Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/01/2019

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MULTNOMAH BAR ASSOCIATION

620 SW 5TH AVE STE 1220
PORTLAND, OR 97204-1432

2b Employer Identification Number (EIN)
23-7315437

2c Plan Sponsor's telephone number
503-222-3275

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/01/2026	GUY WALDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	963
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	**6a(1)**	963
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	938
b	Retired or separated participants receiving benefits	**6b**	31
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	997
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 180145673

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

A Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
MULTNOMAH BAR ASSOCIATION

D Employer Identification Number (EIN)
23-7315437

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0438772	54941	10001777	1013	04/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	513726
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

A Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
MULTNOMAH BAR ASSOCIATION

D Employer Identification Number (EIN)
23-7315437

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

1 Coverage Information:

(a) Name of insurance carrier
PROVIDENCE HEALTH PLANS

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0863097	95005	100218/100219	944	04/01/2025	12/31/2025

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	5449193
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

A Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
MULTNOMAH BAR ASSOCIATION

D Employer Identification Number (EIN)
23-7315437

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
06-1227840	39616	03356975	593	04/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2093	0

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
2093			3

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	0		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	0		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**	40935		
(2) Increase (decrease) in claim reserves	**9b(2)**	0		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	40935
(4) Claims charged			**9b(4)**	0
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	0		
(B) Administrative service or other fees	**9c(1)(B)**	11782		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	0		
(E) Taxes	**9c(1)(E)**	0		
(F) Charges for risks or other contingencies	**9c(1)(F)**	0		
(G) Other retention charges	**9c(1)(G)**	0		
(H) Total retention			**9c(1)(H)**	11782
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	0
(3) Other reserves			**9d(3)**	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	0
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	53557
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

A Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
MULTNOMAH BAR ASSOCIATION

D Employer Identification Number (EIN)
23-7315437

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

1 Coverage Information:

(a) Name of insurance carrier
WILLAMETTE DENTAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1171647	57069	OR133	256	04/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	102020		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	0		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	102020
b Benefit charges (1) Claims paid	**9b(1)**	78069		
(2) Increase (decrease) in claim reserves	**9b(2)**	0		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	78069
(4) Claims charged			**9b(4)**	0
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	0		
(B) Administrative service or other fees	**9c(1)(B)**	10202		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	0		
(E) Taxes	**9c(1)(E)**	510		
(F) Charges for risks or other contingencies	**9c(1)(F)**	0		
(G) Other retention charges	**9c(1)(G)**	0		
(H) Total retention			**9c(1)(H)**	10712
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	0
(3) Other reserves			**9d(3)**	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	0
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

A Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
MULTNOMAH BAR ASSOCIATION

D Employer Identification Number (EIN)
23-7315437

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	1568	372	04/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2014613
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

