

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): CASCADE HEALTH
2b Employer Identification Number (EIN): 93-0421470
2c Plan Sponsor's telephone number: 541-228-3000
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	467
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	98
	6a(2)	82
	6b	142
	6c	129
	6d	353
	6e	3
	6f	356
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CASCADE HEALTH</u>	D Employer Identification Number (EIN) <u>93-0421470</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>32568848</u>	
b Actuarial value	2b	<u>34691302</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>218</u>	<u>26205207</u>	<u>26205207</u>
b For terminated vested participants	<u>151</u>	<u>8034226</u>	<u>8034226</u>
c For active participants	<u>98</u>	<u>4542481</u>	<u>4542481</u>
d Total	<u>467</u>	<u>38781914</u>	<u>38781914</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.04 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>418000</u>	
c Target normal cost	6c	<u>418000</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>SHANNON R. HATFIELD, FSA, EA, MAAA</u> Type or print name of actuary <u>INDEPENDENT ACTUARIES, INC.</u> Firm name <u>FIVE CENTERPOINTE DR., SUITE 520</u> <u>LAKE OSWEGO, OR 97035</u> Address of the firm	<u>10/07/2025</u> Date <u>23-08797</u> Most recent enrollment number <u>503-601-0884</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	990132
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	726776
9	Amount remaining (line 7 minus line 8)	0	263356
10	Interest on line 9 using prior year's actual return of <u>13.78</u> %	0	36290
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		125
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		6
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		131
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	299646

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.67 %
15	Adjusted funding target attainment percentage	15	90.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/04/2024	206233	0					
07/02/2024	206233	0					
10/17/2024	230000	0					
01/13/2025	206230	0					
08/26/2025	102793	0					
			Totals ▶	18(b)	951489	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	916834

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 418000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	4390258		498578	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 916578
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 916578
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 916834
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 256
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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 RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CASCADE HEALTH	D Employer Identification Number (EIN) 93-0421470	

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

AGREE REALTY CORPORATION	70 E. LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALEXANDRIA REAL ESTATE	26 N. EUCLID AVE. PASADENA, CA 91101
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN TOWER CORP	116 HUNTINGTON AVE. 11TH FLOOR BOSTON, MA 02116
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GAMING AND LEISURE PROPERTIES, INC.	845 BERKSHIRE BLVD. WYOMISSING, PA 19610
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

DANA INVESTMENT ADVISORS, INC.

15800 BLUEMOUND RD.
SUITE 250
BROOKFIELD, WI 53005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	127189	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)

INDEPENDENT ACTUARIES, INC.

FIVE CENTERPOINTE DR.
SUITE 520
LAKE OSWEGO, OR 97035

(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?
11	NONE	40610	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)

UBS FINANCIAL SERVICES INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	31581	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)

JONES & ROTH, P.C.

260 COUNTRY CLUB RD., SUITE 100
EUGENE, OR 97401

(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	NONE	20550	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)

CAPITAL BANK AND TRUST CO.

P.O. BOX 6164
INDIANAPOLIS, IN 46206-6164

(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?
11	NONE	7798	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)

BANK OF AMERICA

4380 SW MACADAM AVE.
OR1-438-04-08
PORTLAND, OR 97239-6407

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	5490	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"/>

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 RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CASCADE HEALTH	D Employer Identification Number (EIN) 93-0421470

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	328906	309023
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2389	862
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1114095	1439395
(2) U.S. Government securities	1c(2)	2378621	2456428
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2402668	1833173
(B) All other	1c(3)(B)	3824215	3644372
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21828392	17591420
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	700913	482972

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	32580199	27757645
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	390512
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	390512
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32580199	27367133

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)	951489	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		951489
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	27766	
(B) U.S. Government securities.....	2b(1)(B)	68670	
(C) Corporate debt instruments.....	2b(1)(C)	201696	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	1246	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		299378
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	91544	
(B) Common stock.....	2b(2)(B)	254329	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	28380	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		374253
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	3033842	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	459913	
(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)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	5118875

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2502887
(2) To insurance carriers for the provision of benefits	2e(2)	7202300
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	9705187
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	20550
(5) Investment advisory and investment management fees	2i(5)	169591
(6) Bank or trust company trustee/custodial fees	2i(6)	5491
(7) Actuarial fees	2i(7)	40610
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	390512
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	626754
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	10331941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-5213066
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: JONES & ROTH, P.C.

(2) EIN: 93-0819646

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)			
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 550780.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CASCADE HEALTH</u>	D Employer Identification Number (EIN) <u>93-0421470</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		1
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A.

**RETIREMENT PLAN FOR EMPLOYEES OF
MCKENZIE-WILLAMETTE HOSPITAL**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

For the Years Ended December 31, 2024 and 2023



RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
For the Years Ended December 31, 2024 and 2023

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 15
Supplemental Schedule:	
Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i	16 - 22

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Retirement Plan for Employees of McKenzie-Willamette Hospital
Eugene, Oregon

Opinion

We have audited the accompanying financial statements of Retirement Plan for Employees of McKenzie-Willamette Hospital, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets 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 assets available for benefits of Retirement Plan for Employees of McKenzie-Willamette Hospital as of December 31, 2024 and 2023, and the changes in its net assets 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 Retirement Plan for Employees of McKenzie-Willamette Hospital 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 Retirement Plan for Employees of McKenzie-Willamette Hospital's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the 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 Retirement Plan for Employees of McKenzie-Willamette Hospital'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 Retirement Plan for Employees of McKenzie-Willamette Hospital'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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, as listed in the table of contents, as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but are 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 the supplemental schedule, we evaluated whether the supplemental schedule, 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 schedule 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.



Jones & Roth, P.C.
Eugene, Oregon
October 10, 2025

FINANCIAL STATEMENTS

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ 1,439,395	\$ 1,114,095
Common stocks	17,591,420	21,828,392
Fixed income - U.S. government	1,772,625	1,639,195
Fixed income - corporate bonds, preferred	1,833,173	2,402,668
Fixed income - corporate bonds, other	3,644,372	3,824,215
Fixed income - mortgage pools	683,803	739,426
Real estate investment trusts	482,972	700,913
Total investments, at fair value	27,447,760	32,248,904
Receivables		
Employer contribution	309,023	328,906
Accrued income	862	2,389
Total receivables	309,885	331,295
Total assets	27,757,645	32,580,199
Liabilities		
Administrative expenses payable	390,512	-
Net assets available for benefits	\$ 27,367,133	\$ 32,580,199

The accompanying notes are an integral part of these statements.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to		
Investment income:		
Net change in fair value of investments	\$ 3,493,755	\$ 3,565,519
Dividend income	374,253	477,728
Interest income	299,378	215,713
	4,167,386	4,258,960
Investment management fees	(169,591)	(163,820)
Investment income, net	3,997,795	4,095,140
Contributions:		
Employer	951,489	328,906
Total additions	4,949,284	4,424,046
Deductions from net assets attributed to		
Benefits paid directly to participants	2,502,887	2,690,045
Payments to insurance carriers for the provision of benefits	7,202,300	-
Administrative expenses	457,163	418,087
Total deductions	10,162,350	3,108,132
Net increase (decrease) in assets available for benefits	(5,213,066)	1,315,914
Net assets available for benefits, beginning of year	32,580,199	31,264,285
Net assets available for benefits, end of year	\$ 27,367,133	\$ 32,580,199

The accompanying notes are an integral part of these statements.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL NOTES TO FINANCIAL STATEMENTS

1. Plan Description

The following brief description of Retirement Plan for Employees of McKenzie-Willamette Hospital (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General

The Plan is a non-contributory defined benefit pension plan sponsored by Willamette Community Health Solutions dba Cascade Health, formerly McKenzie-Willamette Hospital (the Employer), to provide retirement benefits for eligible employees. The Plan was originally established on January 1, 1971. The Plan is administered by an administrative committee consisting of three individual trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Trustees oversees the governance of the Plan.

Employer Reorganization and Freezing of Benefits

Effective October 1, 2003, McKenzie-Willamette Hospital (the Hospital) entered into an agreement with Triad Hospitals, Inc. (Triad), whereby a new limited liability company (the LLC), with the Employer and Triad as its two members, began to operate the Hospital. In anticipation of this transaction, the Plan was frozen on September 27, 2003, and as a result, the Plan's participants ceased to accrue future benefits under the Plan on that date. The Employer also agreed as part of this transaction to assume sponsorship and all future funding obligations for the Plan. In 2009, the Employer fully liquidated its interest in the LLC and is no longer involved in the operation of the Hospital.

