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 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.)
- [X] 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. . . . . ▶ [X]

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
RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
CASCADE HEALTH

2650 SUZANNE WAY, STE 200
EUGENE, OR 97408

2b Employer Identification Number (EIN)
93-0421470

2c Plan Sponsor's telephone number
541-228-3000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	TRAVIS BROOKE
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	356
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)**	82
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	81
b	Retired or separated participants receiving benefits	**6b**	142
c	Other retired or separated participants entitled to future benefits	**6c**	126
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	349
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	352
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CASCADE HEALTH

D Employer Identification Number (EIN)
93-0421470

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	27754082
b Actuarial value	**2b**	25330407

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	132	20080730	20080730
b For terminated vested participants	142	7122148	7122148
c For active participants	82	2893199	2893199
d Total	356	30096077	30096077

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	229000
c Target normal cost	**6c**	229000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

SHANNON R. HATFIELD, FSA, EA, MAAA
Type or print name of actuary

26-08797
Most recent enrollment number

INDEPENDENT ACTUARIES, INC.
Firm name

503-601-0887
Telephone number (including area code)

FIVE CENTERPOINTE DR., SUITE 520
LAKE OSWEGO, OR 97035
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	299646
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	299646
10	Interest on line 9 using prior year's actual return of 14.19 %	0	42520
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		256
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04 %		13
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		269
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	342166

Part III Funding Percentages

14	Funding target attainment percentage	14	83.02 %
15	Adjusted funding target attainment percentage	15	86.30 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.67 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/04/2025	187000	0			
07/11/2025	187000	0			
10/02/2025	187000	0			
01/05/2026	187000	0			
09/09/2026	115500	0			
			Totals ► 18(b)	863500	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	829626

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	229000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5107836	600407
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	829407

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	829407
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	829626

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	219
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASCADE HEALTH

D Employer Identification Number (EIN)
93-0421470

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GAMING AND LEISURE PROPERTIES, INC.	845 BERKSHIRE BLVD. WYOMISSING, PA 19610

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

PROLOGIS, INC.

PIER 1
BAY 1
SAN FRANCISCO, CA 94111

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

QTS REALTY TRUST, INC.

12851 FOSTER STREET
OVERLAND PARK, KS 66213

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

SCHWAB FUNDS

JOSEPH CALI
211 MAIN STREET
SAN FRANCISCO, CA 94105

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

SPIRIT REALTY CAPITAL

2727 N HARWOOD ST #300
DALLAS, TX 75201

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

STAG INDUSTRIAL INC

ONE FEDERAL STREET
23RD FLOOR
BOSTON, MA 02110

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

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

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

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

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

DANA INVESTMENT ADVISORS, INC.

15800 BLUEMOUND RD.
SUITE 250
BROOKFIELD, WI 53005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	106396	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INDEPENDENT ACTUARIES, INC.

FIVE CENTERPOINTE DR.
SUITE 520
LAKE OSWEGO, OR 97035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	29475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS FINANCIAL SERVICES INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	26483	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JONES & ROTH, P.C.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	21150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL BANK AND TRUST CO.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	12366	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASCADE HEALTH

D Employer Identification Number (EIN)
93-0421470

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	309023	302500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	862	3310
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1439395	1441111
(2) U.S. Government securities	1c(2)	2456428	2693943
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1833173	1678510
(B) All other	1c(3)(B)	3644372	3694972
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17591420	19210674
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	482972	427224

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	27757645	29452244
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	390512	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	390512	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	27367133	29452244

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	863500	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		863500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	43667	
(B) U.S. Government securities	2b(1)(B)	111110	
(C) Corporate debt instruments	2b(1)(C)	175736	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		330513
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	67895	
(B) Common stock	2b(2)(B)	210391	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	18262	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		296548
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1427108	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1427108
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1765097	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1765097

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4682766
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2231653	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2231653
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	21150	
(5) Investment advisory and investment management fees	2i(5)	149391	
(6) Bank or trust company trustee/custodial fees	2i(6)	3606	
(7) Actuarial fees	2i(7)	29475	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	162380	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		366002
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2597655
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2085111
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: JONES & ROTH, P.C. **(2)** EIN: 93-0819646

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587117.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASCADE HEALTH

D Employer Identification Number (EIN)
93-0421470

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 94-1687665

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

For the Years Ended December 31, 2025 and 2024

Jones & Roth
CPAs & Business Advisors

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
For the Years Ended December 31, 2025 and 2024

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Jones Roth
CPAs & Business Advisors

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Retirement Plan for Employees of McKenzie-Willamette Hospital, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Retirement Plan for Employees of McKenzie-Willamette Hospital as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Retirement Plan for Employees of McKenzie-Willamette Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Retirement Plan for Employees of McKenzie-Willamette Hospital's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Plan for Employees of McKenzie-Willamette Hospital's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Retirement Plan for Employees of McKenzie-Willamette Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, as listed in the table of contents as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Jones & Roth, P.C.
Eugene, Oregon
October 8, 2026

FINANCIAL STATEMENTS

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value		
Cash and cash equivalents	$ 1,441,111	$ 1,439,395
Common stocks	19,210,674	17,591,420
Fixed income - U.S. government	2,596,189	1,772,625
Fixed income - corporate bonds, preferred	1,678,510	1,833,173
Fixed income - corporate bonds, other	3,694,972	3,644,372
Fixed income - mortgage pools	97,754	683,803
Real estate investment trusts	427,224	482,972
Total investments, at fair value	29,146,434	27,447,760
Receivables		
Employer contribution	302,500	309,023
Accrued income	3,310	862
Total receivables	305,810	309,885
Total assets	29,452,244	27,757,645
Liabilities		
Administrative expenses payable	-	390,512
Net assets available for benefits	$ 29,452,244	$ 27,367,133

The accompanying notes are an integral part of these statements.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to		
Investment income:		
Net change in fair value of investments	$ 3,192,205	$ 3,493,755
Dividend income	296,548	374,253
Interest income	330,513	299,378
	3,819,266	4,167,386
Investment management fees	(149,391)	(169,591)
Investment income, net	3,669,875	3,997,795
Contributions:		
Employer	863,500	951,489
Total additions	4,533,375	4,949,284
Deductions from net assets attributed to		
Benefits paid directly to participants	2,231,653	2,502,887
Payments to insurance carriers for the provision of benefits	-	7,202,300
Administrative expenses	216,611	457,163
Total deductions	2,448,264	10,162,350
Net increase (decrease) in assets available for benefits	2,085,111	(5,213,066)
Net assets available for benefits, beginning of year	27,367,133	32,580,199
Net assets available for benefits, end of year	$ 29,452,244	$ 27,367,133

The accompanying notes are an integral part of these statements.

1. Plan Description

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

General

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

Employer Reorganization and Freezing of Benefits

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

Because the Employer continues in operation, the Oregon Attorney General's office must approve extensions of time to maintain a freeze on the Plan, rather than terminating it. In 2003, a 3-year extension was approved. In 2006, an additional 4-year extension was approved. In 2010, the Oregon Attorney General's office agreed to a 5-year extension of the Plan freeze to July 20, 2015. In August 2015, the Plan received an extension of the Plan freeze until July 18, 2020. In October 2020, the Plan received an extension of the Plan freeze until July 18, 2025. In June 2025, the Plan applied for an additional Plan freeze extension and is awaiting response from the Attorney General's office. As the Company made the decision to terminate the Plan in 2026 (see Note 6), further extensions are not expected.

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

Contributions and Funding Policy

The Plan is funded solely by the Employer. The Employer intends to make contributions to the Plan which, in the aggregate, will be actuarially sufficient to meet the cost of benefits provided by the Plan and any administrative expenses paid by the Plan. Contributions are based on actuarial determinations, as discussed in Note 4. As of the years ended December 31, 2025 and 2024, there is no remaining carryover balance and the Employer is required to make quarterly cash contributions. The Employer intends to continue making all required cash contributions to the Plan as actuarially determined.

1. Plan Description, continued

Eligibility

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

Vesting

Each Participant is fully vested and has a nonforfeitable right to the Participant's Accrued Benefit.

Benefits

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

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

Administrative Expenses

At the Employer's discretion, expenses of the Plan may be paid either directly by the Employer or by the Plan. In 2025 and 2024, $216,611 and $457,163, respectively, of administrative expenses were paid by the Plan, consisting primarily of Pension Benefit Guaranty Corporation (PBGC) premiums of $162,380 and $367,529, respectively, and other professional fees. In addition, during the years ended December 31, 2025 and 2024, the Plan incurred $149,391 and $169,591, respectively, in investment management fees, which are included as a reduction to net investment income (loss) in the accompanying statements of changes in net assets available for benefits. Any expenses paid by the Employer are excluded from these financial statements.

1. Plan Description, continued

Administrative Expenses, continued

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

3. Risks and Uncertainties

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

3. Risks and Uncertainties, continued

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

4. Actuarial Present Value of Accumulated Plan Benefits

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

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

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

	2025	2024
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 18,389,027	$ 18,005,676
Other participants	7,940,654	8,540,333
	26,329,681	26,546,009
Non-vested benefits	-	-
Total actuarial present value of accumulated Plan benefits	$ 26,329,681	$ 26,546,009

4. Actuarial Present Value of Accumulated Plan Benefits, continued

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

	2025	2024
Actuarial present value of accumulated Plan benefits at beginning of year	$ 26,546,009	$ 33,164,817
Increase (decrease) during the year attributable to:		
Increase for interest due to decrease in discount period	1,780,113	1,981,856
Change in benefits accumulated	233,888	1,009,628
Assumption changes	-	94,895
Benefits paid directly to participants	(2,231,653)	(2,502,887)
Payments to insurance carriers for the provision of benefits	-	(7,202,300)
Net decrease	(217,652)	(6,618,808)
Actuarial present value of accumulated Plan benefits at end of year	$ 26,328,357	$ 26,546,009

Participant benefits were not annuitized in 2025. During the year ended December 31, 2024, the Plan annuitized $7,202,300 of participant benefits.

The significant assumptions underlying the actuarial computations were as follows. Unless otherwise noted, the assumptions were effective for both 2025 and 2024.

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

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

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

Mortality Basis: For 2025, IRS 2026 Static Mortality. For 2024, IRS 2025 Static Mortality.

Expected Rate of Return: 7.0 percent for both 2025 and 2024.

Funding Target Discount Rates: For years 0 to 5, 5.07 percent for 2025 and 2024. For years 6 to 20, 5.31 percent for 2025 and 2024. For years 21 and on, 5.50 percent for 2025 and 2024.

4. Actuarial Present Value of Accumulated Plan Benefits, continued

Expenses: The Plan is expected to pay expenses for the coming year based upon amounts paid in the prior year. For 2025 and 2024, expenses paid from the Plan are assumed to be $103,000 and $229,000, respectively.

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

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

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

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

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

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

5. Plan Termination

The Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. On January 1, 2026, the Plan Sponsor approved the termination of the Plan, with an intended termination date of July 31, 2026. Distributions of Plan assets are expected to occur after the termination date in accordance with the Plan document and applicable ERISA requirements. As of the date of the independent auditor’s report, distributions and liquidation of Plan assets had not been completed.

6. Income Tax Status

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

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

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

During the years ended December 31, 2025 and 2024, certain Plan investments were units in funds managed by Charles Schwab & Co., Inc., the custodian for the Plan's investments. Therefore, transactions involving these investments qualify as exempt party-in-interest transactions.

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

8. Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under professional standards are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

8. Fair Value Measurements, continued

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to their fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

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

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

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

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

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

	Investments at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ -	$ 1,441,111	$ -	$ 1,441,111
Common stocks	19,210,674	-	-	19,210,674
Fixed income - U.S. government	2,596,189	-	-	2,596,189
Fixed income - corporate bonds, preferred	1,678,510	-	-	1,678,510
Fixed income - corporate bonds, other	3,694,972	-	-	3,694,972
Fixed income - mortgage pools	-	97,754	-	97,754
Real estate investment trusts	427,224	-	-	427,224
Total investments, at fair value	$ 27,607,569	$ 1,538,865	$ -	$ 29,146,434

8. Fair Value Measurements, continued

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

9. Subsequent Events

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

On January 1, 2026, the Company approved the termination of the Plan, effective July 31, 2026. In connection with the termination, the Plan expects to settle its remaining benefit obligations by purchasing annuity contracts, with all Plan assets expected to be annuitized by October 13, 2026. See Note 5 for further discussion of the Plan termination.

Effective April 15, 2026, the Plan was amended to offer eligible participants a one-time lump-sum distribution window. Lump-sum distributions totaling $3,646,787 were paid under this amendment in July 2026.

SUPPLEMENTAL SCHEDULES

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Cash and cash equivalents				
*	Charles Schwab Bank Sweep	Cash equivalent fund	376,921	$ 376,921	$ 376,996
*	Bank of America Fed Hermes Govt	Cash equivalent fund	1,047,074	1,047,074	1,047,075
*	Schwab Government Money	Cash equivalent fund	17,040	17,040	17,040
	Total cash and cash equivalents			1,441,035	1,441,111
	Common stocks				
	Aar Corp	Common stock	777	62,326	64,328
	Abb Ltd	Common stock	1,247	35,301	92,241
	Abbvie Inc	Common stock	1,180	200,939	269,618
	Accenture Plc Ireland	Common stock	770	234,488	206,591
	Adobe Inc	Common stock	590	216,051	206,494
	Adtalem Global Ed Inc	Common stock	502	65,172	51,942
	Advanced Energy Inds Inc	Common stock	246	54,257	51,505
	Agilysys Inc	Common stock	537	51,083	63,817
	Aia Group Ltd	Common stock	1,197	47,788	49,113
	Air Liquide	Common stock	782	21,256	29,372
	Airbus Se	Common stock	959	34,455	55,545
	Alkermes Plc	Common stock	1,278	34,976	35,758
	Allstate Corp	Common stock	910	191,139	189,417
	Alphabet Inc	Common stock	2,260	181,465	707,380
	Amadeus It Group S A	Common stock	764	46,934	56,131
	Amazon.Com Inc	Common stock	2,000	255,948	461,640
	American Express Co	Common stock	780	128,413	288,561
	Analog Devices Inc	Common stock	930	230,128	252,216
	Anheuser Busch Inbev S	Common stock	306	19,791	19,596
	Apple Inc	Common stock	3,306	304,381	898,769
	Applied Indl Technologie	Common stock	246	42,087	63,165
	Asml Hldg N V	Common stock	100	54,629	106,986
	Astrazeneca Plc	Common stock	829	39,221	76,210
	Atlantic Un Bankshares C	Common stock	1,937	62,126	68,376
	Avient Corp	Common stock	1,521	47,216	47,516
	Axis Capital Holdings F	Common stock	583	31,616	62,433
	Axsome Therapeutics Inc.	Common stock	473	29,239	86,389
	Bae Sys Plc	Common stock	493	32,814	45,790
	Banco Bilbao Vizcaya A	Common stock	1,664	25,307	38,788
	Banco Santander Sa	Common stock	2,995	24,117	35,131
	Bank New York Mellon Cor	Common stock	2,430	134,632	282,099
	Barrick Mng Corp	Common stock	582	19,919	25,346
	Beone Medicines Ltd	Common stock	64	13,712	19,444
	Blueprint Medicines Corp	Common stock	543	-	-
	Boot Barn Hldgs Inc	Common stock	338	6,554	59,647
	Braze Inc	Common stock	2,093	59,102	71,769
	British Amern Tob Plc F	Common stock	481	19,468	27,234
	Broadcom Inc	Common stock	1,100	53,903	380,710
	Canadian Natl Ry Co	Common stock	315	41,423	31,138
	Carnival Corp	Common stock	6,800	207,352	207,672
	Centerpoint Energy Inc	Common stock	3,800	107,459	145,692
	Chesapeake Utils Corp	Common stock	450	38,813	56,142
	Chugai Pharmaceuticals F	Common stock	1,092	25,731	28,687
	Clean Hbrs Inc	Common stock	262	33,421	61,434

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Clearway Energy Inc	Common stock	1,755	53,163	58,371
	Computershare Ltd	Common stock	572	14,001	12,933
	Cytokinetics Inc	Common stock	585	12,403	37,171
	Daiichi Sankyo Co Ltd F	Common stock	1,307	37,343	27,761
	Daikin Inds Ltd	Common stock	1,585	24,890	20,209
	Danone	Common stock	1,425	17,366	25,707
	Dbs Group Hldgs Ltd	Common stock	246	18,390	43,200
	Delta Air Lines Inc Del	Common stock	3,600	177,620	249,840
	Denali Therapeutics Inc	Common stock	1,499	54,659	24,748
	Deutsche Bank Ag	Common stock	1,407	23,627	54,254
	Deutsche Boerse	Common stock	1,011	26,946	26,579
	Diamondback Energy Inc	Common stock	1,220	205,423	183,403
	Digitalocean Hldgs Inc	Common stock	1,241	48,846	59,717
	Disney Walt Co	Common stock	1,800	198,220	204,786
	Doubleverify Hldgs Inc	Common stock	4,501	49,463	51,491
	Dsv A/S	Common stock	432	31,891	54,579
	Eagle Matls Inc	Common stock	202	30,684	41,749
	Element Solutions In	Common stock	1,874	34,918	46,831
	Elf Beauty Inc	Common stock	751	65,751	57,106
	Eli Lilly And Co	Common stock	278	190,821	298,761
	Engie S A	Common stock	1,853	26,001	48,678
	Enpro Inc	Common stock	321	62,431	68,736
	Ensign Group Inc	Common stock	368	29,104	64,106
	Epiroc Aktiebolag	Common stock	2,249	47,066	50,737
	Essilor Intl S A	Common stock	458	34,038	72,556
	Evercore Inc	Common stock	198	26,955	67,370
	Evolution Ab	Common stock	243	20,774	16,507
	Exlservice Hldgs Inc	Common stock	1,632	58,105	69,262
	Fb Finl Corp	Common stock	1,219	64,037	68,020
	Ferrari N V New	Common stock	41	17,286	15,152
	Fujitsu Ltd	Common stock	1,123	17,039	30,613
	Group 1 Automotive Inc	Common stock	112	13,639	44,050
	Halma Plc	Common stock	427	32,958	40,586
	Hanover Ins Group Inc	Common stock	355	45,757	64,883
	Heidelberg Matls Ag	Common stock	348	16,464	18,127
	Hitachi Ltd	Common stock	1,652	28,475	51,542
	Hong Kong Exchanges &	Common stock	957	38,994	49,879
	Hoya Corp	Common stock	106	12,929	16,075
	Iberdrola S A	Common stock	700	43,567	60,480
	Imperial Brands Plc	Common stock	1,063	27,821	44,657
	Industria De Diseno	Common stock	3,434	19,055	56,661
	Interactive Brokers Grou	Common stock	3,770	83,499	242,449
	Intesa Sanpaolo S P	Common stock	789	30,211	32,830
	Ionis Pharmaceuticals In	Common stock	656	27,477	51,896
	Iqvia Hldgs Inc	Common stock	1,160	223,252	261,476
	Itochu Corp	Common stock	288	25,966	36,418
	Jfrog Ltd	Common stock	1,003	49,721	62,647
	Jpmorgan Chase & Co	Common stock	800	130,773	257,776
	Keurig Dr Pepper Inc	Common stock	5,000	169,114	140,050
	Keyence Corp Ordf	Common stock	82	28,120	29,521
	Kingspan Group Plc	Common stock	214	18,395	18,861
	Komatsu Ltd	Common stock	517	19,329	16,415

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Kontoor Brands Inc	Common stock	755	66,490	46,123
	Kroger Co	Common stock	3,400	154,997	212,432
	L Oreal S A	Common stock	530	40,533	45,395
	L3Harris Technologies In	Common stock	800	187,988	234,856
	Lam Resh Corp	Common stock	1,680	131,138	287,582
	Linde Plc	Common stock	494	205,614	210,637
	Livanova Plc	Common stock	1,054	58,075	64,853
	London Stk Exchange Gr F	Common stock	1,980	46,087	60,529
	Lumentum Hldgs Inc	Common stock	192	23,063	70,769
	Lvmh Moet Hennessy Lou F	Common stock	427	64,242	64,396
	Madrigal Pharmaceuticals	Common stock	85	17,982	49,499
	Magnite Inc	Common stock	3,175	36,171	51,530
	Marubeni Corp	Common stock	102	20,341	28,127
	Matador Res Co	Common stock	1,262	61,627	53,559
	Mckesson Corp	Common stock	300	145,946	246,087
	Meta Platforms Inc	Common stock	470	141,405	310,242
	Microsoft Corp	Common stock	1,610	148,470	778,628
	Mirum Pharmaceuticals In	Common stock	445	28,944	35,151
	Modine Mfg Co	Common stock	422	18,809	56,341
	Mtu Aero Engines Hldgs F	Common stock	149	14,902	31,056
	Munich Re Group	Common stock	2,641	27,646	34,835
	Myr Group Inc Del	Common stock	347	58,716	75,820
	Natwest Group PlcUn	Common stock	3,336	27,454	58,380
	Nestle S A	Common stock	477	49,012	47,118
	Nintendo Ltd	Common stock	1,840	34,409	31,022
	Novo-Nordisk A S	Common stock	1,167	53,763	59,377
	Nvidia Corp	Common stock	5,300	304,499	988,451
	Ollies Bargain Outlet Hl	Common stock	388	38,822	42,529
	Parker-Hannifin Corp	Common stock	272	49,472	239,077
	Pdf Solutions Inc	Common stock	1,952	51,183	55,691
	Pinnacle Finl Partners I	Common stock	593	28,816	56,578
	Powell Inds Inc	Common stock	206	35,452	65,669
	Ppl Corp	Common stock	4,100	130,547	143,582
	Preferred Bk Los Angeles	Common stock	641	50,134	60,530
	Pultegroup Inc	Common stock	1,660	149,464	194,652
	Recruit Hldgs Co Ltd	Common stock	2,794	25,740	31,433
	Relx Plc	Common stock	1,018	36,339	41,148
	Repligen Corp	Common stock	379	52,448	62,103
	Restaurant Brands Intl F	Common stock	2,820	217,394	192,409
	Rheinmetall	Common stock	61	9,456	22,296
	Rio Tinto Plc	Common stock	183	14,314	14,645
	Rolls-Royce Holdings P F	Common stock	6,032	33,292	94,823
	Royal Kpn Nv	Common stock	5,532	18,184	26,166
	Rwe Ag	Common stock	1,120	51,634	59,707
	Ryanair Hldgs Plc	Common stock	605	34,355	43,675
	Safran	Common stock	1,166	36,831	101,500
	Sap Se	Common stock	299	61,347	72,630
	Servicenow Inc	Common stock	1,345	217,914	206,041
	Shin Etsu Chem Co Ltd F	Common stock	1,511	19,862	23,421
	Shopify Inc	Common stock	125	4,230	20,121
	Skywest Inc	Common stock	674	57,251	67,676
	Slb Limited	Common stock	5,180	216,641	198,808

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Sm Energy Co	Common stock	2,832	78,365	52,958
	Smc Corp Ordf	Common stock	61	27,827	21,085
	Sony Group Corp	Common stock	1,957	51,693	50,099
	Southstate Bk Corp	Common stock	701	58,798	65,971
	Sps Comm Inc	Common stock	721	96,718	64,263
	Spx Technologies Inc	Common stock	333	44,933	66,620
	Standard Chartered Plc FUn	Common stock	818	22,335	40,458
	Steris Plc	Common stock	938	241,717	237,802
	Stifel Finl Corp	Common stock	510	33,700	63,862
	Suzuki Mtr Corp	Common stock	468	20,607	27,673
	Sysco Corp	Common stock	2,800	202,551	206,332
	Taiwan Semiconductor M F	Common stock	248	22,694	75,365
	Tdk Corp Equity Adr	Common stock	2,355	23,807	33,206
	Tencent Hldgs Ltd	Common stock	327	18,004	25,032
	Terumo Corp	Common stock	662	11,444	9,599
	Tg Therapeutics Inc	Common stock	1,247	19,785	37,173
	Tjx Cos Inc New	Common stock	1,600	171,534	245,776
	T-Mobile Us Inc	Common stock	700	112,487	142,128
	Tokyo Electron Ltd	Common stock	297	31,844	32,997
	Totalenergies	Common stock	621	38,777	40,626
	Transmedics Group Inc	Common stock	505	42,562	61,433
	Uber Technologies Inc	Common stock	2,100	143,128	171,591
	Ultra Clean Hldgs Inc	Common stock	2,050	71,381	51,927
	Unicredit Spa	Common stock	1,832	36,560	75,973
	Vertiv Hldgs Co	Common stock	1,153	107,913	186,798
	Viking Therapeutics Inc	Common stock	890	23,543	31,310
	Visa Inc	Common stock	670	147,556	234,976
	Volvo Ab	Common stock	534	15,080	17,056
	Weatherford Intl Plc F	Common stock	793	52,762	62,060
	Wells Fargo & Co	Common stock	2,800	123,334	260,960
	Wintrust Finl Corp	Common stock	482	19,718	67,393
	Wolters Kluwer N V	Common stock	253	32,906	26,201
	Workday Inc	Common stock	890	168,774	191,154
	Zymeworks Inc	Common stock	1,408	36,151	37,073
	Total common stocks			12,531,355	19,210,674

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
Fixed income					
	Corporate bond, preferred:				
	Abrdn Asset M 5.25% PFD	Corporate bond, preferred	2,621	71,222	51,817
	Aegon Funding Co 5.1%PFD	Corporate bond, preferred	2,447	62,609	48,132
	AT&T Inc. 5.35% 5.35%PFD	Corporate bond, preferred	2,750	74,178	61,243
	Axis Capital H 5.5% PFD	Corporate bond, preferred	2,424	62,815	48,335
	Bank Of Amer 4.375% PFD	Corporate bond, preferred	2,444	61,027	44,334
	Bank Of NY VA 6.15% PFD	Corporate bond, preferred	2,209	56,263	56,661
	Brunswick Corp 6.375%PFD	Corporate bond, preferred	2,137	56,258	54,066
	Capital One Fi 4.8% PFD	Corporate bond, preferred	2,615	58,534	47,305
	Carlyle Fin L. 4.625%PFD	Corporate bond, preferred	3,190	80,772	54,549
	CMS Energy Cor 5.875%PFD	Corporate bond, preferred	2,226	61,937	51,532
	Cullen/Frost 4.45% PFD	Corporate bond, preferred	2,958	77,794	51,351
	DTE Energy Co 4.375%PFD	Corporate bond, preferred	3,098	81,787	53,193
	Federal Agri 4.875% PFD	Corporate bond, preferred	2,933	75,643	52,911
	Gabelli Equity T 5% PFD	Corporate bond, preferred	2,349	60,197	49,094
	Highland Opr 5.375% PFD	Corporate bond, preferred	2,709	71,188	43,073
	JPMorgan Chase & 6% PFD	Corporate bond, preferred	2,215	58,697	55,685
	KKR Group Fin 4.625%PFD	Corporate bond, preferred	3,118	61,412	54,471
	Metlife Inc 5.625% PFD	Corporate bond, preferred	2,246	62,046	53,343
	Morgan Stanley 4.25% PFD	Corporate bond, preferred	3,040	75,988	53,626
	Nextera Energy 5.65%PFD	Corporate bond, preferred	2,223	62,172	52,930
	Northern Trust 4.7% PFD	Corporate bond, preferred	2,272	58,909	53,850
	Ntnl Rural Utili 5.5%PFD	Corporate bond, preferred	2,276	60,925	44,122
	Partnerre Lt 4.875% PFD	Corporate bond, preferred	2,384	51,494	40,766
	Prudential Fin 4.125%PFD	Corporate bond, preferred	2,430	61,925	41,918
	Public Storag 5.05% PFD	Corporate bond, preferred	1,763	37,830	35,542
	Rivernorth/D 4.375% PFD	Corporate bond, preferred	2,783	69,469	47,172
	The Allstate C 5.1% PFD	Corporate bond, preferred	2,297	61,336	48,099
	The Hartford Ins 6% PFD	Corporate bond, preferred	2,215	58,864	55,441
	The Southern Co 4.2%PFD	Corporate bond, preferred	2,600	68,075	46,124
	Truist Finl C 4.75% PFD	Corporate bond, preferred	3,008	79,928	57,754
	U.S. Bancorp 5 5.5% PFD	Corporate bond, preferred	3,018	80,655	67,905
	W. R. Berkley 4.125%PFD	Corporate bond, preferred	3,089	51,486	51,785
	Wells Fargo & 4.75% PFD	Corporate bond, preferred	2,657	69,503	50,382
	Total corporate bond, preferred			2,142,934	1,678,510

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment		Number of Shares or Par Value	(d) Cost	(e) Current Value
Fixed income, continued						
	Mortgage pools:					
	Federal NTNL Mor	Mortgage pool		65,000	64,326	61,915
	FHLMC 847557	Mortgage pool		1,325,000	11,673	11,920
	FHLMC847665	Mortgage pool		1,220,000	19,591	19,920
	FNMA Pl 733118	Mortgage pool		3,000,000	3,970	4,000
	Total mortgage pools				99,560	97,754
	U.S. government:	Maturity date	Interest rate			
	U.S. Treasury Note	2/15/2028	2.75%	75,000	76,556	73,869
	U.S. Treasury Note	5/15/2031	1.625%	300,000	258,560	268,875
	U.S. Treasury Note	11/15/2032	4.175%	400,000	403,976	404,875
	U.S. Treasury Note	2/15/2038	4.375%	400,000	465,928	403,891
	U.S. Treasury Note	8/15/2040	3.875%	400,000	447,615	370,859
	U.S. Treasury Note	8/15/2043	3.625%	550,000	500,214	475,664
	U.S. Treasury Note	8/15/2044	3.125%	300,000	241,316	237,938
	TVA Govt	7/15/2033	4.700%	350,000	370,776	360,218
	Total U.S. government				2,764,942	2,596,189
	Corporate bonds, other:	Maturity date	Interest rate			
	Baker Hughes HO	12/15/2027	3.337%	100,000	94,360	98,958
	Bank Of America C Var 29	7/23/2029	4.271%	250,000	266,682	250,884
	Bank Of America C Var 30	10/22/2030	2.884%	250,000	221,993	238,083
	Booking Holdings	3/15/2028	3.550%	250,000	260,818	247,699
	Boston Properties	12/1/2028	4.50%	400,000	423,491	402,098
	Citigroup Inc.	1/12/2026	3.7%	250,000	245,058	250,000
	Canadian Imper	10/3/2033	6.092%	90,000	98,016	97,861
	Exelon Corp	4/15/2030	4.05%	277,000	250,642	274,110
	Hp Inc.	6/17/2027	3.0%	250,000	254,786	246,214
	Ingersoll Rand	11/15/2027	6.391%	250,000	271,703	256,896
	Jpmorgan Chase & Var	11/8/2032	2.545%	150,000	127,563	135,397
	Omnicom Group Inc	4/15/2026	3.6%	250,000	242,257	249,596
	Pnc Bank Ntnl A	7/26/2028	4.05%	250,000	267,110	250,524
	Goldman Sachs	1/26/2027	3.85%	250,000	251,791	249,678
	T-Mobile Usa In	7/15/2033	5.05%	95,000	96,944	97,170
	Verizon Communi	2/8/2029	3.875%	250,000	265,844	248,795
	Wisconsin Power	9/1/2032	3.95%	105,000	97,620	101,010
	Total corporate bonds, other				3,736,677	3,694,972
	Total fixed income				8,744,113	8,067,425

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Real estate investment trusts				
	Agree Realty Corp	REIT	881	52,539	63,458
	American Tower Corp New	REIT	1,308	238,293	229,646
	Stag Industrial Inc	REIT	1,813	52,197	66,646
	Tanger Inc	REIT	2,022	49,520	67,474
	Total real estate investment trusts			392,550	427,224
	Total investments			$ 23,109,053	$ 29,146,434

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

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF REPORTABLE TRANSACTIONS - Schedule H, Line 4j
For the Year Ended December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a), (b) Identity of Party Involved and Description of Asset	(c), (g) Purchase Price and Cost	(d), (h) Sale Price	(i) Net Realized Gain
Bank of America Fed Hermes Govt			
Purchases	$ 2,696,893		
Sales	2,803,784	2,803,784	-
Bank of America Temporary Overnight Deposit			
Purchases	$ 2,696,893		
Sales	2,696,893	2,696,893	-

Note: This schedule includes any transaction or series of transactions made during the Plan year that total more than 5 percent of the assets at the beginning of the year.

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

2025 Form 5500 Schedule SB, Line 26a – Schedule of Active Participant Data

Active Participant Statistics

Schedule of Active Participant Data

	Benefit Service										
Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											0
25-29											0
30-34											0
35-39											0
40-44		1									1
45-49	1	9	3								13
50-54	1	9	3	1							14
55-59		9	12	7	1						29
60-64		5	8	5	2						20
65-69		3	2								5
70 & up											0
Total	2	36	28	13	3	0	0	0	0	0	82

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

2025 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Method for Minimum Required Contribution

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

Actuarial Assumptions for Minimum Required Contribution

Segment Interest Rates	First Segment (Under 5 years): 5.07% Second Segment (5 to 19 years): 5.31% Third Segment (20 or more years): 5.50%
Assumed Form of Payment	Normal form of benefit.
Assumed Commencement Date	Actives - with retirement probabilities below. Terminated-vested – age 62.
Retirement Probabilities	Age 60: 5% Age 61: 5% Age 62: 20% Age 63: 10% Age 64: 40% Age 65: 100%
Average Retirement Age	Age 64.

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

2025 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Mortality	
Pre-Retirement	Separate Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.
Post-Retirement	Small plan combined Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.
Salary Scale	N/A
Turnover Rate	Sarason's T-8, adjusted to 15% before age 35 and 5% after age 49; turnover ceases commencing with early retirement eligibility age.
Expenses	Non-investment-related expenses are assumed to be paid from the plan based upon amounts paid in the prior year rounded to the nearest $1,000. Amounts may be adjusted for events during the prior year that are expected to have a meaningful impact on future expenses.
Disablement Rates	No explicit assumption.
Marriage	
	Percentage Males 90%
	Percentage Females 80%
	Age difference (Male - Female) Three years.
Future Annual Hours Worked	N/A
Changes Since Prior Valuation	None, other than changes in mandated interest and mortality as required under the Pension Protection Act of 2006 (PPA), MAP-21, the Highway and Transportation Funding Act of 2014 and the American Rescue Plan Act of 2021.

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF REPORTABLE TRANSACTIONS - Schedule H, Line 4j
For the Year Ended December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a), (b) Identity of Party Involved and Description of Asset	(c), (g) Purchase Price and Cost	(d), (h) Sale Price	(i) Net Realized Gain
Bank of America Fed Hermes Govt			
Purchases	$ 2,696,893		
Sales	2,803,784	2,803,784	-
Bank of America Temporary Overnight Deposit			
Purchases	$ 2,696,893		
Sales	2,696,893	2,696,893	-

Note: This schedule includes any transaction or series of transactions made during the Plan year that total more than 5 percent of the assets at the beginning of the year.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
Retirement Plan for Employees of McKenzie-Willamette Hospital

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Cascade Health

D Employer Identification Number (EIN)
93-0421470

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	27,754,082
b Actuarial value	**2b**	25,330,407

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	132	20,080,730	20,080,730
b For terminated vested participants	142	7,122,148	7,122,148
c For active participants	82	2,893,199	2,893,199
d Total	356	30,096,077	30,096,077

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	229,000
c Target normal cost	**6c**	229,000

Statement by Enrolled Actuary

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

SIGN HERE

Shannon R. Hatfield, FSA, EA, MAAA — Signature of actuary

09/29/2026 — Date

Shannon R. Hatfield, FSA, EA, MAAA — Type or print name of actuary

2608797 — Most recent enrollment number

Independent Actuaries, Inc. — Firm name

503-601-0887 — Telephone number (including area code)

Five Centerpointe Dr., Suite 520

Lake Oswego OR 97035 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	299,646
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	299,646
10	Interest on line 9 using prior year's actual return of 14.19%	0	42,520
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		256
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04%		13
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		269
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	342,166

Part III Funding Percentages

14	Funding target attainment percentage	14	83.02%
15	Adjusted funding target attainment percentage	15	86.30%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.67%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/04/2025	187,000	0			
07/11/2025	187,000	0			
10/02/2025	187,000	0			
01/05/2026	187,000	0			
09/09/2026	115,500	0			
			Totals ► 18(b)	863,500	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	829,626

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	229,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	5,107,836	600,407
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	829,407

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	829,407
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	829,626
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	219
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

2025 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
60	40.4388	5%	2.02	121.12
61	44.2951	5%	2.21	134.85
62	48.9253	20%	9.76	605.36
63	39.9713	10%	3.99	251.19
64	41.7933	40%	16.67	1066.93
65	27.9364	100%	27.94	1815.87
66	0	100%	0.00	0.00
67	4	100%	4.00	268.00
Total			66.59	4263.33
Average				64.03

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

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

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Normal Retirement	
Eligibility	The first day of the month coincident with or following the participant's 65th birthday.
Benefit	The accrued benefit as of December 31, 1985, plus 2% of a participant's average monthly compensation multiplied by years of benefit service after December 31, 1985 and before September 30, 2003.
Fresh Start Date	December 31, 1985.
Fresh Start Benefit	Accrued benefit as of fresh start date, determined under the normal retirement benefit formula as of that date.
Early Retirement	
Eligibility	The first day of the month following the later of attainment of age 60 and completion of 3 years of vesting service.
Benefit	Accrued benefit actuarially reduced by 7.2% for each year that early commencement precedes normal retirement age.
Late Retirement	
Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable, and accrued benefit actuarially increased by (1) 7.2% for each of the first 5 years by which the deferred commencement follows normal retirement age and (2) the plan's actuarial equivalence after 5 years.
Disability Benefit	Not provided.

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Death Benefit

Eligibility	Death prior to commencement of benefits of a participant who was legally married at death and throughout the year prior to death.
Benefit	Minimum spouse's death benefit.

Termination Benefit

Eligibility	Termination of employment for reasons other than retirement or death.
Benefit	A percentage of a participant's accrued benefit based on the following schedule:

Years of Vesting Service	Vested Percent
Less than 3	0%
3 or more	100%

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

Compensation

Plan	§3401(a) compensation with adjustments as noted in plan document.
Average Monthly	Plan compensation averaged over the five consecutive plan years within the last 10 completed years of participation that produce the highest average, excluding compensation prior to December 31, 1985 and after September 30, 2003.
Accrued Benefit	A participant's normal retirement benefit calculated using years of benefit service and average monthly compensation as of the date of calculation.
Normal Form of Benefit	Life annuity with 5 years certain.
Optional Forms of Benefit	Single life annuity, installments (5-yr, 10-yr, 15-yr), certain and life annuity (5-yr, 10-yr, 15-yr), joint & survivor annuity (50%, $66^{2}/_{3}$%, 75%, 100%).

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

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

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Cash and cash equivalents				
*	Charles Schwab Bank Sweep	Cash equivalent fund	376,921	$ 376,921	$ 376,996
*	Bank of America Fed Hermes Govt	Cash equivalent fund	1,047,074	1,047,074	1,047,075
*	Schwab Government Money	Cash equivalent fund	17,040	17,040	17,040
	Total cash and cash equivalents			1,441,035	1,441,111
	Common stocks				
	Aar Corp	Common stock	777	62,326	64,328
	Abb Ltd	Common stock	1,247	35,301	92,241
	Abbvie Inc	Common stock	1,180	200,939	269,618
	Accenture Plc Ireland	Common stock	770	234,488	206,591
	Adobe Inc	Common stock	590	216,051	206,494
	Adtalem Global Ed Inc	Common stock	502	65,172	51,942
	Advanced Energy Inds Inc	Common stock	246	54,257	51,505
	Agilysys Inc	Common stock	537	51,083	63,817
	Aia Group Ltd	Common stock	1,197	47,788	49,113
	Air Liquide	Common stock	782	21,256	29,372
	Airbus Se	Common stock	959	34,455	55,545
	Alkermes Plc	Common stock	1,278	34,976	35,758
	Allstate Corp	Common stock	910	191,139	189,417
	Alphabet Inc	Common stock	2,260	181,465	707,380
	Amadeus It Group S A	Common stock	764	46,934	56,131
	Amazon.Com Inc	Common stock	2,000	255,948	461,640
	American Express Co	Common stock	780	128,413	288,561
	Analog Devices Inc	Common stock	930	230,128	252,216
	Anheuser Busch Inbev S	Common stock	306	19,791	19,596
	Apple Inc	Common stock	3,306	304,381	898,769
	Applied Indl Technologie	Common stock	246	42,087	63,165
	Asml Hldg N V	Common stock	100	54,629	106,986
	Astrazeneca Plc	Common stock	829	39,221	76,210
	Atlantic Un Bankshares C	Common stock	1,937	62,126	68,376
	Avient Corp	Common stock	1,521	47,216	47,516
	Axis Capital Holdings F	Common stock	583	31,616	62,433
	Axsome Therapeutics Inc.	Common stock	473	29,239	86,389
	Bae Sys Plc	Common stock	493	32,814	45,790
	Banco Bilbao Vizcaya A	Common stock	1,664	25,307	38,788
	Banco Santander Sa	Common stock	2,995	24,117	35,131
	Bank New York Mellon Cor	Common stock	2,430	134,632	282,099
	Barrick Mng Corp	Common stock	582	19,919	25,346
	Beone Medicines Ltd	Common stock	64	13,712	19,444
	Blueprint Medicines Corp	Common stock	543	-	-
	Boot Barn Hldgs Inc	Common stock	338	6,554	59,647
	Braze Inc	Common stock	2,093	59,102	71,769
	British Amern Tob Plc F	Common stock	481	19,468	27,234
	Broadcom Inc	Common stock	1,100	53,903	380,710
	Canadian Natl Ry Co	Common stock	315	41,423	31,138
	Carnival Corp	Common stock	6,800	207,352	207,672
	Centerpoint Energy Inc	Common stock	3,800	107,459	145,692
	Chesapeake Utils Corp	Common stock	450	38,813	56,142
	Chugai Pharmaceuticals F	Common stock	1,092	25,731	28,687
	Clean Hbrs Inc	Common stock	262	33,421	61,434

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Clearway Energy Inc	Common stock	1,755	53,163	58,371
	Computershare Ltd	Common stock	572	14,001	12,933
	Cytokinetics Inc	Common stock	585	12,403	37,171
	Daiichi Sankyo Co Ltd F	Common stock	1,307	37,343	27,761
	Daikin Inds Ltd	Common stock	1,585	24,890	20,209
	Danone	Common stock	1,425	17,366	25,707
	Dbs Group Hldgs Ltd	Common stock	246	18,390	43,200
	Delta Air Lines Inc Del	Common stock	3,600	177,620	249,840
	Denali Therapeutics Inc	Common stock	1,499	54,659	24,748
	Deutsche Bank Ag	Common stock	1,407	23,627	54,254
	Deutsche Boerse	Common stock	1,011	26,946	26,579
	Diamondback Energy Inc	Common stock	1,220	205,423	183,403
	Digitalocean Hldgs Inc	Common stock	1,241	48,846	59,717
	Disney Walt Co	Common stock	1,800	198,220	204,786
	Doubleverify Hldgs Inc	Common stock	4,501	49,463	51,491
	Dsv A/S	Common stock	432	31,891	54,579
	Eagle Matls Inc	Common stock	202	30,684	41,749
	Element Solutions In	Common stock	1,874	34,918	46,831
	Elf Beauty Inc	Common stock	751	65,751	57,106
	Eli Lilly And Co	Common stock	278	190,821	298,761
	Engie S A	Common stock	1,853	26,001	48,678
	Enpro Inc	Common stock	321	62,431	68,736
	Ensign Group Inc	Common stock	368	29,104	64,106
	Epiroc Aktiebolag	Common stock	2,249	47,066	50,737
	Essilor Intl S A	Common stock	458	34,038	72,556
	Evercore Inc	Common stock	198	26,955	67,370
	Evolution Ab	Common stock	243	20,774	16,507
	Exlservice Hldgs Inc	Common stock	1,632	58,105	69,262
	Fb Finl Corp	Common stock	1,219	64,037	68,020
	Ferrari N V New	Common stock	41	17,286	15,152
	Fujitsu Ltd	Common stock	1,123	17,039	30,613
	Group 1 Automotive Inc	Common stock	112	13,639	44,050
	Halma Plc	Common stock	427	32,958	40,586
	Hanover Ins Group Inc	Common stock	355	45,757	64,883
	Heidelberg Matls Ag	Common stock	348	16,464	18,127
	Hitachi Ltd	Common stock	1,652	28,475	51,542
	Hong Kong Exchanges &	Common stock	957	38,994	49,879
	Hoya Corp	Common stock	106	12,929	16,075
	Iberdrola S A	Common stock	700	43,567	60,480
	Imperial Brands Plc	Common stock	1,063	27,821	44,657
	Industria De Diseno	Common stock	3,434	19,055	56,661
	Interactive Brokers Grou	Common stock	3,770	83,499	242,449
	Intesa Sanpaolo S P	Common stock	789	30,211	32,830
	Ionis Pharmaceuticals In	Common stock	656	27,477	51,896
	Iqvia Hldgs Inc	Common stock	1,160	223,252	261,476
	Itochu Corp	Common stock	288	25,966	36,418
	Jfrog Ltd	Common stock	1,003	49,721	62,647
	Jpmorgan Chase & Co	Common stock	800	130,773	257,776
	Keurig Dr Pepper Inc	Common stock	5,000	169,114	140,050
	Keyence Corp Ordf	Common stock	82	28,120	29,521
	Kingspan Group Plc	Common stock	214	18,395	18,861
	Komatsu Ltd	Common stock	517	19,329	16,415

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Kontoor Brands Inc	Common stock	755	66,490	46,123
	Kroger Co	Common stock	3,400	154,997	212,432
	L Oreal S A	Common stock	530	40,533	45,395
	L3Harris Technologies In	Common stock	800	187,988	234,856
	Lam Resh Corp	Common stock	1,680	131,138	287,582
	Linde Plc	Common stock	494	205,614	210,637
	Livanova Plc	Common stock	1,054	58,075	64,853
	London Stk Exchange Gr F	Common stock	1,980	46,087	60,529
	Lumentum Hldgs Inc	Common stock	192	23,063	70,769
	Lvmh Moet Hennessy Lou F	Common stock	427	64,242	64,396
	Madrigal Pharmaceuticals	Common stock	85	17,982	49,499
	Magnite Inc	Common stock	3,175	36,171	51,530
	Marubeni Corp	Common stock	102	20,341	28,127
	Matador Res Co	Common stock	1,262	61,627	53,559
	Mckesson Corp	Common stock	300	145,946	246,087
	Meta Platforms Inc	Common stock	470	141,405	310,242
	Microsoft Corp	Common stock	1,610	148,470	778,628
	Mirum Pharmaceuticals In	Common stock	445	28,944	35,151
	Modine Mfg Co	Common stock	422	18,809	56,341
	Mtu Aero Engines Hldgs F	Common stock	149	14,902	31,056
	Munich Re Group	Common stock	2,641	27,646	34,835
	Myr Group Inc Del	Common stock	347	58,716	75,820
	Natwest Group PlcUn	Common stock	3,336	27,454	58,380
	Nestle S A	Common stock	477	49,012	47,118
	Nintendo Ltd	Common stock	1,840	34,409	31,022
	Novo-Nordisk A S	Common stock	1,167	53,763	59,377
	Nvidia Corp	Common stock	5,300	304,499	988,451
	Ollies Bargain Outlet Hl	Common stock	388	38,822	42,529
	Parker-Hannifin Corp	Common stock	272	49,472	239,077
	Pdf Solutions Inc	Common stock	1,952	51,183	55,691
	Pinnacle Finl Partners I	Common stock	593	28,816	56,578
	Powell Inds Inc	Common stock	206	35,452	65,669
	Ppl Corp	Common stock	4,100	130,547	143,582
	Preferred Bk Los Angeles	Common stock	641	50,134	60,530
	Pultegroup Inc	Common stock	1,660	149,464	194,652
	Recruit Hldgs Co Ltd	Common stock	2,794	25,740	31,433
	Relx Plc	Common stock	1,018	36,339	41,148
	Repligen Corp	Common stock	379	52,448	62,103
	Restaurant Brands Intl F	Common stock	2,820	217,394	192,409
	Rheinmetall	Common stock	61	9,456	22,296
	Rio Tinto Plc	Common stock	183	14,314	14,645
	Rolls-Royce Holdings P F	Common stock	6,032	33,292	94,823
	Royal Kpn Nv	Common stock	5,532	18,184	26,166
	Rwe Ag	Common stock	1,120	51,634	59,707
	Ryanair Hldgs Plc	Common stock	605	34,355	43,675
	Safran	Common stock	1,166	36,831	101,500
	Sap Se	Common stock	299	61,347	72,630
	Servicenow Inc	Common stock	1,345	217,914	206,041
	Shin Etsu Chem Co Ltd F	Common stock	1,511	19,862	23,421
	Shopify Inc	Common stock	125	4,230	20,121
	Skywest Inc	Common stock	674	57,251	67,676
	Slb Limited	Common stock	5,180	216,641	198,808

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Common stocks, continued				
	Sm Energy Co	Common stock	2,832	78,365	52,958
	Smc Corp Ordf	Common stock	61	27,827	21,085
	Sony Group Corp	Common stock	1,957	51,693	50,099
	Southstate Bk Corp	Common stock	701	58,798	65,971
	Sps Comm Inc	Common stock	721	96,718	64,263
	Spx Technologies Inc	Common stock	333	44,933	66,620
	Standard Chartered Plc FUn	Common stock	818	22,335	40,458
	Steris Plc	Common stock	938	241,717	237,802
	Stifel Finl Corp	Common stock	510	33,700	63,862
	Suzuki Mtr Corp	Common stock	468	20,607	27,673
	Sysco Corp	Common stock	2,800	202,551	206,332
	Taiwan Semiconductor M F	Common stock	248	22,694	75,365
	Tdk Corp Equity Adr	Common stock	2,355	23,807	33,206
	Tencent Hldgs Ltd	Common stock	327	18,004	25,032
	Terumo Corp	Common stock	662	11,444	9,599
	Tg Therapeutics Inc	Common stock	1,247	19,785	37,173
	Tjx Cos Inc New	Common stock	1,600	171,534	245,776
	T-Mobile Us Inc	Common stock	700	112,487	142,128
	Tokyo Electron Ltd	Common stock	297	31,844	32,997
	Totalenergies	Common stock	621	38,777	40,626
	Transmedics Group Inc	Common stock	505	42,562	61,433
	Uber Technologies Inc	Common stock	2,100	143,128	171,591
	Ultra Clean Hldgs Inc	Common stock	2,050	71,381	51,927
	Unicredit Spa	Common stock	1,832	36,560	75,973
	Vertiv Hldgs Co	Common stock	1,153	107,913	186,798
	Viking Therapeutics Inc	Common stock	890	23,543	31,310
	Visa Inc	Common stock	670	147,556	234,976
	Volvo Ab	Common stock	534	15,080	17,056
	Weatherford Intl Plc F	Common stock	793	52,762	62,060
	Wells Fargo & Co	Common stock	2,800	123,334	260,960
	Wintrust Finl Corp	Common stock	482	19,718	67,393
	Wolters Kluwer N V	Common stock	253	32,906	26,201
	Workday Inc	Common stock	890	168,774	191,154
	Zymeworks Inc	Common stock	1,408	36,151	37,073
	Total common stocks			12,531,355	19,210,674

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
Fixed income					
	Corporate bond, preferred:				
	Abrdn Asset M 5.25% PFD	Corporate bond, preferred	2,621	71,222	51,817
	Aegon Funding Co 5.1%PFD	Corporate bond, preferred	2,447	62,609	48,132
	AT&T Inc. 5.35% 5.35%PFD	Corporate bond, preferred	2,750	74,178	61,243
	Axis Capital H 5.5% PFD	Corporate bond, preferred	2,424	62,815	48,335
	Bank Of Amer 4.375% PFD	Corporate bond, preferred	2,444	61,027	44,334
	Bank Of NY VA 6.15% PFD	Corporate bond, preferred	2,209	56,263	56,661
	Brunswick Corp 6.375%PFD	Corporate bond, preferred	2,137	56,258	54,066
	Capital One Fi 4.8% PFD	Corporate bond, preferred	2,615	58,534	47,305
	Carlyle Fin L. 4.625%PFD	Corporate bond, preferred	3,190	80,772	54,549
	CMS Energy Cor 5.875%PFD	Corporate bond, preferred	2,226	61,937	51,532
	Cullen/Frost 4.45% PFD	Corporate bond, preferred	2,958	77,794	51,351
	DTE Energy Co 4.375%PFD	Corporate bond, preferred	3,098	81,787	53,193
	Federal Agri 4.875% PFD	Corporate bond, preferred	2,933	75,643	52,911
	Gabelli Equity T 5% PFD	Corporate bond, preferred	2,349	60,197	49,094
	Highland Opr 5.375% PFD	Corporate bond, preferred	2,709	71,188	43,073
	JPMorgan Chase & 6% PFD	Corporate bond, preferred	2,215	58,697	55,685
	KKR Group Fin 4.625%PFD	Corporate bond, preferred	3,118	61,412	54,471
	Metlife Inc 5.625% PFD	Corporate bond, preferred	2,246	62,046	53,343
	Morgan Stanley 4.25% PFD	Corporate bond, preferred	3,040	75,988	53,626
	Nextera Energy 5.65%PFD	Corporate bond, preferred	2,223	62,172	52,930
	Northern Trust 4.7% PFD	Corporate bond, preferred	2,272	58,909	53,850
	Ntnl Rural Utili 5.5%PFD	Corporate bond, preferred	2,276	60,925	44,122
	Partnerre Lt 4.875% PFD	Corporate bond, preferred	2,384	51,494	40,766
	Prudential Fin 4.125%PFD	Corporate bond, preferred	2,430	61,925	41,918
	Public Storag 5.05% PFD	Corporate bond, preferred	1,763	37,830	35,542
	Rivernorth/D 4.375% PFD	Corporate bond, preferred	2,783	69,469	47,172
	The Allstate C 5.1% PFD	Corporate bond, preferred	2,297	61,336	48,099
	The Hartford Ins 6% PFD	Corporate bond, preferred	2,215	58,864	55,441
	The Southern Co 4.2%PFD	Corporate bond, preferred	2,600	68,075	46,124
	Truist Finl C 4.75% PFD	Corporate bond, preferred	3,008	79,928	57,754
	U.S. Bancorp 5 5.5% PFD	Corporate bond, preferred	3,018	80,655	67,905
	W. R. Berkley 4.125%PFD	Corporate bond, preferred	3,089	51,486	51,785
	Wells Fargo & 4.75% PFD	Corporate bond, preferred	2,657	69,503	50,382
	Total corporate bond, preferred			2,142,934	1,678,510

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment		Number of Shares or Par Value	(d) Cost	(e) Current Value
Fixed income, continued						
	Mortgage pools:					
	Federal NTNL Mor	Mortgage pool		65,000	64,326	61,915
	FHLMC 847557	Mortgage pool		1,325,000	11,673	11,920
	FHLMC847665	Mortgage pool		1,220,000	19,591	19,920
	FNMA Pl 733118	Mortgage pool		3,000,000	3,970	4,000
	Total mortgage pools				99,560	97,754
	U.S. government:	Maturity date	Interest rate			
	U.S. Treasury Note	2/15/2028	2.75%	75,000	76,556	73,869
	U.S. Treasury Note	5/15/2031	1.625%	300,000	258,560	268,875
	U.S. Treasury Note	11/15/2032	4.175%	400,000	403,976	404,875
	U.S. Treasury Note	2/15/2038	4.375%	400,000	465,928	403,891
	U.S. Treasury Note	8/15/2040	3.875%	400,000	447,615	370,859
	U.S. Treasury Note	8/15/2043	3.625%	550,000	500,214	475,664
	U.S. Treasury Note	8/15/2044	3.125%	300,000	241,316	237,938
	TVA Govt	7/15/2033	4.700%	350,000	370,776	360,218
	Total U.S. government				2,764,942	2,596,189
	Corporate bonds, other:	Maturity date	Interest rate			
	Baker Hughes HO	12/15/2027	3.337%	100,000	94,360	98,958
	Bank Of America C Var 29	7/23/2029	4.271%	250,000	266,682	250,884
	Bank Of America C Var 30	10/22/2030	2.884%	250,000	221,993	238,083
	Booking Holdings	3/15/2028	3.550%	250,000	260,818	247,699
	Boston Properties	12/1/2028	4.50%	400,000	423,491	402,098
	Citigroup Inc.	1/12/2026	3.7%	250,000	245,058	250,000
	Canadian Imper	10/3/2033	6.092%	90,000	98,016	97,861
	Exelon Corp	4/15/2030	4.05%	277,000	250,642	274,110
	Hp Inc.	6/17/2027	3.0%	250,000	254,786	246,214
	Ingersoll Rand	11/15/2027	6.391%	250,000	271,703	256,896
	Jpmorgan Chase & Var	11/8/2032	2.545%	150,000	127,563	135,397
	Omnicom Group Inc	4/15/2026	3.6%	250,000	242,257	249,596
	Pnc Bank Ntnl A	7/26/2028	4.05%	250,000	267,110	250,524
	Goldman Sachs	1/26/2027	3.85%	250,000	251,791	249,678
	T-Mobile Usa In	7/15/2033	5.05%	95,000	96,944	97,170
	Verizon Communi	2/8/2029	3.875%	250,000	265,844	248,795
	Wisconsin Power	9/1/2032	3.95%	105,000	97,620	101,010
	Total corporate bonds, other				3,736,677	3,694,972
	Total fixed income				8,744,113	8,067,425

RETIREMENT PLAN FOR EMPLOYEES OF MCKENZIE-WILLAMETTE HOSPITAL
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued
December 31, 2025

Employer Identification Number: 93-0421470
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Real estate investment trusts				
	Agree Realty Corp	REIT	881	52,539	63,458
	American Tower Corp New	REIT	1,308	238,293	229,646
	Stag Industrial Inc	REIT	1,813	52,197	66,646
	Tanger Inc	REIT	2,022	49,520	67,474
	Total real estate investment trusts			392,550	427,224
	Total investments			$ 23,109,053	$ 29,146,434

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

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

2025 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

Existing Amortization Shortfall Bases

		First Segment Rate		Second Segment Rate		
Year of Origin	Installment Amount	Number of Payments	Interest Rate	Number of Payments	Interest Rate	Present Value
2024	(114,018)	5	5.07%	9	5.31%	(1,167,580)
2023	408,822	5	5.07%	8	5.31%	3,977,810
2022	(334,263)	5	5.07%	7	5.31%	(3,072,695)
2021	(71,182)	5	5.07%	6	5.31%	(614,046)
2020	609,219	5	5.07%	5	5.31%	4,892,239
Total Existing:	498,578					4,015,728

Current Year Amortization Shortfall Base

		First Segment Rate		Second Segment Rate		
Year of Origin	Installment Amount	Number of Payments	Interest Rate	Number of Payments	Interest Rate	Present Value
2025	101,829	5	5.07%	10	5.31%	1,092,108
Total:	600,407					5,107,836