Id	Name	Tax Id	ER % For EE	ER % For DP	ER Flat $ Cont.
2723-0	Denise L. Stern	93-1161281	50	0	0
2731-0	Elaine D. Smith-Koop	43-2116408	100	0	0
2740-0	Fitzwater Meyer Hollis & Marmion, LLP	93-0499133	100	0	0
2842-0	Michael B McCord	56-0824680	50	0	0
2902-0	Rod M. Jones, Attorney	93-0987581	50	0	0
2911-0	Sarah J Wolf	68-0496467	100	0	0
2958-0	William N. Gross, Lawyer	31-5464039	50	0	0
2982-0	Mark W Eves, PC	00-0000000	50	0	0
3017-0	Chock Barhoum	46-1920344	50	0	0
2659-0	Post Burgess LLC	39-3512876	50	0	0
2667-0	Columbia County Indigent Defense	20-4055635	100	0	0
2668-0	Arnold Law Office, LLC	38-3642048	50	0	445
2672-0	Albert J. Bannon	93-1304981	50	0	0
2673-0	Barbara J. Garland Law Ofc, PC	93-1269787	50	0	0
2679-0	J Randolph Pickett PC	93-0838159	50	0	0
2680-0	Bert P Krages II	00-0000000	50	0	0
2681-0	Jesse Neal Spencer Attorney at Law	82-3573034	100	0	0
2682-0	Bier Family Law	20-8247671	50	0	0
2684-0	Brad Middleton, PC	93-1215960	50	0	0
2686-0	Law Office of Frank Rote, III	93-0614144	50	0	0
2687-0	Brown Tarlow Bridges & Palmer, PC	93-0799979	50	0	0
2694-0	Carolyn W. Miller, PC	93-1319897	100	0	0
2695-0	Carson & Baker	93-0961894	100	0	0
2696-0	Cecil B. Strange	00-0000000	100	0	0
2700-0	Charles Robinowitz	93-0603322	100	0	0
2701-0	Chase Law, PC	81-4591236	50	0	0
2703-0	Christopher M. Clayhold	00-0000000	50	0	0
2708-0	Rupp Law, LLC	42-2522149	50	0	0
2709-0	Craig A. Nichols	83-1775231	100	0	0
2711-0	Elder Law Firm	83-0379420	100	0	0
2714-0	Daniel DeNorch	83-2824204	50	0	0
2718-0	Maggie Biondi	00-0000000	50	0	0
2720-0	David C. Landis	00-0000000	50	0	0
2729-0	Gorge Legacy Law, LLC	33-2568304	100	0	
2733-0	Ellen Adler, PC	36-4624998	100	0	0
2743-0	Gail Kuechle	00-0000000	50	0	0
2751-0	Gerald D Waite Sole Practitioner	55-6928656	100	100	0
2753-0	Glazer Maurer & Peterson PC	93-0861092	100	100	0
2757-0	Gregory Dolinajec	00-0000000	50	0	0
2762-0	Herb Weisser Attorney At Law	20-4014037	50	0	0
2763-0	Hobbs, Straus, Dean & Walker, LLP	52-1263904	100	0	0
2765-0	Hoffman Law LLC	00-0000000	100	0	0
2766-0	Hart Wagner	00-0000000	50	0	0
2767-0	Howard Russell Attorney at Law	20-0939078	50	0	0
2770-0	Jack R. Platten	57-0603124	50	0	0
2772-0	McVittie - Law PC	20-0521588	0	0	500
2775-0	James Cox	00-0000000	50	0	0
2777-0	Marvin Chorzempa & Larson PC	93-1031997	50	0	0
2778-0	James Oberholtzer, Chartered	00-0000000	100	0	0
2783-0	Jeffrey L. Kleinman	93-0872542	100	0	0
2789-0	John C. O'Brien	93-0751202	50	0	0
2791-0	John Lundeen / Attorney PC	36-4488402	50	0	0
2792-0	John J. Lutgens	91-1840637	50	0	0
2793-0	John H. Heald, PC	02-0675927	50	0	0