Because the Employer continues in operation, the Oregon Attorney General's office must approve extensions of time to maintain a freeze on the Plan, rather than terminating it. In 2003, a 3-year extension was approved. In 2006, an additional 4-year extension was approved. In 2010, the Oregon Attorney General's office agreed to a 5-year extension of the Plan freeze to July 20, 2015. In August 2015, the Plan received an extension of the Plan freeze until July 18, 2020. In October 2020, the Plan received an extension of the Plan freeze until July 18, 2025. Further extensions will require advance approval.

The Plan's most recent restatement was effective January 1, 2020. This restatement did not substantially modify any Plan provisions that were in effect prior to the restatement.

Contributions and Funding Policy

The Plan is funded solely by the Employer. The Employer intends to make contributions to the Plan which, in the aggregate, will be actuarially sufficient to meet the cost of benefits provided by the Plan and any administrative expenses paid by the Plan. Contributions are based on actuarial determinations, as discussed in Note 4. As of the years ended December 31, 2024 and 2023, there is no remaining carryover balance and the Employer is required to make quarterly cash contributions. The Employer intends to continue making all required cash contributions to the Plan as actuarially determined.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Eligibility

Prior to September 28, 2003, the Hospital's employees met the Plan's eligibility requirements when they attained 21 years of age and had completed one year of service (with at least 1,000 hours), except for leased employees or employees covered by a collective bargaining agreement that did not provide for participation in the Plan. Effective September 27, 2003, no new employees are permitted to become participants in the Plan.

Vesting

All participants are fully vested in their account balances.

Benefits

Normal retirement benefits are based upon retirement at age 65. The normal monthly retirement benefit is the sum of 2 percent of the participant's average monthly compensation for the five consecutive years of highest compensation in the last ten years of employment (final average pay) multiplied by years of benefit service after December 31, 1985, not to exceed 30 years, plus certain benefits for service provided prior to January 1, 1986, as described in the Plan Agreement. These benefits are normally paid in equal monthly payments in the form of a single-life annuity, a joint and survivor annuity, a certain and life annuity, or a certain-period annuity, based on the participant's election at the commencement of benefits. The amount of benefits paid will vary according to the benefit option selected. If the benefits have an actuarially equivalent value of less than \$5,000, the participant will automatically receive payment in the form of a lump sum. Reduced benefits are provided for early retirement beginning at age 60, providing certain other conditions are met. Certain benefits are also provided to beneficiaries upon the death of vested participants.

Plan trustees may convert participant balances into an annuity contract. Upon settlement into an annuity contract, an individual contract between the participant and the insurance entity is created. The insurance entity undertakes the legal obligation to provide specified benefits to the individual. Such annuity contracts are irrevocable and involve the transfer of significant risk to the insurance entity. As such, these contracts are not included in the net assets of the Plan. Payments to insurance companies to purchase contracts for the provision of benefits are separately reported on the accompanying statements of changes in net assets available for benefits.

Administrative Expenses

At the Employer's discretion, expenses of the Plan may be paid either directly by the Employer or by the Plan. In 2024 and 2023, \$457,163 and \$418,087, respectively, of administrative expenses were paid by the Plan, consisting primarily of Pension Benefit Guaranty Corporation (PBGC) premiums of \$367,529 and \$357,937, respectively, and other professional fees. In addition, during the years ended December 31, 2024 and 2023, the Plan incurred \$169,591 and \$163,820, respectively, in investment management fees, which are included as a reduction to net investment income (loss) in the accompanying statements of changes in net assets available for benefits. Any expenses paid by the Employer are excluded from these financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Administrative Expenses, continued

At December 31, 2024, PBGC Premiums, plus interest and penalties, in the amount of \$390,513 were payable for the Plan year 2024 and were paid in full on January 9, 2025. No amounts were payable at December 31, 2023.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a basis which approximates the trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The net change in fair value of investments includes realized and unrealized gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Standard Adopted

On January 1, 2023, the Plan adopted Accounting Standards Update (ASU) 2016-13 Financial Instruments - Credit Losses (Topic 326): *Measurement of Credit Losses on Financial Instruments*, and all related amendments (ASC 326), which replaced the incurred loss methodology for recognizing credit losses with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. CECL requires an estimate of lifetime expected credit losses to be recognized for financial assets based on historical experience, current conditions, and reasonable and supportable forecasts, and for the financial assets to be presented at the net amount expected to be collected on the statements of net assets available for benefits. The financial asset held by the Plan that is subject to ASC 326 is the employer contribution receivable.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Recent Accounting Standard Adopted, continued

The Plan adopted ASC 326 effective January 1, 2023. There was no impact to the financial statements as a result of adopting this standard.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to certain risks such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements and supplemental schedule of assets held for investment purposes at end of year.

Plan contributions are determined and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to the following: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent that they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Independent Actuaries, Inc. The actuarial present value of accumulated Plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

4. Actuarial Present Value of Accumulated Plan Benefits, continued

As of December 31, the actuarial present value of accumulated Plan benefits was as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 18,005,676	\$ 22,727,600
Other participants	<u>8,540,333</u>	<u>10,437,217</u>
	26,546,009	33,164,817
Non-vested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 26,546,009</u>	<u>\$ 33,164,817</u>

The change in the actuarial present value of accumulated Plan benefits during the years ended December 31 was as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated Plan benefits at beginning of year	<u>\$ 33,164,817</u>	<u>\$ 33,599,323</u>
Increase (decrease) during the year attributable to:		
Increase for interest due to decrease in discount period	1,981,856	2,257,801
Change in benefits accumulated	1,009,628	209,165
Assumption changes	94,895	(211,427)
Benefits paid directly to participants	(2,502,887)	(2,690,045)
Payments to insurance carriers for the provision of benefits	<u>(7,202,300)</u>	<u>-</u>
Net decrease	<u>(6,618,808)</u>	<u>(434,506)</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 26,546,009</u>	<u>\$ 33,164,817</u>

During the year ended December 31, 2024, the Plan annuitized \$7,202,300 of participant balances. Participant balances were not annuitized in 2023.

The significant assumptions underlying the actuarial computations were as follows. Unless otherwise noted, the assumptions were effective for both 2024 and 2023.

Actuarial Value of Assets: The average of fair market value on the current and two prior valuation dates, including adjustments for expected earnings as described in Internal Revenue Service (IRS) Notice 2009-22 and within a corridor of 90 percent to 110 percent of current, fair market value.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

4. Actuarial Present Value of Accumulated Plan Benefits, continued

Retirement Age: Assumed rates of retirement per year are as follows:

Age	Rate
60	5%
61	5%
62	20%
63	10%
64	40%
65	100%

Mortality Basis: For 2024, IRS 2025 Static Mortality. For 2023, IRS 2024 Static Mortality.

Expected Rate of Return: 7.0 percent for both 2024 and 2023.

Funding Target Discount Rates: For years 0 to 5, 5.07 percent and 4.75 percent for 2024 and 2023, respectively. For years 6 to 20, 5.31 percent and 4.87 percent for 2024 and 2023, respectively. For years 21 and on, 5.50 percent and 5.59 percent for 2024 and 2023, respectively.

Expenses: The Plan is expected to pay expenses for the coming year based upon amounts paid in the prior year. For 2024 and 2023, expenses paid from the Plan are assumed to be \$229,000 and \$418,000, respectively.

Future Salary Increases: Not applicable, as benefits have been frozen (see Note 1).

Assumed Marital Status: 90 percent of males and 80 percent of females are assumed to have spouses eligible to receive benefits upon death.

Termination Rate: Sample rates of assumed future withdrawal from active service for reasons other than death or retirement are approximately as follows:

Age	Rate
20	25%
25	15%
30	15%
35	11%
40	9%
45	8%
50	5%
55	5%

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

4. Actuarial Present Value of Accumulated Plan Benefits, continued

As required in the Worker, Retiree, and Employer Recovery Act of 2008, the target normal cost is increased by expenses expected to be paid from Plan assets.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue, even though benefit accruals have been frozen. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

5. Plan Termination

The Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that 3-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under provisions of the Plan in effect at any time during the five years preceding the termination of the Plan.
- b. Other vested benefits insured by PBGC (a U.S. government agency) up to the applicable limitations (as discussed below).
- c. All other vested benefits (that is, vested benefits not insured by PBGC).
- d. All non-vested benefits.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed by PBGC at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Employer, the level of benefits guaranteed by PBGC, and the financial condition of PBGC.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

6. Income Tax Status

The IRS has issued an opinion and informed FIS Business Systems LLC, the sponsor of the volume submitter defined benefit plan, by a letter dated March 30, 2018, that the Plan as restated effective January 1, 2020, was properly qualified, indicating that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in process.

