

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
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 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 BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2014
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) BEND CHAMBER OF COMMERCE 1567 SW CHANDLER AVENUE, #204 SUITE 200 BEND, OR 97702
2b	Employer Identification Number (EIN) 46-7276669
2c	Plan Sponsor's telephone number 541-382-3221
2d	Business code (see instructions) 813000

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.	07/02/2026	SARA OLDENDAHL
	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 ☒ 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 3497
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) 3497 6a(2) 3243 6b 0 6c 0 6d 3243 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 0

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) ☒ 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 2
- (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.) ☒ 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 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 176856206

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
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE	D Employer Identification Number (EIN) 46-7276669	

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.
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1 Coverage Information:

(a) Name of insurance carrier PROVIDENCE HEALTH PLAN					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0863097	95005	620XXX	4932	01/01/2025	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 2039693	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid UNKNOWN UNKNOWN BEND, OR 97703
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1313527	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid JOHNSON BENEFIT PLANNING 550 NW FRANKLIN AVENUE, SUITE 378 BEND, OR 97703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
726166	0		3

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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)	
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)	
(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)	
(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	36303211
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

DID NOT PROVIDE THE NAME AND ADDRESS FOR THE AGENT/BROKER.

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
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE	D Employer Identification Number (EIN) 46-7276669	

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.
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1 Coverage Information:

(a) Name of insurance carrier OREGON DENTAL SERVICE					
(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	100000072	2556	01/01/2025	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 98121	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNKNOWN UNKNOWN BEND, OR 97703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77966	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CASCADE EAST BENEFITS, INC. 777 NW WALL STREET, SUITE 100 BEND, OR 97701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20155	0		3

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

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

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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)	
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)	
(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)	
(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	1416952
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

DID NOT PROVIDE THE NAME AND ADDRESS FOR THE AGENT/BROKER.

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
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 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 BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2014
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) BEND CHAMBER OF COMMERCE 1567 SW CHANDLER AVENUE, #204 SUITE 200 BEND, OR 97702
2b	Employer Identification Number (EIN) 46-7276669
2c	Plan Sponsor's telephone number 541-382-3221
2d	Business code (see instructions) 813000

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	Signed by: Sara Odendahl C11137D515A04F8...	7/2/2026	Sara Odendahl
	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 ☒ 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 3497
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) 3497 6a(2) 3243 6b 0 6c 0 6d 3243 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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) ☒ 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☐ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (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)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☒ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 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 000176856206

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Callan Accounting Services CPA LLC	931318784
BCOC Oregon Natural Desert Association Inc	943098621
BCOC Bend Chamber of Commerce Office	930331932
BCOC Growing Tree Childrens Center	930731192
BCOC H P Group Inc	930837633
BCOC Vision Wealth Management	462959917
BCOC NW Farm Supply Inc	931160454
BCOC Tokatee Golf Club	931145504
BCOC Dickey and Tremper LLP	200350998
BCOC Oregon Trail Livestock Supply Inc	911834748
BCOC LB Engineering Inc	911786228
BCOC Credits Inc	930558721
BCOC High Desert Museum	510179336
BCOC Steele Associates Architects LLC	931259090
BCOC JFFS Inc dba Haven Homes	364762660
BCOC Redmond Chamber of Commerce	930329561
BCOC DB Western Inc	930791560
BCOC Southern Oregon Visitor Association	930867777
BCOC SFF Presents	931208756
BCOC FPW Media	465668962
BCOC Johnson Benefit Group	273706482
BCOC Howard Insurance Inc	472363303
BCOC Simpson Direct Inc	262701222
BCOC Dano Enterprise LLC	263240435
BCOC Cove Palisades Resort & Marina	923678946
BCOC Dynamic Computer Consulting	272795825
BCOC Tower Theatre Foundation Inc	911829147
BCOC Irie-AT Inc	453867074
BCOC Broken Top Community Association Inc	931097705
BCOC Economic Development for Central Oregon	930796784
BCOC Howards Pharmacy Inc	930992989
BCOC Table 28 Inc	200845322
BCOC Valley Animal Hospital LLC	270018765
BCOC Central Oregon Visitors Association	930637017
BCOC Skeies Jewelers	930646303
BCOC Crooked River Ranch Club & Mtnc Assoc	237274735
BCOC Watchdog Security	721527122
BCOC Color Tile Plus LLC	822071755
BCOC Land Title Company of Grant County Inc	930871086
BCOC Prineville-Crook County Chamber of Commerce	930329226