2795-0	Quach Family Law, PC	27-2340101	100	0	0
2799-0	Law Offices of Judy Snyder	93-0926515	0	0	500
2802-0	Karolyn H. March	00-0000000	50	0	0
2803-0	Kelley & Kelley	93-0700450	50	0	0
2807-0	Kryger Carlson PC	93-0750595	100	0	0
2810-0	Landerholm, PS	91-0888361	50	0	0
2814-0	The Larson Law Firm	75-3083464	50	0	0
2822-0	Linda J. Larkin	93-1321888	100	0	0
2823-0	Mable L. Hardebeck GM	00-0000000	50	0	0
2826-0	Nina Moon Law	87-1940520	100	0	0
2827-0	Mark Phillip Bronstein	93-1327307	50	0	0
2829-0	Mark M. Williams, PC	91-1847215	50	0	0
2835-0	McDowell Rackner & Gibson, PC	32-0173737	50	0	0
2836-0	McGaughey Erickson	47-4447248	100	0	0
2837-0	Mersereau Shannon LLP	93-1036465	50	0	0
2839-0	Patricia Fairchild	93-1001578	50	0	0
2846-0	Miller & Wagner	93-1282063	100	0	0
2847-0	Multnomah Bar Association	23-7315437	50	0	0
2848-0	Multnomah Law Library	93-0386871	50	0	0
2850-0	Neil T. Jorgenson	93-1065523	50	0	0
2852-0	Nelson & Nelson	93-0669446	100	0	0
2854-0	Northwest Law Services	45-3698975	50	0	0
2857-0	Oregon Law Center	93-1194564	100	0	0
2859-0	Professional Liability Fund	93-0845699	50	0	0
2860-0	Oregon State Bar	93-6001744	50	0	0
2865-0	J. Patrick O'Malley	26-1655888	50	0	0
2866-0	J. Michael Casey	00-0000000	50	0	0
2867-0	Paul S Bovarnick	93-0958329	100	0	0
2869-0	Paul Krueger Law Firm, PC	65-1315174	100	0	0
2871-0	Peter F. Stoloff, PC	93-0790923	100	0	0
2876-0	Merkel & Conner	88-4386062	100	0	0
2883-0	Boise Matthews LLP	93-0696835	100	0	0
2884-0	Raymond Kindley	46-2718179	50	0	0
2885-0	Raymond Bradley & Assoc	94-3075484	100	0	0
2889-0	Richard L Cowan, Attorney at Law	54-4528638	50	0	0
2892-0	Richard L. Grant, PC	20-4518380	50	0	0
2893-0	Richard M. Layne	93-1177855	100	100	0
2895-0	Law Office of Robert D Lowry LLC	93-1096659	50	0	0
2897-0	Robert Greening	00-0000000	50	0	0
2900-0	Robert K. Udziela	34-7346773	100	0	0
2901-0	Robeznieks Professional Corp.	93-1330762	50	0	0
2905-0	Rose Senders & Bovarnick, LLC	93-0958329	100	0	0
2906-0	Ronald D Murray PC	00-0000000	100	0	0
2913-0	Schroeder Law Offices, PC	93-1283865	50	0	0
2914-0	Schulte Anderson et al.	93-0805242	0	0	600
2915-0	Scott C Adams	35-2253995	100	0	0
2920-0	Shawn P. Ryan	91-1727288	50	0	0
2924-0	Local Government Law Group P.C.	26-3044932	50	0	0
2925-0	St. Andrew Legal Clinic	93-0739368	50	0	0
2929-0	Steven W Thayer, PS	91-1379786	50	0	0
2931-0	Susan Elizabeth Reese, LLC	46-5065220	50	0	0
2933-0	Suzanne Pike SH	00-0000000	50	0	0
2936-0	Thede Culpepper Moore Munro & Silliman, LLP	26-1225723	50	0	0
2939-0	Thomas Levak	00-0000000	50	0	0
2943-0	Timothy M. McNeil, PC	20-8073818	100	0	0

