ 545,151
DWS S&P 500 Index	\$ 1,211,477	\$ 974,424
Eaton Vance Atlanta Cap Focused Growth	N/A	\$ 599,427
Principal Blue Chip	N/A	\$ 514,291
Putnam Growth Opportunities	\$ 712,246	\$ 534,591

Note 6: Claims Incurred but not Reported

Liabilities include an estimated amount for claims that have been incurred but not reported (IBNR). Claims liabilities are calculated considering the effects of inflation, recent claim settlement trends including frequency, and amount of pay-outs and other economic and social factors. Claim liabilities include incremental claims adjustment expenses. There have been no significant changes in insurance coverage from the prior year. In addition, no insurance settlement in the last three years has exceeded insurance coverage. Management believes they have adequately provided for all claims incurred in the financial statements.

Changes in the balances of claims liabilities during 2024, 2023, and 2022, were as follows:

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Unpaid claims, beginning of year	\$ 595,811	\$ 587,699	\$ 359,043
Incurred claims (including IBNRs)	7,027,268	4,758,171	5,153,417
Claim payments	(7,047,994)	(4,750,059)	(4,924,761)
Unpaid claims, end of year	<u>\$ 575,085</u>	<u>\$ 595,811</u>	<u>\$ 587,699</u>

Note 7: Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the Resort, and audit costs. These expenses are reported on the statements of changes in net position available for benefits. All other administrative expenses, such as professional fees, are paid by the Sponsor on behalf of the Plan.

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 8: Termination of the Plan

Although it has not expressed any intention to do so, the Sponsor 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 ERISA. In the event of termination of the Plan, all remaining assets will be applied to payment of premiums and claims of the participants.

Note 9: Reconciliation of the Financial Statements to the Form 5500

Amounts reported in the financial statements agree to the Form 5500 with the exception of rounding differences.

Note 10: Income Tax Status

The Plan is an internal service fund of the Tribe. It is the intent of the Plan to comply with all applicable Federal and Tribe laws and regulations.

Note 11: Related Parties / Parties-In-Interest

The Plan receives premiums from and pays claims from the Tribe, STBC, STGC, TICC, and Resort which are all considered related parties or parties-in-interest to the Plan. Certain Plan functions are performed by personnel of the Resort and reimbursed by the Plan. Amounts reimbursed to the Resort by the Plan for the years ended December 31, 2024 and 2023, were \$127,413 and \$127,447, respectively.

Note 12: Risks and Uncertainties

The Tribe, as the Plan sponsor, is exposed to various risks of loss related to torts; errors and omissions, injuries to employees, and natural disasters and carries commercial insurance for these risks of loss.

The Plan has been involved in disputes arising in the normal course of business. In the opinion of management, the ultimate outcome of these disputes will not have a materially adverse effect on the Plan's financial position as of December 31, 2024.

SUPPLEMENTAL INFORMATION

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
COMBINING STATEMENT OF NET POSITION AVAILABLE FOR BENEFITS
DECEMBER 31, 2024**

	<u>COHO</u>	<u>Tribal COHO</u>	<u>Elimination</u>	<u>Totals</u>
ASSETS:				
Cash and cash equivalents	\$ 601,534	\$ 408,977	\$ -	\$ 1,010,511
Investments, at fair value	4,873,510	-	-	4,873,510
Employer premiums receivable	479,513	-	(166,323)	313,190
Participants premiums receivable	70,414	-	-	70,414
Total assets	<u>6,024,971</u>	<u>408,977</u>	<u>(166,323)</u>	<u>6,267,625</u>
LIABILITIES:				
Health claims incurred but not reported	575,085	-	-	575,085
Health claims payable	64,378	-	-	64,378
Accrued liabilities	166,329	209,478	(166,323)	209,484
Total liabilities	<u>805,792</u>	<u>209,478</u>	<u>(166,323)</u>	<u>848,947</u>
NET POSITION AVAILABLE FOR BENEFITS	<u>\$ 5,219,179</u>	<u>\$ 199,499</u>	<u>\$ -</u>	<u>\$ 5,418,678</u>

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
COMBINING STATEMENT OF NET POSITION AVAILABLE FOR BENEFITS
DECEMBER 31, 2023**

	<u>COHO</u>	<u>Tribal COHO</u>	<u>Elimination</u>	<u>Totals</u>
ASSETS:				
Cash and cash equivalents	\$ 1,048,102	\$ 408,160	\$ -	\$ 1,456,262
Investments, at fair value	5,201,076	-	-	5,201,076
Employer premiums receivable	174,884	-	(165,219)	9,665
Deposits	1,195	-	-	1,195
Total assets	<u>6,425,257</u>	<u>408,160</u>	<u>(165,219)</u>	<u>6,668,198</u>
LIABILITIES:				
Health claims incurred but not reported	595,811	-	-	595,811
Health claims payable	25,669	-	-	25,669
Accrued liabilities	72,976	208,662	(165,219)	116,419
Total liabilities	<u>694,456</u>	<u>208,662</u>	<u>(165,219)</u>	<u>737,899</u>
NET POSITION AVAILABLE FOR BENEFITS	<u>\$ 5,730,801</u>	<u>\$ 199,498</u>	<u>\$ -</u>	<u>\$ 5,930,299</u>

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
COMBINING STATEMENT OF CHANGES IN NET POSITION AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

	<u>COHO</u>	<u>Tribal COHO</u>	<u>Totals</u>
ADDITIONS:			
Employer premiums revenues	\$ 5,749,514	\$ -	\$ 5,749,514
Participants premiums revenues	976,457	-	976,457
Investment income	681,662	-	681,662
Other revenues	407,455	1	407,456
Total additions	<u>7,815,088</u>	<u>1</u>	<u>7,815,089</u>
DEDUCTIONS:			
Health care benefits	7,086,703	-	7,086,703
Insurance premiums	674,297	-	674,297
Administrative and other expenses	565,710	-	565,710
Total deductions	<u>8,326,710</u>	<u>-</u>	<u>8,326,710</u>
NET (INCREASE) DECREASE IN NET POSITION AVAILABLE FOR BENEFITS	(511,622)	1	(511,621)
NET POSITION AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>5,730,801</u>	<u>199,498</u>	<u>5,930,299</u>
NET POSITION AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 5,219,179</u>	<u>\$ 199,499</u>	<u>\$ 5,418,678</u>

**COHO BENEFITS OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
COMBINING STATEMENT OF CHANGES IN NET POSITION AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023**

	<u>COHO</u>	<u>Tribal COHO</u>	<u>Totals</u>
ADDITIONS:			
Employer premiums revenues	\$ 5,279,124	\$ -	\$ 5,279,124
Participants premiums revenues	892,769	-	892,769
Investment income	726,848	-	726,848
Other revenues	237,765	99	237,864
Total additions	<u>7,136,506</u>	<u>99</u>	<u>7,136,605</u>
DEDUCTIONS:			
Health care benefits	4,739,882	-	4,739,882
Insurance premiums	577,275	-	577,275
Administrative and other expenses	516,245	-	516,245
Total deductions	<u>5,833,402</u>	<u>-</u>	<u>5,833,402</u>
NET INCREASE IN NET POSITION AVAILABLE FOR BENEFITS	1,303,104	99	1,303,203
NET POSITION AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>4,427,697</u>	<u>199,399</u>	<u>4,627,096</u>
NET POSITION AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 5,730,801</u>	<u>\$ 199,498</u>	<u>\$ 5,930,299</u>

**COHO BENEFITS PLAN OF THE
CONFEDERATED TRIBES OF SILETZ INDIANS
DECEMBER 31, 2024**

**Schedule H, Line 4i
Schedule of Assets (Held at End of Year)**

EIN: 93-0714057
PN: 501

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Federal government	Government Security; maturity date August 31, 2025; 2.75% interest	\$ 24,624	\$ 24,755	
Federal government	Government Security; maturity date April 20, 2045; 3.00% interest	32,779	23,657	
Federal government	Government Security; maturity date January 20, 2046; 5.00% interest	10,438	10,402	
Federal government	Government Security; maturity date September 20, 2046; 5.00% interest	694	687	
Federal government	Government Security; maturity date February 20, 2047; 2.50% interest	6,599	3,736	
Federal government	Government Security; maturity date September 20, 2047; 5.50% interest	56,293	58,218	
Federal government	Government Security; maturity date September 20, 2048; 3.50% interest	50,299	33,565	
Federal government	Government Security; maturity date April 20, 2050; 3.00% interest	50,119	29,419	
Federal government	Government Security; maturity date September 20, 2050; 1.00% interest	195,829	98,259	
Federal government	Government Security; maturity date September 20, 2050; 3.50% interest	8,718	5,637	
Federal government	Government Security; maturity date December 20, 2050; 2.00% interest	288,324	161,897	
Federal government	Government Security; maturity date January 20, 2051; 1.50% interest	167,569	85,632	
Federal government	Government Security; maturity date April 20, 2051; 2.00% interest	270,898	152,637	
Federal government	Government Security; maturity date June 20, 2051; 2.00% interest	37,797	21,542	
Federal government	Government Security; maturity date June 20, 2051; 2.00% interest	27,005	15,573	
Federal government	Government Security; maturity date June 20, 2051; 2.00% interest	11,892	6,503	
Federal government	Government Security; maturity date June 25, 2051; 2.00% interest	45,692	25,075	
Federal government	Government Security; maturity date July 20, 2051; 1.50% interest	56,246	30,026	
Federal government	Government Security; maturity date August 20, 2051; 2.00% interest	5,588	2,444	
Federal government	Government Security; maturity date September 25, 2051; 1.50% interest	122,709	65,124	
Federal government	Government Security; maturity date November 20, 2051; 1.50% interest	74,443	40,495	
Federal government	Government Security; maturity date December 25, 2051; 2.00% interest	189,123	113,100	
Federal government	Government Security; maturity date January 25, 2052; 2.00% interest	48,347	29,821	
Federal government	Government Security; maturity date February 25, 2052; 2.00% interest	29,112	17,548	
Federal government	Government Security; maturity date February 25, 2052; 3.00% interest	13,509	13,025	
Federal government	Government Security; maturity date March 25, 2052; 2.00% interest	28,558	21,741	
Federal government	Government Security; maturity date April 20, 2052; 3.50% interest	28,536	26,580	
Federal government	Government Security; maturity date June 20, 2052; 4.00% interest	48,900	48,093	
Federal government	Government Security; maturity date July 25, 2052; 5.50% interest	3,795	3,798	
Federal government	Government Security; maturity date August 20, 2052; 3.50% interest	22,469	21,467	
Federal government	Government Security; maturity date September 20, 2052; 4.50% interest	273,878	270,463	
Federal government	Government Security; maturity date October 20, 2052; 5.00% interest	80,064	78,249	
Federal government	Government Security; maturity date October 20, 2052; 4.50% interest	8,870	8,945	
Federal government	Government Security; maturity date October 20, 2052; 5.00% interest	25,976	25,694	
Federal government	Government Security; maturity date April 25, 2053; 2.00% interest	5,963	2,898	
Federal government	Government Security; maturity date December 20, 2053; 7.50% interest	2,648	2,004	
Federal government	Government Security; maturity date January 20, 2054; 4.50% interest	58,077	55,708	
Federal government	Government Security; maturity date February 20, 2054; 5.00% interest	16,417	16,259	
Federal government	Government Security; maturity date April 20, 2054; 5.50% interest	23,575	23,748	
Federal government	Government Security; maturity date May 20, 2054; 5.00% interest	35,617	35,390	
Federal government	Government Security; maturity date May 25, 2054; 5.00% interest	16,714	16,532	
Federal government	Government Security; maturity date July 20, 2054; 4.50% interest	149,443	145,670	
Federal government	Government Security; maturity date January 25, 2055; 2.00% interest	37,739	27,091	
Invesco	Invesco S&P 500 Index	654,460	863,036	
DWS	DWS S&P 500 Index	1,033,166	1,211,477	
JPMorgan	JPMorgan Equity Income	43,772	45,072	
Principal Funds	Principal Blue Chip	126,102	142,572	
Putnam	Putnam Growth Opportunities	531,266	712,246	
Totals		<u>\$ 5,080,651</u>	<u>\$ 4,873,510</u>	

* Denotes a party-in-interest to the Plan.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► COHO BENEFITS OF THE CONFEDERATED TRIBES OF SILETZ INDIANS

Employer Identification Number► 93-0714057

For plan year (beginning/ending)► 1/1/2024-12/31/2024

Plan number:►

501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Federal government	Government Security; maturity date August 31, 2025; 2.75% interest	\$ 24,624	\$ 24,755
	Federal government	Government Security; maturity date April 20, 2045; 3.00% interest	\$ 32,779	\$ 23,657
	Federal government	Government Security; maturity date January 20, 2046; 5.00% interest	\$ 10,438	\$ 10,402
	Federal government	Government Security; maturity date September 20, 2046; 5.00% interest	\$ 694	\$ 687
	Federal government	Government Security; maturity date February 20, 2047; 2.50% interest	\$ 6,599	\$ 3,736
	Federal government	Government Security; maturity date September 20, 2047; 5.50% interest	\$ 56,293	\$ 58,218
	Federal government	Government Security; maturity date September 20, 2048; 3.50% interest	\$ 50,299	\$ 33,565
	Federal government	Government Security; maturity date April 20, 2050; 3.00% interest	\$ 50,119	\$ 29,419
	Federal government	Government Security; maturity date September 20, 2050; 1.00% interest	\$ 195,829	\$ 98,259
	Federal government	Government Security; maturity date September 20, 2050; 3.50% interest	\$ 8,718	\$ 5,637
	Federal government	Government Security; maturity date December 20, 2050; 2.00% interest	\$ 288,324	\$ 161,897
	Federal government	Government Security; maturity date January 20, 2051; 1.50% interest	\$ 167,569	\$ 85,632
	Federal government	Government Security; maturity date April 20, 2051; 2.00% interest	\$ 270,898	\$ 152,637
	Federal government	Government Security; maturity date June 20, 2051; 2.00% interest	\$ 37,797	\$ 21,542
	Federal government	Government Security; maturity date June 20, 2051; 2.00% interest	\$ 27,005	\$ 15,573
	Federal government	Government Security; maturity date June 20, 2051; 2.00% interest	\$ 11,892	\$ 6,503
	Federal government	Government Security; maturity date June 25, 2051; 2.00% interest	\$ 45,692	\$ 25,075
	Federal government	Government Security; maturity date July 20, 2051; 1.50% interest	\$ 56,246	\$ 30,026
	Federal government	Government Security; maturity date August 20, 2051; 2.00% interest	\$ 5,588	\$ 2,444
	Federal government	Government Security; maturity date September 25, 2051; 1.50% interest	\$ 122,709	\$ 65,124
	Federal government	Government Security; maturity date November 20, 2051; 1.50% interest	\$ 74,443	\$ 40,495
	Federal government	Government Security; maturity date December 25, 2051; 2.00% interest	\$ 189,123	\$ 113,100
	Federal government	Government Security; maturity date January 25, 2052; 2.00% interest	\$ 48,347	\$ 29,821
	Federal government	Government Security; maturity date February 25, 2052; 2.00% interest	\$ 29,112	\$ 17,548
	Federal government	Government Security; maturity date February 25, 2052; 3.00% interest	\$ 13,509	\$ 13,025
	Federal government	Government Security; maturity date March 25, 2052; 2.00% interest	\$ 28,558	\$ 21,741
	Federal government	Government Security; maturity date April 20, 2052; 3.50% interest	\$ 28,536	\$ 26,580
	Federal government	Government Security; maturity date June 20, 2052; 4.00% interest	\$ 48,900	\$ 48,093
	Federal government	Government Security; maturity date July 25, 2052; 5.50% interest	\$ 3,795	\$ 3,798
	Federal government	Government Security; maturity date August 20, 2052; 3.50% interest	\$ 22,469	\$ 21,467
	Federal government	Government Security; maturity date September 20, 2052; 4.50% interest	\$ 273,878	\$ 270,463
	Federal government	Government Security; maturity date October 20, 2052; 5.00% interest	\$ 80,064	\$ 78,249
	Federal government	Government Security; maturity date October 20, 2052; 4.50% interest	\$ 8,870	\$ 8,945
	Federal government	Government Security; maturity date October 20, 2052; 5.00% interest	\$ 25,976	\$ 25,694
	Federal government	Government Security; maturity date April 25, 2053; 2.00% interest	\$ 5,963	\$ 2,898
	Federal government	Government Security; maturity date December 20, 2053; 7.50% interest	\$ 2,648	\$ 2,004
	Federal government	Government Security; maturity date January 20, 2054; 4.50% interest	\$ 58,077	\$ 55,708
	Federal government	Government Security; maturity date February 20, 2054; 5.00% interest	\$ 16,417	\$ 16,259
	Federal government	Government Security; maturity date April 20, 2054; 5.50% interest	\$ 23,575	\$ 23,748
	Federal government	Government Security; maturity date May 20, 2054; 5.00% interest	\$ 35,617	\$ 35,390
	Federal government	Government Security; maturity date May 25, 2054; 5.00% interest	\$ 16,714	\$ 16,532
	Federal government	Government Security; maturity date July 20, 2054; 4.50% interest	\$ 149,443	\$ 145,670
	Federal government	Government Security; maturity date January 25, 2055; 2.00% interest	\$ 37,739	\$ 27,091
	Invesco	Invesco S&P 500 Index	\$ 654,460	\$ 863,036
	DWS	DWS S&P 500 Index	\$ 1,033,166	\$ 1,211,477
	JPMorgan	JPMorgan Equity Income	\$ 43,772	\$ 45,072
	Principal Funds	Principal Blue Chip	\$ 126,102	\$ 142,572
	Putnam	Putnam Growth Opportunities	\$ 531,266	\$ 712,246
	Total		\$ 5,080,651	\$ 4,873,510