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Q Group Inc	264247957
BCOC Curry County Title Inc	930824212
BCOC Powder House	930948501
BCOC Isler Medford LLC	204749363
BCOC Boneyard Pub LLC	813784151
BCOC Four Paws Wellness Center	993133274
BCOC Curious Minds LLC	821721289
BCOC Pine Street Rentals Inc	208892389
BCOC Katahdin Financial Group	820912055
BCOC Grand Management Services Inc	911850078
BCOC Rivers Edge Academy Charter School	274821123
BCOC Sisters Veterinary Clinic	460483806
BCOC Pioneer Veterinary Hospital	931010440
BCOC Disabled Sports USA	260076749
BCOC Intermountain Public Defenders Inc	931150634
BCOC JTI Supply Inc	260790245
BCOC Ashbrook Independent School	931131186
BCOC Insure Pacific	261405603
BCOC Northwest Veterinary Reproductive Srvcs	823777054
BCOC Storm Water Services Inc	352542192
BCOC Marys River Watershed Council	931314764
BCOC Long Timber Brewing Company	813358323
BCOC Civil West Engineering Services Inc	262914006
BCOC Rogue Valley Country Club	930370933
BCOC The Lighthouse School	931311037
BCOC Wilsons of Redmond	942545165
BCOC Coburg Community Charter School	203435655
BCOC Macie Dog Corp	274512637
BCOC Builders Bargain Center	371589454
BCOC Spectrum Strategic Capital Management LLC	931325263
BCOC Bennys Pizza Joint LLC	813005849
BCOC Davis Computer Services Inc	911826603
BCOC Lewis Home Source Inc	931171238
BCOC Pinnacle Architecture Inc	371453386
BCOC Intertech Inc	930972525
BCOC Commute Options for Central Oregon	931330126
BCOC Fields Home Center	830734516
BCOC Koselig Shoppe	843703900
BCOC Westside Pharmacy Inc	464899989
BCOC Brickhouse Bend LLC	273558486

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC S & P Financial	464953378
BCOC The Dalles Area Chamber of Commerce	930321889
BCOC Lord Cheatham Inc	844280586
BCOC Robinette Ventures LLC	844002863
BCOC Effectual Inc	823082582
BCOC Cascade School of Music	030409118
BCOC Randle Bros Developing LLC	814688611
BCOC Oregon Wholesale Hardware Inc	930663433
BCOC R Walker Insurance Agency Inc	813050905
BCOC Oak Knoll Inc	364565814
BCOC Mid Oregon Personnel Services Inc	930903486
BCOC Mt Bachelor Sports Education Foundation	930846112
BCOC Desert Spring Bottled Water Co LLC	943334394
BCOC Dave Keyte Trading LLC	461220623
BCOC Bend Party Rentals	273111645
BCOC Awbrey Glen Operations Inc	934198345
BCOC Halpern Law Group PC	463633165
BCOC SW OR Public Defender Services Inc	930821211
BCOC The Pretty Pussycat LLC	931279317
BCOC Cascade Rack LLC	463425274
BCOC Robert Axle Project LLC	462858307
BCOC Mt Ashland Association	931090285
BCOC Mountain View Animal Hospital	812962384
BCOC I & J Carpets Inc	930646435
BCOC Plateau Veterinary Hospital	853700255
BCOC Auerbach Recreations Corp	201899394
BCOC Riverside Veterinary Clinic LLC	043825737
BCOC Elevation Capital Advisory LLC	465734381
BCOC High Desert Food & Farm Alliance	454422108
BCOC Chinook Sailing Products	911423284
BCOC Western Collegiate Consulting	475435560
BCOC Water Wonderland Improvement District	930845487
BCOC Blake Ettestad Insurance Agency Inc	821782379
BCOC Podski ? LLC	934246446
BCOC Project Bike LLC	821486931
BCOC Clay Trenz Financial Services	452051235
BCOC Bend Lock & Safe	931160406
BCOC Ski Inn LLC	832164978
BCOC AME High Inc	474867072
BCOC Ashland General Hardware	273708723