2944-0	Troutman Law Firm PC	47-2095236	100	0	0
2946-0	Dunn & Roy, PC	26-1500293	50	0	0
2951-0	Thomas K. Wolf, LLC	93-1268587	50	0	0
2952-0	Lew, Kelly & Price	93-0691419	100	0	0
2955-0	William A. Birdwell	00-0000000	50	0	0
2963-0	Zbinden & Curtis	93-0954053	50	0	0
2969-0	Delta Counsel, PC	93-1287889	50	0	0
2970-0	Zeman-Mullen & Ford LLP	27-4471588	50	0	0
2971-0	Hodgkinson Street Mepham, LLC	26-3856811	50	0	0
2975-0	Kathy Streed, PC	26-4725381	50	0	0
2977-0	Law Office of Karl G Anuta PC	26-1488415	100	0	0
2981-0	Kaempf Law Firm, PC	45-4447760	50	0	0
2985-0	Tomasi Bragar DuBay PC	45-5350262	100	0	0
2988-0	Anderson Hansell PC	93-0790084	50	0	0
2989-0	Creighton & Rose PC	00-0000000	50	0	0
2991-0	Lisa Short	46-1046412	50	0	0
2992-0	Greenen & Greenen, PLLC	91-1746793	50	0	0
2993-0	Perkins Law Office, LLC	27-3210146	100	0	0
2996-0	Mark Golding, LLC	12-4382081	50	0	0
2997-0	Hollander Lebenbaum & Patrick Attorneys at Law	93-0903762	100	0	0
2998-0	Jonathan D Mishkin, PC	45-5329745	100	0	0
3000-0	Andrew M Cole	45-2582680	50	0	0
3002-0	Bannon Law LLC.	00-0000000	50	0	0
3008-0	Shelley A Lorenzen	53-2482916	50	0	0
3009-0	Joseph L. Reinhart, P.C.	93-1162118	100	100	0
3014-0	PRH Labor Law	46-3270966	100	100	0
3015-0	David Schlachter	45-4855523	50	0	0
3020-0	Jonathan A Clark PC	71-1018056	50	0	0
3024-0	Snk, LLC	47-5459414	50	0	0
3025-0	Gregory Caldwell	54-1943376	50	0	0
3050-0	Compass IP Law	46-4093602	100	0	0
3244-0	Sali Robb, LLC	99-3798262	100	0	0
3264-0	Mayor Law, LLC	46-4152293	100	0	0
3275-0	Susan C. Moffet, Attorney at Law, PC	81-2906992	50	0	0
3296-0	Law Offices of Jodie Anne Phillips Polich, P.C.	56-2407659	50	0	0
3297-0	The Newton Law Firm, P.C.	93-1135770	100	100	0
3644-0	Melinda B. Wilde LLC	54-1766146	50	0	0
3668-0	Paul R. Gary & Associates	93-1136822	100	0	0
3676-0	Therese L. Rogers	53-2702970	50	0	0
3692-0	Sanger Law PC	46-5692371	100	100	0
3698-0	Clark Law & Associates, LLC	81-0980558	50	0	0
3732-0	Wise Cat LLC	82-1702676	100	100	0
3733-0	Hathaway Larson	45-2686973	50	0	0
3768-0	Alterman Law Group PC	82-2063732	100	0	0
3938-0	Law Office of Randall J. Wolfe, PC	91-1221019	50	0	0
3939-0	Barbur Law Office, LLC	46-5659192	0	0	370
3937-0	Fenrich & Gallagher, P.C.	90-0672619	100	100	0
3999-0	Anfuso Law PC	46-2685661	100	100	0
4001-0	Brix Law, LLP	47-4273950	100	0	0
4003-0	Roy Law	27-3001551	50	0	475
4010-0	Lam Law Office PC	45-4567267	100	100	0
4013-0	Olson Brooksby PC	46-1593803	50	0	0
4015-0	Matthew Sutton Attorney at Law	20-2224107	100	100	0
4021-0	Albies & Stark LLC	81-4601563	100	0	0
4056-0	Jurva Martin, PC	45-2764308	100	100	0