7. Other Related Party and Party-in-Interest Transactions

During the years ended December 31, 2024 and 2023, certain Plan investments were units in funds managed by Charles Schwab & Co., Inc., the custodian for the Plan's investments. Therefore, transactions involving these investments qualify as exempt party-in-interest transactions.

The Employer is the sponsor and administrator of the Plan and certain former trustees of the Plan are also participants in the Plan. In addition, one of the current trustees of the Plan is the Chief Executive Officer of the Employer.

8. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under professional standards are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

8. Fair Value Measurements, continued

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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 their fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Cash and Cash Equivalents: Valued at the net asset value (NAV) of shares held by the Plan at year end as stated at contract value, which approximates fair value.

Government, Municipal, and Corporate Bonds: Valued at the market value of the obligation based on quoted market prices.

Common Stock: Valued at the fair market value of shares held by the Plan at year end as determined by quoted market prices.

Real Estate Investment Trusts (REIT): Valued at the fair market value of shares held by the Plan at year-end. All REITs held by the Plan are publicly traded on an active market.

Mortgage Pools: Valued at discounted value of expected future cash flows.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 1,439,395	\$ -	\$ 1,439,395
Common stocks	17,591,420	-	-	17,591,420
Fixed income - U.S. government	1,772,625	-	-	1,772,625
Fixed income - corporate bonds, preferred	1,833,173	-	-	1,833,173
Fixed income - corporate bonds, other	3,644,372	-	-	3,644,372
Fixed income - mortgage pools	-	683,803	-	683,803
Real estate investment trusts	482,972	-	-	482,972
Total investments, at fair value	<u>\$ 25,324,562</u>	<u>\$ 2,123,198</u>	<u>\$ -</u>	<u>\$ 27,447,760</u>

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
NOTES TO FINANCIAL STATEMENTS

8. Fair Value Measurements, continued

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 1,114,095	\$ -	\$ 1,114,095
Common stocks	21,828,392	-	-	21,828,392
Fixed income - U.S. government	1,639,195	-	-	1,639,195
Fixed income - corporate bonds, preferred	2,402,668	-	-	2,402,668
Fixed income - corporate bonds, other	3,824,215	-	-	3,824,215
Fixed income - mortgage pools	-	739,426	-	739,426
Real estate investment trusts	700,913	-	-	700,913
Total investments, at fair value	<u>\$ 30,395,383</u>	<u>\$ 1,853,521</u>	<u>\$ -</u>	<u>\$ 32,248,904</u>

9. Subsequent Events

Plan management evaluates events and transactions that occur after the statement of net assets available for benefits date as potential subsequent events. Management has performed this evaluation through the date of the independent auditor's report.

SUPPLEMENTAL SCHEDULE

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Cash and cash equivalents				
*	Charles Schwab Bank Sweep	Cash equivalent fund	265,390	\$ 265,390	\$ 265,390
*	Bank of America Fed Hermes Govt	Cash equivalent fund	1,153,965	1,153,965	1,153,965
*	Schwab Government Money	Cash equivalent fund	20,040	<u>20,040</u>	<u>20,040</u>
	Total cash and cash equivalents			<u>1,439,395</u>	<u>1,439,395</u>
	Common stocks				
	ABB LTD	Common stock	1,247	35,301	66,976
	Abbvie Inc	Common stock	1,000	168,145	177,700
	Adidas AG	Common stock	172	17,978	20,944
	Adobe Inc	Common stock	300	104,014	133,404
	Advanced Drainage	Common stock	607	50,850	70,169
	Agilysys Inc	Common stock	492	50,951	64,801
	AIA Group Ltd	Common stock	1,197	47,788	34,498
	Air Liquide	Common stock	782	21,256	25,220
	Airbus Group	Common stock	959	34,455	38,202
	Alkermes PLC	Common stock	1,135	30,039	32,643
	Alphabet Inc	Common stock	2,550	195,708	482,715
	Amazon.com Inc	Common stock	2,500	297,307	548,475
	Amadeus IT Group S A	Common stock	764	46,934	53,893
	American Eagle Outfitter	Common stock	3,252	75,149	54,211
	American Express Co	Common stock	750	112,850	222,593
	Anheuser Busch Inbev	Common stock	597	42,076	29,892
	Apple Inc.	Common stock	3,480	263,510	871,462
	Applied Indl Tech	Common stock	293	45,727	70,165
	Ashtead Group PLC	Common stock	83	26,680	20,294
	ASML Holdings NV	Common stock	82	35,132	56,833
	Astrazeneca PLC	Common stock	829	39,221	54,316
	Atlantic Union Bankshare	Common stock	1,582	50,220	59,926
	Avient Corp	Common stock	1,252	38,401	51,157
	Axis Capital Hldg LT	Common stock	755	40,975	66,908
	Axsome Therapeutics Inc.	Common stock	531	16,185	44,928
	B&M European Value	Common stock	350	11,964	6,353
	Bae Sys PLC	Common stock	493	32,814	28,180
	Bank New York Mellon Cor	Common stock	3,080	170,644	236,636
	Beigene LTD	Common stock	64	13,712	11,821
	BHP Group LTD	Common stock	187	11,036	9,131
	Blueprint Medicines Corp	Common stock	664	47,977	57,914
	Boot Barn Holdings	Common stock	480	9,307	72,874
	Boston Scientific Co	Common stock	2,620	146,235	234,018
	BP P L C	Common stock	698	27,026	20,633
	Brit Amer Tobacco	Common stock	481	19,468	17,470
	Broadcom Inc	Common stock	1,200	58,435	278,208
	Cactus Inc	Common stock	910	34,566	53,108
	Canadian National Ry Co	Common stock	315	41,423	31,976
	Capgemini SE	Common stock	1,176	46,585	38,173
	Carlsberg AS	Common stock	897	23,364	17,106
	Caterpillar Inc	Common stock	530	147,920	192,263
	Centerpoint Energy Inc	Common stock	4,800	135,737	152,304
	Chesapeake Util Corp	Common stock	427	33,818	51,816
	Chugai Pharmaceuticals	Common stock	750	17,959	16,478

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Clean Harbors Inc	Common stock	326	40,481	75,026
	Clearway Energy Inc	Common stock	1,834	56,340	47,684
	Cytokinetics Inc	Common stock	585	12,403	27,518
	Daiichi Sankyo Co	Common stock	1,307	37,343	35,668
	Daikin Industries	Common stock	1,585	24,890	18,513
	Danone	Common stock	1,425	17,366	19,081
	DBS Group Holdings LIM	Common stock	349	25,599	44,686
	Dell Technologies Inc	Common stock	1,930	162,249	222,413
	Delta Air Lines Inc	Common stock	4,400	217,091	266,200
	DENALI THERAPEUTICS	Common stock	1,180	49,615	24,048
	Deutsche Bank Ag	Common stock	1,366	21,741	23,290
	Diamondback Energy Inc	Common stock	1,070	189,054	175,298
	Disney Walt Co	Common stock	1,240	141,502	138,074
	DNB Bank ASA	Common stock	1,130	19,298	22,487
	DSV A/S	Common stock	307	19,041	32,603
	Eagle Materials Inc	Common stock	212	29,451	52,313
	Element Solutions Inc	Common stock	2,349	38,882	59,735
	ELF Beauty Inc	Common stock	428	23,569	53,735
	Eli Lilly and Company	Common stock	220	142,165	169,840
	Engie SA	Common stock	1,853	26,001	29,359
	Ensign Group Inc	Common stock	519	37,815	68,954
	Epiroc Aktiebolag	Common stock	2,249	47,066	39,043
	Essilor Intl	Common stock	458	34,038	55,267
	Evercore Inc	Common stock	239	22,981	66,248
	Evolution AB	Common stock	147	13,519	11,297
	Exlservice Holdings In.	Common stock	1,755	60,137	77,887
	Fabrinet	Common stock	273	62,992	60,027
	Ferrari N V New	Common stock	41	17,286	17,418
	FTI Consulting Inc	Common stock	386	73,902	73,776
	Fujitsu Limited	Common stock	1,123	17,039	19,720
	Genmab A/S	Common stock	774	20,942	16,153
	Givaudan SA	Common stock	406	24,486	35,353
	GMS INC	Common stock	835	47,045	70,833
	Graphic Packaging HL	Common stock	4,800	123,215	130,368
	Group 1 Automotive	Common stock	142	17,292	59,850
	Hanover Insurance	Common stock	388	50,347	60,008
	Hermes International Sca	Common stock	124	10,040	29,640
	Hitachi Ltd	Common stock	826	28,475	40,854
	Hong Kong Exc & Clr	Common stock	562	19,495	21,092
	Hoya Corporation	Common stock	106	12,929	13,144
	I3 Verticals Inc	Common stock	2,749	59,747	63,337
	Iberdrola S A	Common stock	346	16,443	19,078
	Imperial Brands PLC	Common stock	748	16,848	23,973
	Industria De Diseno TE	Common stock	1,717	19,055	43,801
	INSMED Inc	Common stock	638	16,552	44,048
	Installed Bldg Prods	Common stock	273	50,944	47,843
	Interactive Brokers	Common stock	1,360	120,487	240,271
	IQVIA Holdings Inc	Common stock	810	180,275	159,173
	Itochu Corporation	Common stock	493	44,448	48,590
	JPMorgan Chase & Co	Common stock	980	157,002	234,916
	Keyence Corp ORDF	Common stock	82	28,120	33,231
	Kimberly Clark Corporation	Common stock	800	96,649	104,832

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Kontoor Brands Inc	Common stock	755	66,490	64,485
	Kroger Co	Common stock	3,400	154,997	207,910
	L3Harris Technologies In	Common stock	610	149,675	128,271
	Lantheus Holdings Inc	Common stock	722	46,424	64,590
	Linde PLC	Common stock	290	117,821	121,414
	L OREAL SA	Common stock	530	40,533	37,317
	London Stock Exchange	Common stock	1,980	46,087	70,666
	Lvmh Moet Hennessy Lou	Common stock	305	46,725	39,860
	Madrigal Pharmaceuticals	Common stock	108	16,260	33,326
	Magnite Inc	Common stock	3,249	30,604	51,724
	Matador Resources Co	Common stock	834	48,097	46,921
	Marubeni Corporation	Common stock	120	20,972	18,038
	Mckesson Corp	Common stock	190	68,779	108,283
	Merck & Co Inc	Common stock	1,720	142,771	171,106
	Meta Platforms Inc	Common stock	520	156,594	304,465
	Micron Technology	Common stock	1,900	240,270	159,904
	Microsoft Corp	Common stock	1,710	134,965	720,765
	Modine Manufacturing	Common stock	586	26,118	67,935
	MTU Aero Engines Holding	Common stock	149	14,902	24,686
	Munich Re Group	Common stock	2,641	27,646	26,463
	Natewest Group PLC	Common stock	3,336	27,454	33,927
	Nestle S A	Common stock	477	49,012	38,971
	Netease Inc	Common stock	103	11,721	9,189
	Nextera Energy Inc	Common stock	1,900	116,762	136,211
	Nitori Hldgs Co LTD	Common stock	1,231	23,653	14,575
	Nomura Research Ind	Common stock	973	28,513	28,587
	Novo-Nordisk	Common stock	841	36,266	72,343
	NTNL Grid PLC	Common stock	328	22,521	19,490
	Nvidia Corp	Common stock	5,640	300,276	757,396
	Olema Pharmaceuticals Inc	Common stock	2,506	27,293	14,610
	Parker-Hannifin Corp	Common stock	330	60,021	209,890
	PDF Solutions Inc	Common stock	1,847	62,200	50,017
	Pinnacle Finl Partner	Common stock	593	28,816	67,833
	Powell Industries Inc	Common stock	292	50,252	64,722
	Preferred Bank LA	Common stock	750	58,660	64,785
	Pubmatic In.	Common stock	3,068	61,894	45,069
	Pultegroup Inc	Common stock	1,600	134,300	174,240
	Recruit Co Ltd	Common stock	2,699	21,019	37,705
	Reinsurance GP Amer	Common stock	1,030	163,174	220,039
	Repligen Corp	Common stock	468	73,347	67,364
	Relx Plc	Common stock	1,018	36,339	46,238
	Resturant Brands International	Common stock	2,800	217,759	182,504
	Rolls Royce Holdings	Common stock	6,032	33,292	42,913
	Rocket Pharmaceuticals I	Common stock	1,369	26,033	17,208
	Royal Caribbean Group	Common stock	800	137,216	184,552
	Royal Kpn Nv	Common stock	5,532	18,184	19,915
	Safran	Common stock	1,439	48,045	78,426
	Salesforce Inc	Common stock	700	147,321	234,031
	SAP SE	Common stock	453	83,267	111,533
	Schlumberger LTD	Common stock	4,950	214,206	189,783
	Semtech Corporation	Common stock	1,250	51,902	77,313
	Servicenow Inc	Common stock	230	181,879	243,828

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Shin Etsu Chemical Co	Common stock	1,511	19,862	24,962
	Shopify Inc	Common stock	172	5,820	18,289
	Sika AG	Common stock	1,237	30,585	29,181
	Simply Good Foods CO0050	Common stock	1,366	31,164	53,247
	SkyWest Inc	Common stock	695	54,408	69,590
	SM Energy Co	Common stock	1,308	51,492	50,698
	SMC Corp	Common stock	61	27,827	23,485
	Southstate Corp	Common stock	596	49,069	59,290
	Spotify Technology S A F	Common stock	20	9,051	8,948
	SPS Communications Inc	Common stock	329	58,728	60,533
	SPX Technologies Inc	Common stock	515	69,491	74,943
	Stifel Finl Co	Common stock	607	40,109	64,391
	Straumann Holdings AG	Common stock	1,121	8,561	13,956
	Suzuki Mtr Corporation	Common stock	468	20,607	21,074
	Synovus Finl Co	Common stock	1,179	43,294	60,400
	Sysco Corp	Common stock	2,800	202,551	214,088
	T-Mobile US Inc	Common stock	900	144,626	198,657
	Taiwan Semiconductor	Common stock	353	28,044	69,714
	TDK Corporation	Common stock	2,355	23,807	30,521
	Tencent Holdings	Common stock	517	27,245	27,494
	Terumo Corp	Common stock	662	11,444	12,909
	TFI International Inc	Common stock	184	11,051	24,857
	TG Therapeutics Inc	Common stock	1,463	19,219	44,036
	TJX Cos Inc New	Common stock	1,700	182,255	205,377
	Tokyo Electron Ltd	Common stock	297	31,844	22,421
	Totalenergies SE	Common stock	1,071	61,964	58,370
	Transmedics Group Inc	Common stock	860	71,326	53,621
	Uber Technologies Inc	Common stock	2,820	192,200	170,102
	Unicharm Corp	Common stock	1,692	12,121	6,819
	Unicredit Spa	Common stock	1,832	36,560	36,603
	Ultra Clean Holdings Inc	Common stock	1,917	74,189	68,916
	United Health Grp Inc	Common stock	390	197,168	197,280
	Veeco Instruments	Common stock	2,013	52,957	53,948
	Verint Systems Inc	Common stock	2,417	70,656	66,347
	Visa Inc	Common stock	700	152,125	221,228
	Walmart Inc	Common stock	1,560	109,931	140,946
	Weatherford Intl	Common stock	501	37,201	35,887
	Wells Fargo & Co	Common stock	3,400	149,763	238,816
	Wintrust Finl	Common stock	482	19,718	60,110
	Workday Inc	Common stock	890	168,774	229,647
				<u>12,516,668</u>	<u>17,591,420</u>
	Total common stocks			<u>12,516,668</u>	<u>17,591,420</u>

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Fixed income				
	Corporate bond, preferred:				
	Abrdn Asset M 5.25% PFD	Corporate bond, preferred	2,621	71,222	56,779
	Aegon Funding Co 5.1% PFD	Corporate bond, preferred	2,447	62,609	49,674
	Arch Capital 5.45% PFD	Corporate bond, preferred	2,369	61,254	50,246
	AT&T 5.35% PFD	Corporate bond, preferred	2,750	74,178	67,128
	Axis Capital H 5.5% PFD	Corporate bond, preferred	2,424	62,815	49,692
	Bank of Amer 4.375% PFD	Corporate bond, preferred	2,444	61,027	47,462
	Brookfield B 4.625% PFD	Corporate bond, preferred	2,324	58,197	36,673
	Brunswick Corp 6.375% PFD	Corporate bond, preferred	2,286	60,309	55,756
	Carlyle Fin L. 4.625% PFD	Corporate bond, preferred	3,190	80,772	56,846
	Capital One FI 4.8% PFD	Corporate bond, preferred	2,615	58,534	47,881
	CMS Energy Cor 5.875% PFD	Corporate bond, preferred	2,226	61,937	51,487
	Cullen/Frost 4.45% PFD	Corporate bond, preferred	2,958	77,794	51,499
	DTE Energy Co 4.375% PFD	Corporate bond, preferred	3,098	81,787	56,817
	Federal Agri 4.875% PFD	Corporate bond, preferred	2,933	75,643	57,047
	Gabelli Equity T 5% PFD	Corporate bond, preferred	2,349	60,197	50,175
	Highland Opr 5.375% PFD	Corporate bond, preferred	2,709	71,188	44,699
	JPMorgan Cha 6% PFD	Corporate bond, preferred	2,215	58,697	56,350
	KKR Group Fin 4.265% PFD	Corporate bond, preferred	3,118	61,412	57,028
	Metlife Inc 5.625% PFD	Corporate bond, preferred	2,246	62,046	52,871
	Morgan Stanle 4.25% PFD	Corporate bond, preferred	3,040	75,988	55,966
	Nextera Energy 5.65% PFD	Corporate bond, preferred	2,223	62,172	51,574
	Ntnl Rural Utili 5.5% PFD	Corporate bond, preferred	2,276	60,925	51,733
	Northern Trust 4.7% PFD	Corporate bond, preferred	2,272	58,909	45,713
	Partnerre LT 4.875% PFD	Corporate bond, preferred	2,384	51,494	38,812
	Prudential Fin 4.125% PFD	Corporate bond, preferred	2,430	61,925	45,028
	Public Storag 5.05% PFD	Corporate bond, preferred	1,763	37,830	38,204
	Renaissancere 5.75% PFD	Corporate bond, preferred	3,060	80,971	68,575
	Rivernorth/D 4.375% PFD	Corporate bond, preferred	2,783	69,469	48,730
	The Allstate 5.1% PFD	Corporate bond, preferred	2,297	61,336	50,258
	The Hartford Fin 6% PFD	Corporate bond, preferred	2,215	58,864	55,309
	The Southern Co 4.2% PFD	Corporate bond, preferred	2,600	68,075	49,166
	Truist Finl C 4.75% PFD	Corporate bond, preferred	3,008	79,928	58,054
	U.S. Bancorp 5.5% PFD	Corporate bond, preferred	3,018	80,655	70,953
	Wells Fargo % 4.75% PFD	Corporate bond, preferred	2,657	69,503	54,203
	W. R. Berkley 4.125% PFD	Corporate bond, preferred	3,120	83,612	54,785
	Total corporate bond, preferred			<u>2,323,274</u>	<u>1,833,173</u>

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Fixed income, continued				
	Mortgage pools:				
	Federal NTNL MOR	Mortgage pool	65,000	64,326	58,926
	Federal Farm Credit Bank Corporat	Mortgage pool	235,000	234,663	234,148
	FNMA PL 733118	Mortgage pool	3,000,000	6,971	7,054
	FHLMC 847557	Mortgage pool	1,325,000	13,217	13,377
	FHLMC 847665	Mortgage pool	1,220,000	21,315	21,594
	Tennessee Valley Authority Govt	Mortgage pool	350,000	372,558	348,704
	Total mortgage pools			<u>713,050</u>	<u>683,803</u>
	U.S. government:				
		<u>Maturity date</u>	<u>Interest rate</u>		
	U.S. Treasury Note	2/15/2028	2.75%	75,000	77,159
	U.S. Treasury Note	5/15/2031	1.625%	300,000	258,560
	U.S. Treasury Note	2/15/2038	4.375%	400,000	470,277
	U.S. Treasury Note	8/15/2040	3.750%	400,000	450,119
	U.S. Treasury Note	8/15/2043	3.625%	550,000	500,214
	U.S. Treasury Note	8/15/2044	3.125%	300,000	241,316
	Total U.S. government			<u>1,997,645</u>	<u>1,772,625</u>
	Corporate bonds, other:				
		<u>Maturity date</u>	<u>Interest rate</u>		
	AMGEN INC.	5/1/2025	3.125%	250,000	239,203
	Baker Hughes HO	12/15/2027	3.337%	250,000	94,360
	BANK OF AMERICA C VAR 29	7/23/2029	4.271%	250,000	270,603
	BANK OF AMERICA C VAR 30	10/22/2030	2.884%	250,000	221,993
	Booking Holdings	3/15/2028	3.55%	400,000	265,014
	BOSTON PROPERTIES	12/1/2028	4.5%	250,000	430,947
	Citigroup Inc.	1/12/2026	3.7%	277,000	245,058
	Exelon Corp	4/15/2030	4.05%	250,000	250,642
	GOLDMAN SACHS IN	1/26/2027	3.85%	250,000	252,936
	HP INC.	6/17/2027	3%	250,000	257,910
	INGERSOLL RAND	11/15/2027	6.391%	250,000	282,244
	JPMORGAN CHASE & VAR	11/8/2032	2.545%	250,000	127,563
	Omnicom Group Inc	4/15/2026	3.6%	250,000	242,257
	PNC Bank Ntnl A	7/26/2028	4.05%	250,000	272,623
	VERIZON COMMUNI	2/8/2029	3.875%	250,000	270,173
	WISCONSIN POWER	9/1/2032	3.95%	250,000	97,620
	Total corporate bonds, other			<u>3,821,146</u>	<u>3,644,372</u>
	Total fixed income			<u>8,855,115</u>	<u>7,933,973</u>

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Real estate investment trusts				
	Agree Realty Corp	REIT	1,015	62,310	71,507
	GAMING & LEISURE PPT	REIT	2,800	130,034	134,848
	Iron Mtn Inc New	REIT	1,200	70,063	126,132
	Stag Industrial Inc	REIT	2,071	58,359	70,041
	Tanger Inc	REIT	2,357	<u>56,391</u>	<u>80,444</u>
	Total real estate investment trusts			<u>377,157</u>	<u>482,972</u>
	Total investments			<u>\$ 23,188,335</u>	<u>\$ 27,447,760</u>

* Represents a party-in-interest as defined by ERISA

Retirement Plan for Employees of McKenzie-Willamette Hospital
EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Line 26a – Schedule of Active Participant Data

Active Participant Statistics

Schedule of Active Participant Data

Age	Benefit Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											0
25-29											0
30-34											0
35-39											0
40-44		3									3
45-49	1	10	3								14
50-54	1	9	5	5							20
55-59		8	13	3	1						25
60-64		7	8	7	4						26
65-69	1	2	2	3	1						9
70 & up					1						1
Total	3	39	31	18	7	0	0	0	0	0	98

Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Method for Minimum Required Contribution

Asset Valuation Method	The average of fair market values on the current and two prior valuation dates within a corridor of 90%-110% of current fair market value.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve, subject to corridor provided by MAP-21 as adjusted by the Highway, Transportation Funding Act of 2014 and the American Rescue Plan Act of 2021.
Lookback Month for Determining Segment Interest Rates	4 th month prior to valuation date.
Future Compensation	N/A

Actuarial Assumptions for Minimum Required Contribution

Segment Interest Rates	First Segment (Under 5 years): 4.75%
	Second Segment (5 to 19 years): 4.87%
	Third Segment (20 or more years): 5.59%
Assumed Form of Payment	Normal form of benefit.
Assumed Commencement Date	Actives - with retirement probabilities below.
	Terminated-vested – age 62.
Retirement Probabilities	Age 60: 5%
	Age 61: 5%
	Age 62: 20%
	Age 63: 10%
	Age 64: 40%
	Age 65: 100%
Average Retirement Age	Age 64.

Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

**2024 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
(Concluded)**

Mortality	
Pre-Retirement	Separate Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.
Post-Retirement	Separate Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.
Salary Scale	N/A
Turnover Rate	Sarason’s T-8, adjusted to 15% before age 35 and 5% after age 49; turnover ceases commencing with early retirement eligibility age.
Expenses	Non-investment-related expenses are assumed to be paid from the plan based upon amounts paid in the prior year rounded to the nearest \$1,000. Amounts may be adjusted for events during the prior year that are expected to have a meaningful impact on future expenses.
Disablement Rates	No explicit assumption.
Marriage	Percentage Males 90%
	Percentage Females 80%
	Age difference (Male - Female) Three years.
Future Annual Hours Worked	N/A

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement Plan for Employees of McKenzie-Willamette Hospital	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cascade Health	D Employer Identification Number (EIN) 93-0421470	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		32,568,848
b Actuarial value	2b		34,691,302
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	218	26,205,207	26,205,207
b For terminated vested participants	151	8,034,226	8,034,226
c For active participants.....	98	4,542,481	4,542,481
d Total.....	467	38,781,914	38,781,914
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.04%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		418,000
c Target normal cost	6c		418,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Shannon R. Hatfield	10/07/2025
	Signature of actuary	Date
	Shannon R. Hatfield, FSA, EA, MAAA	2308797
	Type or print name of actuary	Most recent enrollment number
	Independent Actuaries, Inc.	503-601-0884
	Firm name	Telephone number (including area code)
	Five Centerpointe Dr., Suite 520	
	Lake Oswego OR 97035	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	418,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	4,390,258		498,578
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	916,578	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	916,578	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	916,834	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	256	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
60	49.54	5%	2.47	148.39
61	48.91	5%	2.44	148.91
62	53.30	20%	10.64	659.46
63	47.45	10%	4.73	298.20
64	44.49	40%	17.75	1135.75
65	32.54	100%	32.54	2115.34
66	2.00	100%	2.00	132.00
67	3.00	100%	3.00	201.00
68	1.00	100%	1.00	68.00
69	1.00	100%	1.00	69.00
70	0.00	100%	0.00	0.00
71	1.00	100%	1.00	71.00
Total			78.57	5047.05
Average				64.23

Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1971; last restated effective January 1, 2024.
Plan Year	January 1 to December 31.
Plan Eligibility	
Eligible Employees	All employees except those whose retirement benefits are subject to collective bargaining and leased employees.
Requirements	Later of attainment of age 21 and completion of 1 year of service.
Entry date	First of the month coinciding with or next following completion of eligibility requirements. No employee shall enter the plan on or after September 30, 2003.
Years of Service	
Eligibility	12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours; switches to plan year on anniversary of employee's date of hire if employee fails to complete 1,000 hours in first 12-month period.
Vesting	Plan year during which employee is credited with at least 1,000 hours of service, including years prior to effective date of plan. Years of service with Triad Hospitals, Inc. and Affiliates after September 27, 2003 shall be recognized for vesting purposes.
Benefit	Plan year during which the participant is credited with at least 1,000 hours of service. In the year of retirement or other termination of employment, a fractional year of service equal to hours worked divided by 1,000 is credited if the participant worked less than 1,000 hours. Special rules apply to the 2003 plan year for participants employed on September 27, 2003.

Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Continued)

Normal Retirement

Eligibility	The first day of the month coincident with or following the participant's 65 th birthday.
Benefit	The accrued benefit as of December 31, 1985, plus 2% of a participant's average monthly compensation multiplied by years of benefit service after December 31, 1985 and before September 30, 2003.
Fresh Start Date	December 31, 1985.
Fresh Start Benefit	Accrued benefit as of fresh start date, determined under the normal retirement benefit formula as of that date.

Early Retirement

Eligibility	The first day of the month following the later of attainment of age 60 and completion of 3 years of vesting service.
Benefit	Accrued benefit actuarially reduced by 7.2% for each year that early commencement precedes normal retirement age.

Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable, and accrued benefit actuarially increased by (1) 7.2% for each of the first 5 years by which the deferred commencement follows normal retirement age and (2) the plan's actuarial equivalence after 5 years.

Disability Benefit	Not provided.
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Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Continued)

Death Benefit

Eligibility Death prior to commencement of benefits of a participant who was legally married at death and throughout the year prior to death.

Benefit Minimum spouse's death benefit.

Termination Benefit

Eligibility Termination of employment for reasons other than retirement or death.

Benefit A percentage of a participant's accrued benefit based on the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Less than 3	0%
3 or more	100%

Years of service with Triad Hospitals, Inc. and Affiliates after September 27, 2003 shall be recognized for vesting purposes.

Compensation

Plan §3401(a) compensation with adjustments as noted in plan document.

Average Monthly Plan compensation averaged over the five consecutive plan years within the last 10 completed years of participation that produce the highest average, excluding compensation prior to December 31, 1985 and after September 30, 2003.

Accrued Benefit A participant's normal retirement benefit calculated using years of benefit service and average monthly compensation as of the date of calculation.

Normal Form of Benefit Life annuity with 5 years certain.

Optional Forms of Benefit Single life annuity, installments (5-yr, 10-yr, 15-yr), certain and life annuity (5-yr, 10-yr, 15-yr), joint & survivor annuity (50%, 66²/₃%, 75%, 100%).

Retirement Plan for Employees of McKenzie-Willamette Hospital

EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Concluded)

Actuarial Equivalent	
Interest	8.0% pre- and post-retirement.
Mortality	
Pre-retirement:	1983 Group Annuity Mortality table blended at 20% of male rates and 80% of female rates for participants and 80% of male rates and 20% of female rates for spouses, beneficiaries and alternate payees.
Post-retirement:	1983 Group Annuity Mortality table blended at 20% of male rates and 80% of female rates for participants and 80% of male rates and 20% of female rates for spouses, beneficiaries and alternate payees.
§417(e)	Greater of results using plan actuarial equivalence above or mandated 417(e) interest and mortality with a plan year stability period and November lookback month.
Top-Heavy Provisions	In the event the plan becomes top-heavy, certain provisions will apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as defined in the Internal Revenue Code.
Minimum Accrual	Each non-key participant shall receive 2% of top-heavy monthly compensation for each year of top-heavy service, up to 10 years. However, plan years of service during which no key or former key employee benefits under the plan shall be disregarded.
Vesting	The regular vesting schedule meets the minimum requirements.
Status	Plan is not top-heavy.
Changes Since Last Report	None.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Cash and cash equivalents				
*	Charles Schwab Bank Sweep	Cash equivalent fund	265,390	\$ 265,390	\$ 265,390
*	Bank of America Fed Hermes Govt	Cash equivalent fund	1,153,965	1,153,965	1,153,965
*	Schwab Government Money	Cash equivalent fund	20,040	<u>20,040</u>	<u>20,040</u>
	Total cash and cash equivalents			<u>1,439,395</u>	<u>1,439,395</u>
	Common stocks				
	ABB LTD	Common stock	1,247	35,301	66,976
	Abbvie Inc	Common stock	1,000	168,145	177,700
	Adidas AG	Common stock	172	17,978	20,944
	Adobe Inc	Common stock	300	104,014	133,404
	Advanced Drainage	Common stock	607	50,850	70,169
	Agilysys Inc	Common stock	492	50,951	64,801
	AIA Group Ltd	Common stock	1,197	47,788	34,498
	Air Liquide	Common stock	782	21,256	25,220
	Airbus Group	Common stock	959	34,455	38,202
	Alkermes PLC	Common stock	1,135	30,039	32,643
	Alphabet Inc	Common stock	2,550	195,708	482,715
	Amazon.com Inc	Common stock	2,500	297,307	548,475
	Amadeus IT Group S A	Common stock	764	46,934	53,893
	American Eagle Outfitter	Common stock	3,252	75,149	54,211
	American Express Co	Common stock	750	112,850	222,593
	Anheuser Busch Inbev	Common stock	597	42,076	29,892
	Apple Inc.	Common stock	3,480	263,510	871,462
	Applied Indl Tech	Common stock	293	45,727	70,165
	Ashtead Group PLC	Common stock	83	26,680	20,294
	ASML Holdings NV	Common stock	82	35,132	56,833
	Astrazeneca PLC	Common stock	829	39,221	54,316
	Atlantic Union Bankshare	Common stock	1,582	50,220	59,926
	Avient Corp	Common stock	1,252	38,401	51,157
	Axis Capital Hldg LT	Common stock	755	40,975	66,908
	Axsome Therapeutics Inc.	Common stock	531	16,185	44,928
	B&M European Value	Common stock	350	11,964	6,353
	Bae Sys PLC	Common stock	493	32,814	28,180
	Bank New York Mellon Cor	Common stock	3,080	170,644	236,636
	Beigene LTD	Common stock	64	13,712	11,821
	BHP Group LTD	Common stock	187	11,036	9,131
	Blueprint Medicines Corp	Common stock	664	47,977	57,914
	Boot Barn Holdings	Common stock	480	9,307	72,874
	Boston Scientific Co	Common stock	2,620	146,235	234,018
	BP P L C	Common stock	698	27,026	20,633
	Brit Amer Tobacco	Common stock	481	19,468	17,470
	Broadcom Inc	Common stock	1,200	58,435	278,208
	Cactus Inc	Common stock	910	34,566	53,108
	Canadian National Ry Co	Common stock	315	41,423	31,976
	Capgemini SE	Common stock	1,176	46,585	38,173
	Carlsberg AS	Common stock	897	23,364	17,106
	Caterpillar Inc	Common stock	530	147,920	192,263
	Centerpoint Energy Inc	Common stock	4,800	135,737	152,304
	Chesapeake Util Corp	Common stock	427	33,818	51,816
	Chugai Pharmaceuticals	Common stock	750	17,959	16,478

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Clean Harbors Inc	Common stock	326	40,481	75,026
	Clearway Energy Inc	Common stock	1,834	56,340	47,684
	Cytokinetics Inc	Common stock	585	12,403	27,518
	Daiichi Sankyo Co	Common stock	1,307	37,343	35,668
	Daikin Industries	Common stock	1,585	24,890	18,513
	Danone	Common stock	1,425	17,366	19,081
	DBS Group Holdings LIM	Common stock	349	25,599	44,686
	Dell Technologies Inc	Common stock	1,930	162,249	222,413
	Delta Air Lines Inc	Common stock	4,400	217,091	266,200
	DENALI THERAPEUTICS	Common stock	1,180	49,615	24,048
	Deutsche Bank Ag	Common stock	1,366	21,741	23,290
	Diamondback Energy Inc	Common stock	1,070	189,054	175,298
	Disney Walt Co	Common stock	1,240	141,502	138,074
	DNB Bank ASA	Common stock	1,130	19,298	22,487
	DSV A/S	Common stock	307	19,041	32,603
	Eagle Materials Inc	Common stock	212	29,451	52,313
	Element Solutions Inc	Common stock	2,349	38,882	59,735
	ELF Beauty Inc	Common stock	428	23,569	53,735
	Eli Lilly and Company	Common stock	220	142,165	169,840
	Engie SA	Common stock	1,853	26,001	29,359
	Ensign Group Inc	Common stock	519	37,815	68,954
	Epiroc Aktiebolag	Common stock	2,249	47,066	39,043
	Essilor Intl	Common stock	458	34,038	55,267
	Evercore Inc	Common stock	239	22,981	66,248
	Evolution AB	Common stock	147	13,519	11,297
	Exlservice Holdings In.	Common stock	1,755	60,137	77,887
	Fabrinet	Common stock	273	62,992	60,027
	Ferrari N V New	Common stock	41	17,286	17,418
	FTI Consulting Inc	Common stock	386	73,902	73,776
	Fujitsu Limited	Common stock	1,123	17,039	19,720
	Genmab A/S	Common stock	774	20,942	16,153
	Givaudan SA	Common stock	406	24,486	35,353
	GMS INC	Common stock	835	47,045	70,833
	Graphic Packaging HL	Common stock	4,800	123,215	130,368
	Group 1 Automotive	Common stock	142	17,292	59,850
	Hanover Insurance	Common stock	388	50,347	60,008
	Hermes International Sca	Common stock	124	10,040	29,640
	Hitachi Ltd	Common stock	826	28,475	40,854
	Hong Kong Exc & Clr	Common stock	562	19,495	21,092
	Hoya Corporation	Common stock	106	12,929	13,144
	I3 Verticals Inc	Common stock	2,749	59,747	63,337
	Iberdrola S A	Common stock	346	16,443	19,078
	Imperial Brands PLC	Common stock	748	16,848	23,973
	Industria De Diseno TE	Common stock	1,717	19,055	43,801
	INSMED Inc	Common stock	638	16,552	44,048
	Installed Bldg Prods	Common stock	273	50,944	47,843
	Interactive Brokers	Common stock	1,360	120,487	240,271
	IQVIA Holdings Inc	Common stock	810	180,275	159,173
	Itochu Corporation	Common stock	493	44,448	48,590
	JPMorgan Chase & Co	Common stock	980	157,002	234,916
	Keyence Corp ORDF	Common stock	82	28,120	33,231
	Kimberly Clark Corporation	Common stock	800	96,649	104,832

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Kontoor Brands Inc	Common stock	755	66,490	64,485
	Kroger Co	Common stock	3,400	154,997	207,910
	L3Harris Technologies In	Common stock	610	149,675	128,271
	Lantheus Holdings Inc	Common stock	722	46,424	64,590
	Linde PLC	Common stock	290	117,821	121,414
	L OREAL SA	Common stock	530	40,533	37,317
	London Stock Exchange	Common stock	1,980	46,087	70,666
	Lvmh Moet Hennessy Lou	Common stock	305	46,725	39,860
	Madrigal Pharmaceuticals	Common stock	108	16,260	33,326
	Magnite Inc	Common stock	3,249	30,604	51,724
	Matador Resources Co	Common stock	834	48,097	46,921
	Marubeni Corporation	Common stock	120	20,972	18,038
	Mckesson Corp	Common stock	190	68,779	108,283
	Merck & Co Inc	Common stock	1,720	142,771	171,106
	Meta Platforms Inc	Common stock	520	156,594	304,465
	Micron Technology	Common stock	1,900	240,270	159,904
	Microsoft Corp	Common stock	1,710	134,965	720,765
	Modine Manufacturing	Common stock	586	26,118	67,935
	MTU Aero Engines Holding	Common stock	149	14,902	24,686
	Munich Re Group	Common stock	2,641	27,646	26,463
	Natewest Group PLC	Common stock	3,336	27,454	33,927
	Nestle S A	Common stock	477	49,012	38,971
	Netease Inc	Common stock	103	11,721	9,189
	Nextera Energy Inc	Common stock	1,900	116,762	136,211
	Nitori Hldgs Co LTD	Common stock	1,231	23,653	14,575
	Nomura Research Ind	Common stock	973	28,513	28,587
	Novo-Nordisk	Common stock	841	36,266	72,343
	NTNL Grid PLC	Common stock	328	22,521	19,490
	Nvidia Corp	Common stock	5,640	300,276	757,396
	Olema Pharmaceuticals Inc	Common stock	2,506	27,293	14,610
	Parker-Hannifin Corp	Common stock	330	60,021	209,890
	PDF Solutions Inc	Common stock	1,847	62,200	50,017
	Pinnacle Finl Partner	Common stock	593	28,816	67,833
	Powell Industries Inc	Common stock	292	50,252	64,722
	Preferred Bank LA	Common stock	750	58,660	64,785
	Pubmatic In.	Common stock	3,068	61,894	45,069
	Pultegroup Inc	Common stock	1,600	134,300	174,240
	Recruit Co Ltd	Common stock	2,699	21,019	37,705
	Reinsurance GP Amer	Common stock	1,030	163,174	220,039
	Repligen Corp	Common stock	468	73,347	67,364
	Relx Plc	Common stock	1,018	36,339	46,238
	Resturant Brands International	Common stock	2,800	217,759	182,504
	Rolls Royce Holdings	Common stock	6,032	33,292	42,913
	Rocket Pharmaceuticals I	Common stock	1,369	26,033	17,208
	Royal Caribbean Group	Common stock	800	137,216	184,552
	Royal Kpn Nv	Common stock	5,532	18,184	19,915
	Safran	Common stock	1,439	48,045	78,426
	Salesforce Inc	Common stock	700	147,321	234,031
	SAP SE	Common stock	453	83,267	111,533
	Schlumberger LTD	Common stock	4,950	214,206	189,783
	Semtech Corporation	Common stock	1,250	51,902	77,313
	Servicenow Inc	Common stock	230	181,879	243,828

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Shin Etsu Chemical Co	Common stock	1,511	19,862	24,962
	Shopify Inc	Common stock	172	5,820	18,289
	Sika AG	Common stock	1,237	30,585	29,181
	Simply Good Foods CO0050	Common stock	1,366	31,164	53,247
	SkyWest Inc	Common stock	695	54,408	69,590
	SM Energy Co	Common stock	1,308	51,492	50,698
	SMC Corp	Common stock	61	27,827	23,485
	Southstate Corp	Common stock	596	49,069	59,290
	Spotify Technology S A F	Common stock	20	9,051	8,948
	SPS Communications Inc	Common stock	329	58,728	60,533
	SPX Technologies Inc	Common stock	515	69,491	74,943
	Stifel Finl Co	Common stock	607	40,109	64,391
	Straumann Holdings AG	Common stock	1,121	8,561	13,956
	Suzuki Mtr Corporation	Common stock	468	20,607	21,074
	Synovus Finl Co	Common stock	1,179	43,294	60,400
	Sysco Corp	Common stock	2,800	202,551	214,088
	T-Mobile US Inc	Common stock	900	144,626	198,657
	Taiwan Semiconductor	Common stock	353	28,044	69,714
	TDK Corporation	Common stock	2,355	23,807	30,521
	Tencent Holdings	Common stock	517	27,245	27,494
	Terumo Corp	Common stock	662	11,444	12,909
	TFI International Inc	Common stock	184	11,051	24,857
	TG Therapeutics Inc	Common stock	1,463	19,219	44,036
	TJX Cos Inc New	Common stock	1,700	182,255	205,377
	Tokyo Electron Ltd	Common stock	297	31,844	22,421
	Totalenergies SE	Common stock	1,071	61,964	58,370
	Transmedics Group Inc	Common stock	860	71,326	53,621
	Uber Technologies Inc	Common stock	2,820	192,200	170,102
	Unicharm Corp	Common stock	1,692	12,121	6,819
	Unicredit Spa	Common stock	1,832	36,560	36,603
	Ultra Clean Holdings Inc	Common stock	1,917	74,189	68,916
	United Health Grp Inc	Common stock	390	197,168	197,280
	Veeco Instruments	Common stock	2,013	52,957	53,948
	Verint Systems Inc	Common stock	2,417	70,656	66,347
	Visa Inc	Common stock	700	152,125	221,228
	Walmart Inc	Common stock	1,560	109,931	140,946
	Weatherford Intl	Common stock	501	37,201	35,887
	Wells Fargo & Co	Common stock	3,400	149,763	238,816
	Wintrust Finl	Common stock	482	19,718	60,110
	Workday Inc	Common stock	890	168,774	229,647
	Total common stocks			12,516,668	17,591,420

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Fixed income				
	Corporate bond, preferred:				
	Abrdn Asset M 5.25% PFD	Corporate bond, preferred	2,621	71,222	56,779
	Aegon Funding Co 5.1% PFD	Corporate bond, preferred	2,447	62,609	49,674
	Arch Capital 5.45% PFD	Corporate bond, preferred	2,369	61,254	50,246
	AT&T 5.35% PFD	Corporate bond, preferred	2,750	74,178	67,128
	Axis Capital H 5.5% PFD	Corporate bond, preferred	2,424	62,815	49,692
	Bank of Amer 4.375% PFD	Corporate bond, preferred	2,444	61,027	47,462
	Brookfield B 4.625% PFD	Corporate bond, preferred	2,324	58,197	36,673
	Brunswick Corp 6.375% PFD	Corporate bond, preferred	2,286	60,309	55,756
	Carlyle Fin L. 4.625% PFD	Corporate bond, preferred	3,190	80,772	56,846
	Capital One FI 4.8% PFD	Corporate bond, preferred	2,615	58,534	47,881
	CMS Energy Cor 5.875% PFD	Corporate bond, preferred	2,226	61,937	51,487
	Cullen/Frost 4.45% PFD	Corporate bond, preferred	2,958	77,794	51,499
	DTE Energy Co 4.375% PFD	Corporate bond, preferred	3,098	81,787	56,817
	Federal Agri 4.875% PFD	Corporate bond, preferred	2,933	75,643	57,047
	Gabelli Equity T 5% PFD	Corporate bond, preferred	2,349	60,197	50,175
	Highland Opr 5.375% PFD	Corporate bond, preferred	2,709	71,188	44,699
	JPMorgan Cha 6% PFD	Corporate bond, preferred	2,215	58,697	56,350
	KKR Group Fin 4.265% PFD	Corporate bond, preferred	3,118	61,412	57,028
	Metlife Inc 5.625% PFD	Corporate bond, preferred	2,246	62,046	52,871
	Morgan Stanle 4.25% PFD	Corporate bond, preferred	3,040	75,988	55,966
	Nextera Energy 5.65% PFD	Corporate bond, preferred	2,223	62,172	51,574
	Ntnl Rural Utili 5.5% PFD	Corporate bond, preferred	2,276	60,925	51,733
	Northern Trust 4.7% PFD	Corporate bond, preferred	2,272	58,909	45,713
	Partnerre LT 4.875% PFD	Corporate bond, preferred	2,384	51,494	38,812
	Prudential Fin 4.125% PFD	Corporate bond, preferred	2,430	61,925	45,028
	Public Storag 5.05% PFD	Corporate bond, preferred	1,763	37,830	38,204
	Renaissancere 5.75% PFD	Corporate bond, preferred	3,060	80,971	68,575
	Rivernorth/D 4.375% PFD	Corporate bond, preferred	2,783	69,469	48,730
	The Allstate 5.1% PFD	Corporate bond, preferred	2,297	61,336	50,258
	The Hartford Fin 6% PFD	Corporate bond, preferred	2,215	58,864	55,309
	The Southern Co 4.2% PFD	Corporate bond, preferred	2,600	68,075	49,166
	Truist Finl C 4.75% PFD	Corporate bond, preferred	3,008	79,928	58,054
	U.S. Bancorp 5.5% PFD	Corporate bond, preferred	3,018	80,655	70,953
	Wells Fargo % 4.75% PFD	Corporate bond, preferred	2,657	69,503	54,203
	W. R. Berkley 4.125% PFD	Corporate bond, preferred	3,120	83,612	54,785
				2,323,274	1,833,173
	Total corporate bond, preferred				

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Fixed income, continued				
	Mortgage pools:				
	Federal NTNL MOR	Mortgage pool	65,000	64,326	58,926
	Federal Farm Credit Bank Corporat	Mortgage pool	235,000	234,663	234,148
	FNMA PL 733118	Mortgage pool	3,000,000	6,971	7,054
	FHLMC 847557	Mortgage pool	1,325,000	13,217	13,377
	FHLMC 847665	Mortgage pool	1,220,000	21,315	21,594
	Tennessee Valley Authority Govt	Mortgage pool	350,000	372,558	348,704
	Total mortgage pools			<u>713,050</u>	<u>683,803</u>
	U.S. government:				
		<u>Maturity date</u>	<u>Interest rate</u>		
	U.S. Treasury Note	2/15/2028	2.75%	75,000	77,159
	U.S. Treasury Note	5/15/2031	1.625%	300,000	258,560
	U.S. Treasury Note	2/15/2038	4.375%	400,000	470,277
	U.S. Treasury Note	8/15/2040	3.750%	400,000	450,119
	U.S. Treasury Note	8/15/2043	3.625%	550,000	500,214
	U.S. Treasury Note	8/15/2044	3.125%	300,000	241,316
	Total U.S. government			<u>1,997,645</u>	<u>1,772,625</u>
	Corporate bonds, other:				
		<u>Maturity date</u>	<u>Interest rate</u>		
	AMGEN INC.	5/1/2025	3.125%	250,000	239,203
	Baker Hughes HO	12/15/2027	3.337%	250,000	94,360
	BANK OF AMERICA C VAR 29	7/23/2029	4.271%	250,000	270,603
	BANK OF AMERICA C VAR 30	10/22/2030	2.884%	250,000	221,993
	Booking Holdings	3/15/2028	3.55%	400,000	265,014
	BOSTON PROPERTIES	12/1/2028	4.5%	250,000	430,947
	Citigroup Inc.	1/12/2026	3.7%	277,000	245,058
	Exelon Corp	4/15/2030	4.05%	250,000	250,642
	GOLDMAN SACHS IN	1/26/2027	3.85%	250,000	252,936
	HP INC.	6/17/2027	3%	250,000	257,910
	INGERSOLL RAND	11/15/2027	6.391%	250,000	282,244
	JPMORGAN CHASE & VAR	11/8/2032	2.545%	250,000	127,563
	Omnicom Group Inc	4/15/2026	3.6%	250,000	242,257
	PNC Bank Ntnl A	7/26/2028	4.05%	250,000	272,623
	VERIZON COMMUNI	2/8/2029	3.875%	250,000	270,173
	WISCONSIN POWER	9/1/2032	3.95%	250,000	97,620
	Total corporate bonds, other			<u>3,821,146</u>	<u>3,644,372</u>
	Total fixed income			<u>8,855,115</u>	<u>7,933,973</u>

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2024

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Real estate investment trusts				
	Agree Realty Corp	REIT	1,015	62,310	71,507
	GAMING & LEISURE PPT	REIT	2,800	130,034	134,848
	Iron Mtn Inc New	REIT	1,200	70,063	126,132
	Stag Industrial Inc	REIT	2,071	58,359	70,041
	Tanger Inc	REIT	2,357	<u>56,391</u>	<u>80,444</u>
	Total real estate investment trusts			<u>377,157</u>	<u>482,972</u>
	Total investments			<u>\$ 23,188,335</u>	<u>\$ 27,447,760</u>

* Represents a party-in-interest as defined by ERISA

Retirement Plan for Employees of McKenzie-Willamette Hospital
EIN: 93-0421470 PN: 001

2024 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

Existing Amortization Shortfall Bases

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		Number of Payments	Interest Rate	Number of Payments	Interest Rate	
2023	408,822	5	4.75%	9	4.87%	4,283,425
2022	(334,263)	5	4.75%	8	4.87%	(3,322,090)
2021	(71,182)	5	4.75%	7	4.87%	(667,216)
2020	609,219	5	4.75%	6	4.87%	5,349,352
Total Existing:	612,596					5,643,471

Current Year Amortization Shortfall Base

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		Number of Payments	Interest Rate	Number of Payments	Interest Rate	
2024	(114,018)	5	4.75%	10	4.87%	(1,253,213)
Total:	498,578					4,390,258