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Waldorf School of Bend	931217269
BCOC Waddell Electric Motor Service LLC	853411131
BCOC Kuzyn Logistics LLC	843993546
BCOC The Story Ashland	821165558
BCOC Riley Wigle CPAs LLC	472556572
BCOC Olson Insurance Group LLC	460894002
BCOC Cascade Peaks Accounting and Technology LLC	851919116
BCOC Costello Law Office PC	821950747
BCOC SGI LLC	861360666
BCOC Strictly Organic Coffee Company	753123257
BCOC Elmm Enterprises LLC	861305780
BCOC Meraki Non Emergency Transport LLC	822040305
BCOC Somewhere Thats Green LLC	851284377
BCOC Solera Consulting LLC	824879592
BCOC HighTideLowTide	880546830
BCOC Flagline Engineering LLC	833600394
BCOC Boss Sports Performance	471329836
BCOC Just One Bite LLC	874617938
BCOC Desert Lanes Restaurant & Lounge Inc	930872372
BCOC JB King Enterprises	882485325
BCOC T Hat dba Bend Shoe Company	931261233
BCOC Springfield Area Chamber of Commerce	930286205
BCOC Presentation Design Group LLC	930809855
BCOC McKenzie Mist	931193746
BCOC Eugene CPA Offices LLC	263419569
BCOC Northwest Media Inc	930907119
BCOC The Dyer Partnership Engineers & Planners Inc	931130649
BCOC Molina Law Group LLC	811686477
BCOC Filmpac LLC	822878725
BCOC Partnerships for Academically Creative Teaching	475521136
BCOC API Inc	930605375
BCOC Precision Measurements & Instruments Corp	931051581
BCOC Shadow Hills Country Club Inc	936025081
BCOC Branch Engineering Inc	931260517
BCOC Bergeson-Boese & Associates Inc	930991547
BCOC Farmworker Housing Development Corporation	931055994
BCOC Eugene Emeralds Baseball Club Inc	840718891
BCOC Reclin-Or Inc	931188121
BCOC CDA Enterprises Inc	930744647
BCOC Smart Living Learning & Earning with Autism	472290922

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Public Defender Services of Lane County Inc	930684495
BCOC Lane County Brewing LLC	474621481
BCOC Skip Tracer Trucking Corporation	931248073
BCOC United ACA Solutions LLC	871336452
BCOC Julian Sinclair Wine & Cider LLC	473636097
BCOC Gilbert Center LLC	822091833
BCOC Sunnyside Sports	930740371
BCOC Diamond K Sales LLC	850549586
BCOC Moementum, Inc.	254150001
BCOC The Law Office of Angela Lee PC	271542068
BCOC Mark Jones Trucking Inc	870711922
BCOC Cascade Pacific RCD Inc	930722979
BCOC Design Bar LLC	844213574
BCOC Cascade Summit Insurance of OR Inc	455393247
BCOC Hat Trick Growers LLC	810829885
BCOC JnJ Ranch Company LLC	813670839
BCOC Otis Gardens Inc	471412456
BCOC ProCFO LLC	203264573
BCOC Platt Equipment	451607738
BCOC Lawless Dbros	331081557
BCOC Martinen LLC dba Bancorp Insurance	852954380
BCOC RAS Operating Co Inc	931030676
BCOC Webedone Inc dba Abbase Well Drilling & Pump Service	930916752
BCOC Cannon Beach Conference Center	936002704
BCOC Trampoline Zone LLC	811271132
BCOC Riverside Animal Hospital Inc	473125886
BCOC Reed & Associates	911878492
BCOC Jimmy Hill Jr Trucking LLC	592597813
BCOC Alvord Ranch	820305850
BCOC Health Insurance Strategies	711027208
BCOC The Montessori Center Inc	352176119
BCOC Silver Creek Animal Clinic	844147306
BCOC Appliances and More LLC	815199660
BCOC iCashe Inc	852517316
BCOC Westlake Consultants Inc	930846883
BCOC Denco Design Inc	821178594
BCOC Creative Signs LLC	300619618
BCOC Pioneer Herbs LLC	825348504
BCOC Hillcrest Memorial Park	930201420
BCOC Hemlock Tax Inc	331743274

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC True Gorge Artisans dba True Gorge Stoves and Spas	274678714
BCOC The Lumberyard	820848517
BCOC Encore Home Furnishings LLC	260608720
BCOC Immersion Brewing	471281755
BCOC Ellen Yin Media LLC	833158880
BCOC Hempies West LLC	471597004
BCOC Harfst and Associates Inc	900534269
BCOC All Star Labor & Staffing Inc	264703795
BCOC Haskett Williams Law Group	882435682
BCOC Premier Retirement Services Inc	931327877
BCOC Brightside Animal Center	930976110
BCOC Coachwell	453855720
BCOC Shapiro Didway LLC	261107766
BCOC Grass Roots Marketing	461085483
BCOC Oregon Family School	830799650
BCOC Sports Management Worldwide	453727492
BCOC Thump Coffee	473772182
BCOC Hood River County Library District	458066936
BCOC Eleven Software Inc	753015461
BCOC TNT Sports Mem	832045318
BCOC Sunriver Brewing Co	454590956
BCOC Collective Pallet	844126477
BCOC Jones Stohosky Environmental Lab	900002027
BCOC Lulay Financial LLC	461328369
BCOC Northstar Veterinary Surgery	874312436
BCOC Wilcox Arredondo & Co	931303013
BCOC Cascades Academy of Central Oregon Inc	412086942
BCOC Main Building Supply Inc	930697480
BCOC Becker Capital Management	930663104
BCOC Oregon Marketing Group	452688881
BCOC Interior Office Concepts Inc	202070551
BCOC North Inc	931057590
BCOC H&R Restaurants-Oregon LLC	453601890
BCOC Pacific Four Sales Associates	930577996
BCOC Business Mentors Inc	931242895
BCOC Arbor South Architecture	930991233
BCOC Hinchcliff Inc	208820766
BCOC Jared Virtue LLC	821723684
BCOC Tankersley & Wright LLC	464342769
BCOC The Dalles Country Club	930151638

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Twenty Four 7 Inc	931202893
BCOC Portland Housing Center	931111589
BCOC Allen Creek Veterinary Hospital PC	931234831
BCOC Cauble Furr & Beguin LLP	272035569
BCOC Tent Engineering LLC	834757156
BCOC Southern Oregon Public Defenders	930892794
BCOC Kate Darden Interior Design	832520437
BCOC Endex Inc	930757930
BCOC Terrebonne Veterinary Clinic	872812468
BCOC Central Oregon Trail Alliance	911827339
BCOC Russell Law Group LLC	843521774
BCOC Neilson Research Corporation	930853827
BCOC Downtown Athletic Club	930848098
BCOC West Hills Animal Hospital Inc	474769826
BCOC Oregon Forest Industries Council	911776964
BCOC Crow's Shadow Institute of the Arts	931120037
BCOC Western Christian School	930463599
BCOC GTG Financial Inc	815136084
BCOC Innovative Benefits Groups	931262796
BCOC The Sign Dude	931298689
BCOC Grants Pass Equipment Rental	470847139
BCOC J&S Drain Services	880965248
BCOC Element Design Collective LLC	872726186
BCOC Public Affairs Counsel	930674392
BCOC Smartz	680493050
BCOC The Open Door	465739108
BCOC Waardenburg Insurance Agency Inc	844130597
BCOC All-Quip Transportation Services LLC	472104499
BCOC Jessica Anderson Insurance Agency Inc	834509631
BCOC Elizabeth Todd Inc	824495456
BCOC Paradigm Ecom and Digital Services LLC	882175339
BCOC Neathamer Surveying	911764777
BCOC Sundowner Capital Management	931288799
BCOC Rogue Solutions Accounting	371867313
BCOC Visibiledi Inc	453681943
BCOC Bend Brewing Co	931127364
BCOC Wooldridge Creek Winery	200950444
BCOC Central Pipe Mechanix	273231263
BCOC E L Edwards Realty II Inc	261381082
BCOC Forest Glen Repair LLC	831886941

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Samuels Yoelin Kantor LLP	930516558
BCOC E B Effects & Design	342021607
BCOC Audio Visions Plus	990689848
BCOC Sasquatch Advertising Inc	931197493
BCOC KinTechnology Inc	680641443
BCOC Floors to Go	204452124
BCOC Green T Climate Software Inc	934230400
BCOC WyEast Mountain Academy Inc	842891461
BCOC Root Mortgage	813138853
BCOC Cendix	203936914
BCOC Sheppard Wealth Management LLC	471100059
BCOC Sunriver Sports	931302398
BCOC Hummingbird Wholesale	562391913
BCOC Brown Tarlow Bridges & Palmer PC	930799979
BCOC Abiqua School Foundation	931109798
BCOC Sporting Collectibles by Wards Auctions Inc	931250906
BCOC C & J Super Service Inc	931072678
BCOC Sixtop Restaurant Group	831563548
BCOC Family Justice Center of Washington County	474687471
BCOC Abiqua Animal Clinic	814817841
BCOC Response to Nature Inc	931299724
BCOC Tillamook County Pioneer Museum	943037898
BCOC Audio Visual Bend	470977414
BCOC Auto Body Concepts	931193164
BCOC FM Civic	830883240
BCOC Americas Best Kids Inc	202933252
BCOC Omega Funeral & Cremation Service	931023274
BCOC K-3 Ranches Inc	453672208
BCOC MSB Group LLC	843040093
BCOC Woodland & Woodland CPAs PC	203829060
BCOC Kachka LLC	462348605
BCOC New Day Senior Living LLC	871194041
BCOC Fleet Sales West LLC	931287367
BCOC Jake Larson Insurance	880662628
BCOC Andrew Physical Therapy	262769150
BCOC Coos Bay-North Bend-Charleston Visitor & Convention Bureau	931241434
BCOC Simpson Auto Group	861201439
BCOC The Human Bean	900006556
BCOC Bellagio's Pizza	931186516
BCOC Black Helterline	930429749

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Integrity Senior Living Advisors LLC	923704451
BCOC Resource One Inc	911850998
BCOC CRC Inc	931115123
BCOC Agricultural Drainage Corporation	930864695
BCOC Law Office of Caroline Moore LLC	823191550
BCOC Solena Cellars	432070139
BCOC Business Development and Beyond Inc	460514109
BCOC Jefferson IT LLC	203818997
BCOC Frascone & Frascone dba K Insurance Group	812298617
BCOC Forbes Seed & Grain Inc	930694662
BCOC Emberex Inc	208480542
BCOC GH Surveying LLC	272515204
BCOC Buller Wuite Olsson & Rosenberg PC	931159270
BCOC Bob Hart Insurance Inc	930519035
BCOC Oregon Ministry Network	930419353
BCOC Calyx CPA LLC	842479880
BCOC Third River Marketing	272876853
BCOC Shred Northwest	814482368
BCOC A&M Supply Inc	930872945
BCOC Think Wild	462360867
BCOC JDT Inc	900953152
BCOC 4est Inc	881960917
BCOC Betst LLC	204696805
BCOC Hardie Ranches	208936142
BCOC Mueggenburg USA	810717268
BCOC RF Associates LLC	261445081
BCOC Vale Veterinary Clinic	273438185
BCOC Access the Law	274383273
BCOC 5 O'Clock Marketing Group	273052133
BCOC DB Roseburg	901121031
BCOC Read-Bentz dba Gustafson Insurance Agency	930580893
BCOC Roth Hay Farms Inc	931230433
BCOC Engles Furniture	930716626
BCOC Marr Bros Inc	931199457
BCOC Ben VanDyke Farms	244368781
BCOC Budget Blinds of Eugene and Springfield	830798222
BCOC Baxter Sports Camps	474911672
BCOC McDonald Jacobs PC	930900579
BCOC Redtail Golf LLC	510430615
BCOC Oregon Media LLC	810833288

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Abbey Carpet Care	822083019
BCOC Marie Watt Studio	274633819
BCOC Graybeal Group Inc	931059918
BCOC CSO Financial Inc	930607577
BCOC Office Technologies Inc	473075353
BCOC Clear Trail CPA	992302168
BCOC Precision Viticulture LLC	553799343
BCOC Ekklesia Eugene	261790098
BCOC Baseballism Inc	208494852
BCOC KOGAP Enterprises Inc	930423007
BCOC Oakhurst Thoroughbreds dba Oakhurst Equine Veterinary Ser	930740798
BCOC Liquid Technologies LLC DBA River Wild Boats	611475187
BCOC Eugene Science Center Inc	930688763
BCOC Twenty Ideas Inc	471287287
BCOC Organic Milk Exchange LLC	261416325
BCOC Lan Su Chinese Garden	931296840
BCOC Roberts Coffee	900284451
BCOC The Cichlid Exchange Inc	710951543
BCOC Cummins Goodman Denley and Vickers PC	930821326
BCOC Chehalem Cultural Center	203569580
BCOC Ash Creek Animal Clinic	260039018
BCOC Comtaylor LLC dba The Little Gym	834609411
BCOC Integration Engineers	814978729
BCOC Beanstalk LLC	454237502
BCOC Next Step Club Solutions LLC	842676025
BCOC Firehouse Subs	462847887
BCOC Thenell Law Group PC	454378288
BCOC Lyons Lederer LLC	462833688
BCOC RPA Cycling	921164328
BCOC Three Pines Wealth Advisors	99-0729178
BCOC BOMA Oregon	930255950
BCOC Stride Canine Rehabilitation & Fitness Center LLC	820917822
BCOC The Race Place	911837706
BCOC Bryant Emerson LLC	453850479
BCOC Public Defender of Marion County	205797920
BCOC Scoopflow Studios	544219596
BCOC RM Cook Farm	930847806
BCOC Fix Auto The Dalles	260019032
BCOC PNDC	203180915
BCOC MacKenzie Golf Bags	472519434

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC Ben Search State Farm Inc	843824919
BCOC Oceanlake Veterinary Clinic	800636117
BCOC Perrys Supply	332278031
BCOC CRC Inc	931115123
BCOC AccuShoot Inc	852715948
BCOC Oregon Coast Visitors Association	911826399
BCOC Empower Coaching and Training LLC	464264504
BCOC Beergarden Bros LLC	472243364
BCOC Pet Evolution of Lake Oswego	934332224
BCOC Blue Anchor Wealth Advisors LLC	844720091
BCOC Oregon Insurance Company LLC	473546294
BCOC A Pet Loft	991727607
BCOC Northwest Logging Supply	930621758
BCOC Tillamook Early Learning Center (TELC)	930885266
BCOC Space LLC	931259370
BCOC Big Tuna Enterprises dba High Desert Blinds	882117012
BCOC Salem Reporter LLC	830832895
BCOC Fellner & Kuhn LLP	455284006
BCOC The Meating Place	274621080
BCOC Service Express LLC	273025571
BCOC XS Specialty LLC	261216415
BCOC Northwest Defense Contracting	862719228
BCOC Bend International School	931331681
BCOC Lonestar Transport LLC	850515649
BCOC New Beginnings Exercise Inc	883710760
BCOC C & E Holdings Inc	274670815
BCOC Deschutes River Conservancy	911748485
BCOC Cinco Design Office Inc	472862569
BCOC Oregon Coast Integrated Solutions DBA Iconipro	820984748
BCOC Summit Beverage of Oregon Inc	823699370
BCOC Retail Dimensions Inc	582680906
BCOC Dallas Community School	464934402
BCOC Riverside Golf and Country Club	930266117
BCOC Espousal Strategies LLC	833318470
BCOC Cobalt Consulting Group LLC	874674282
BCOC Continental Marketing	930903517
BCOC MBT Marketing Communications Inc	300051871
BCOC Precision Electric Contractors	931313954
BCOC Mountain Alloys	930969764
BCOC Grants Pass Golf Club	930360722

Account Name	Tax ID (EIN)
Business and Professional Trust	
BCOC BK Reilly & Co dba The Pool and Spa House	931285332
BCOC Corvallis Montessori Society	930562020
BCOC Brophy Schmor LLP	930403843
BCOC Portland Compressor Inc	930859566