4057-0	Elliott, Riquelme and Wilson, LLP	93-1261931	50	0	0
4061-0	McNeil & Goldstein, LLC	20-0150434	100	100	0
4224-0	Erin Robinson, Attorney at Law	45-5543530	100	0	0
4297-0	Easley Family Law	82-2358456	50	0	0
4388-0	Duvall Law Office, P.C.	26-0406920	100	100	0
4389-0	Andersen & Linthorst P.C.	93-1217442	50	0	0
4395-0	Todd R. Worthley, Attorney at Law	20-0362227	50	0	0
4396-0	Wasley Law Office, PC	93-1279413	100	0	0
4393-0	Daniel M. Galpern, LLC	91-1375088	100	100	0
4394-0	Public Safety Labor Group, PC	81-1637338	100	0	0
4397-0	Jason Broesder, Attorney at Law, LLC	20-2884170	100	0	0
4398-0	Edward J. Hill, AAL	57-1224569	100	0	0
4399-0	Idiart Law Group, LLC	41-2158170	100	0	0
4401-0	Timmons Law Firm	30-0384808	90	50	0
4410-0	Lawrence Law Firm, Inc.	81-1721625	60	0	0
4430-0	JJH Law, P.C.	61-1647501	100	0	0
4431-0	Law Office of Anna P. Sammons	83-2236177	50	0	0
4432-0	Jaques Sharp, Attorneys at Law	93-1031959	80	0	0
4435-0	Ross Law LLC	45-4059466	100	0	0
4439-0	Muntz and Ghio, LLC	80-0518593	100	0	0
4441-0	Law Office of Steve Seal, LLC	46-4007024	50	0	0
4445-0	Tuthill & Johnson, LLC	82-3851744	100	0	0
4446-0	Buchanan Schmid LLC	27-2757467	100	0	0
4447-0	Soofi Law Office, LLC	27-2386094	100	0	0
4470-0	Elevate Law Group	93-1194657	0	0	700
4473-0	Law Office of A. Vada Camacho, LLC	81-3352123	100	100	0
4475-0	Eaton Family Law & Mediation, LLC	47-3151778	100	0	0
4476-0	Evergreen Legal Services, LLC	82-3127245	75	0	0
4477-0	Tom Hoyt Attorney PC	90-0403469	100	0	0
4483-0	Law Office of Bruce Nishioka PC	20-2754159	100	0	0
4488-0	Gari Lynn Lovejoy, Attorney at Law	46-5300216	50	0	0
4489-0	MGM Law Firm LLC	81-3079163	100	100	0
4490-0	Wildwood Law Group LLC	84-2297998	50	0	0
4511-0	McDermott Weaver Connelly Clifford, LLP	86-3539666	100	0	0
4512-0	Willamette NW Law Firm, LLC	81-4753273	50	0	0
4516-0	Fitch and Neary, PC	83-2653845	0	0	450
4517-0	Capitol Legal Services, LLC	92-3747794	0	0	250
4520-0	Hoevet Olson, PC	93-0835221	0	0	499
4524-0	Thomas Melville, PC	93-1307224	100	0	0
4529-0	Good Advice Law LLC	88-3910041	100	0	0
4530-0	Levelle Law LLC	83-2151931	50	0	0
4536-0	Willamette Valley Law Group	81-5250105	0	0	191
4538-0	Matthew C. Ellis PC	82-3094318	0	0	400
4544-0	Crawley LLP	46-4608525	50	50	0
4545-0	Barry W. Engle	47-2764956	100	100	0
4546-0	Jorgensen Legal, P.C.	82-4330293	100	50	0
4549-0	Law Office of Jimmy Namgyal LLC	81-0810069	50	0	0
4552-0	Oregon Health Justice Center	82-4500118	0	0	833
4559-0	Marchitto Law	87-4069217	100	50	0
4560-0	Cooper Whitman LLC	92-2412109	100	100	0
4566-0	The Commons Law Center	81-2672973	0	0	445
4568-0	Brouhard & Gouge, LLC	86-2280470	85	0	85
4571-0	Oregon Legal Center	92-2918136	100	50	0
4574-0	Casey Law	85-0907865	0	0	50
4575-0	Scott G. Bassinger, P.C.	93-1187594	100	0	0

4576-0	Pebworth Ellingson	88-4415166	100	100	0
4579-0	Stark and Hammack, PC	93-1044059	50	0	0
4584-0	Jordan Law PC	27-1178368	80	0	0
4588-0	Coast Land Law, LLC	86-1449717	100	0	0
4589-0	Mandekor Law Firm, PC	99-2581376	100	100	0
4590-0	Montoya Law, LLC	92-3886652	0	0	500
4591-0	Fair Play Legal Services, LLC	99-2942412	100	0	0
4563-0	Klein Munsinger	82-2097555	50	0	0
4598-0	Mockingbird Legal	99-4146871	100	0	0
4601-0	Landlord Tenant Law of Portland	82-4430350	100	0	0
4599-0	Allegiant Law LLP	82-2223337	100	0	0
4604-0	Philpott Law, LLC	33-2355534	100	0	
4607-0	Gardner & Gardner, Attorneys, P.C.	93-1260716	100	0	
4608-0	Law Office of Benjamin Kim, LLC	61-5035110			518
4612-0	Elizabeth Savage Law, LLC	88-1496793			486

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/31/2025

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☒ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MULTNOMAH BAR ASSOCIATION GROUP INSURANCE PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/01/2019

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

MULTNOMAH BAR ASSOCIATION

620 SW 5TH AVE STE 1220

PORTLAND OR 97204-1432

2b Employer Identification Number (EIN) 23-7315437

2c Plan Sponsor's telephone number 503-222-3275

2d Business code (see instructions) 541110

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

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

SIGN HERE	Guy Walden	4/1/26	GUY WALDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE