

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: IAFF MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE WASHINGTON STATE COUNCIL OF FIRE FIGHTERS EMPLOYEE BENEFIT TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan): WASHINGTON STATE COUNCIL OF FIRE FIGHTERS
2b Employer Identification Number (EIN): 91-0729677
2c Plan Sponsor's telephone number: 360-943-3030
2d Business code (see instructions): 813930

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF THE WA STATE COUNCIL OF FIRE FIGHTERS EBT C/O VIMLY BENEFIT SOLUTIONS P.O. BOX 6 MUKILTEO, WA 98275		3b Administrator's EIN 91-2009771
		3c Administrator's telephone number 425-771-7359
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name BOARD OF TRUSTEES, WA STATE COUNCIL OF FIRE FIGHTERS EMP BENEFIT TRUST c Plan Name IAFF MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE WASHINGTON STATE COUNCIL OFFIRE FIGHTERS EMPLOYEE BENEFIT TRUST		4b EIN 91-2009771 4d PN 501
5 Total number of participants at the beginning of the plan year	5	13682
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)	9268
a(2) Total number of active participants at the end of the plan year	6a(2)	12816
b Retired or separated participants receiving benefits	6b	2385
c Other retired or separated participants entitled to future benefits	6c	4291
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	19492
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e.	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	119

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4T 4U

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 143944800

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

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

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

VIMLY BENEFIT SOLUTIONS, INC.

91-1603312

(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 12 13 15 36 38 49 50	N/A	772344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE WAGNER LAW GROUP

04-3323315

(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?
29 50	N/A	241580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BROWN & BROWN OF WASHINGTON, INC.

91-0378940

(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?
16 50	N/A	225408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HIGHLAND CAPITAL ADVISORS, LLC.

20-4284376

(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 50	N/A	72500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOSS ADAMS, LLP

91-0189318

(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 50	N/A	60890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IAFF FINANCIAL CORPORATION

30-0025729

(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?
16 50	N/A	47933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 71	N/A	41790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREG MARKLEY

C/O VIMLY, P.O. BOX 6
MUKILTEO, WA 98275

(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?
20 50	CHAIRMAN	40446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREG WILSON

C/O VIMLY, P.O. BOX 6
MUKILTEO, WA 98275

(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?
20 50	TRUSTEE	37467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WEST COAST BUSINESS GRAPHICS, INC.

91-2182455

(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?
36 50	N/A	24688	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHOEDEL & SCHOEDEL CPAS, PLLC

91-0614823

(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 50	N/A	24400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE RHIZOME COLLABORATIVE

91-1997463

(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?
49 50	N/A	14425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHEIRON, INC.

13-4215617

(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 50	N/A	8188	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENEFIT PROGRAMS ADMINISTRATION

13-2501278

(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 12 13 15 36 38 49 50	N/A	7528	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTL. ASSOC. OF FIRE FIGHTERS

61-1629460

(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?
49 50	N/A	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW MARTENS

C/O VIMLY, P.O. BOX 6
MUKILTEO, WA 98275

(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?
20 50	TRUSTEE	6145	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	SCHOEDEL & SCHOEDEL CPAS PLLC	b EIN:	91-0614823
c Position:	ACCOUNTANTS		
d Address:	422 W. RIVERSIDE AVENUE, #1420 SPOKANE, WA 99201	e Telephone:	509-747-2158

Explanation: SCHOEDEL & SCHOEDEL CPAS PLLC RESIGNED DUE TO STAFFING CONSTRAINTS.

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>IAFF MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE WASHINGTON STATE COUNCIL OF FIRE FIGHTERS EMPLOYEE BENEFIT TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WASHINGTON STATE COUNCIL OF FIRE FIGHTERS</u>	D Employer Identification Number (EIN) <u>91-0729677</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>REAL ASSET INCOME FUND, LLC</u>	
b Name of sponsor of entity listed in (a):	<u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>86-3454983-001</u>	<u>E</u>	<u>14100000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024			
A Name of plan IAFF MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE WASHINGTON STATE COUNCIL OF FIRE FIGHTERS EMPLOYEE BENEFIT TRUST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ▶	501
B Three-digit plan number (PN) ▶	501		
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON STATE COUNCIL OF FIRE FIGHTERS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 91-0729677</td> </tr> </table>	D Employer Identification Number (EIN) 91-0729677	
D Employer Identification Number (EIN) 91-0729677			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	58225	2482792
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1142883	460405
(2) Participant contributions	1b(2)	10700	894765
(3) Other	1b(3)	10860	757631
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	909324	3611041
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	14100000
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	213727605	328628758
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	215859597	350935392
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	77939	109314
i Acquisition indebtedness	1i		
j Other liabilities	1j	121004	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	198943	109314
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	215660654	350826078

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)	12408556	
(B) Participants	2a(1)(B)	18980621	
(C) Others (including rollovers)	2a(1)(C)	244022	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		31633199
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	86108	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		86108
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9421273	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9421273
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23935664
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		65076244

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9061148	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9061148
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	31668	
(2) Contract administrator fees.....	2i(2)	806676	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	85290	
(5) Investment advisory and investment management fees	2i(5)	90625	
(6) Bank or trust company trustee/custodial fees	2i(6)	42916	
(7) Actuarial fees	2i(7)	8188	
(8) Legal fees	2i(8)	206624	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	94047	
(11) Other expenses	2i(11)	322220	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1688254
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10749402

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		54326842
l Transfers of assets:			
(1) To this plan	2l(1)		80838582
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MOSS ADAMS LLP**

(2) EIN: **91-0189318**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	43678
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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



*Report of Independent Auditor and
Financial Statements with Supplemental Schedules*

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters
Employee Benefit Trust**

June 30, 2024

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Report of Independent Auditors

To the Board of Trustees
IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits and statement of benefit obligations as of June 30, 2024, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the year then ended, and the related notes to the financial statements (collectively, the 2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 9 to the 2024 financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust's ability to continue as a going concern within one year after the date that 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 GAAS 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 GAAS, 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 IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust'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 IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended June 30, 2024, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of June 30, 2024, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the 2024 financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the 2024 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2023 Financial Statements

The 2023 financial statements of IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust were audited by predecessor auditors whose report dated April 14, 2024, expressed an unmodified opinion on those financial statements.

A handwritten signature in cursive script that reads "Moss Adams LLP".

Sacramento, California
April 10, 2025

Financial Statements

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023**

	2024	2023
ASSETS		
Noninterest-bearing cash	\$ 2,482,792	\$ 58,225
Investments at fair value		
Interest-bearing cash	3,611,041	909,324
Mutual funds	328,628,758	213,727,605
Comingled mortgage pool fund	14,100,000	-
	346,339,799	214,636,929
Receivables		
Interest and dividends	757,631	626
Employer contributions	460,405	242,534
Participant contributions	894,765	911,049
	2,112,801	1,154,209
Prepaid insurance	-	10,234
Total assets	350,935,392	215,859,597
LIABILITIES		
Accrued investment and administrative expenses	109,314	77,939
Unearned employer contributions	-	59,880
Unearned participants contributions	-	61,124
Total liabilities	109,314	198,943
NET ASSETS AVAILABLE FOR BENEFITS	\$ 350,826,078	\$ 215,660,654

See accompanying notes.

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2024**

	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Contributions	
Employers	\$ 12,408,556
Participants	18,980,621
Participating local	244,022
	31,633,199
Investment Income	
Net appreciation in fair value of investments	23,935,664
Interest and dividends	9,421,273
Other	86,108
	33,443,045
Investment expenses	(133,541)
Net investment income	33,309,504
Total additions	64,942,703
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	9,061,148
Cost of administration	
Accounting and auditing fees	85,290
Actuarial service fees	8,188
Administration fees	806,676
Consulting fees	252,274
Insurance and bonding	44,690
Legal fees	206,624
Government filing fees	8,150
Postage, printing, and supplies	35,925
Trustee meeting and conference expenses	94,047
Website design	12,849
	1,554,713
Total deductions	10,615,861
Change in net assets before transfers	54,326,842
Transfers of assets from another plan upon merger	80,838,582
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	215,660,654
End of year	\$ 350,826,078

See accompanying notes.

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Statements of Plan Benefit Obligations
June 30, 2024 and 2023**

	2024	2023
PLAN BENEFIT OBLIGATIONS *		
Actuarial present value of postretirement benefit obligations		
Current retirees and dependents	\$ 160,055,228	\$ 79,324,592
Other participants fully eligible for benefits	55,928,547	-
Other participants not yet fully eligible for benefits	308,213,591	288,999,230
Total postretirement benefit obligations	524,197,366	368,323,822
TOTAL PLAN BENEFIT OBLIGATIONS	\$ 524,197,366	\$ 368,323,822

* See Note 5 for additional information.

See accompanying notes.

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Statement of Changes in Plan Benefit Obligations
Year Ended June 30, 2024**

	2024
PLAN BENEFIT OBLIGATIONS *	
Actuarial present value of postretirement benefit obligations	
Balance at beginning of year	\$ 368,323,822
Net change during the year	
Change in actuarial assumptions (i)	(21,944,554)
Benefits accumulated and other changes	32,399,591
Benefits paid (ii)	(9,061,148)
Merger transfer in from another qualified plan (iii)	67,696,000
Benefits accumulated and other changes relating to merger (iv)	68,952,734
Due to passage of time	17,830,921
Balance at end of year (v)	524,197,366
PLAN BENEFIT OBLIGATIONS AT END OF YEAR	\$ 524,197,366

* See Note 5 for additional information.

- (i) Change in actuarial assumptions are related to change in discount rate as described in Note 5.
- (ii) Benefits paid included \$1,276,992 paid under the Plan's provision for participant individual recordkeeping accounts as described in Note 1.
- (iii) Merger transfer in from another plan represented benefit obligations assumed under merger with the Medical Expense Reimbursement Plan of the California Firefighters Benefit Trust as described in Note 1. The measurement was calculated using the predecessor plan provision at the time of merger.
- (iv) Benefits accumulated and other changes relating to merger represented the differences in benefit obligation calculated under the current plan provision and those calculated under the predecessor plan provision at the time of merger.
- (v) Balance at end of year included \$32,944,113 representing the total participant individual recordkeeping account balance that is available for benefits at June 30, 2024, as described in Note 1.

See accompanying notes.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust (the Plan) provides only general information. Participants should refer to the Plan Documents for a more complete description of the Plan's provisions.

General – The Plan was established effective July 1, 1999, by the Washington State Council of Fire Fighters (WSCFF), which is an organization located within the state of Washington that represents affiliated local fire fighter unions of the International Association of Fire Fighters (IAFF) within the state.

The Plan is a welfare benefit plan providing reimbursement of health insurance premiums and medical expenses to retirees. It is maintained pursuant to various collective bargaining agreements and successor agreements between the participating locals and their respective employers. The Plan is administered by the Board of Trustees IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust, with the assistance of a third-party contract administration organization.

Effective December 31, 2021, the Board of Trustees changed the name of the Plan from the Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust to the IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Plan merger – On February 1, 2023, a merger agreement was approved by the Boards of Trustees of the California Firefighters Benefit Trust (CFBT) and the WSCFF Employee Benefit Trust. As of August 31, 2023, in accordance with the merger agreement, all assets and liabilities including benefit obligations were transferred from the Medical Expense Reimbursement Plan of the CFBT (Employer Identification No. 33-0581737, Plan No. 501), into the Plan.

Upon merger, the benefits offered through the Medical Expense Reimbursement Plan of the CFBT continue within the Plan, and the CFBT was dissolved, in accordance with the Resolution to Dissolve Trust adopted by the Board of Trustees of the CFBT effective August 31, 2023.

Eligibility – Generally, participation in the Plan is open to all employees represented by a bargaining unit of a member local of the WSCFF (or a local that is a member of the IAFF), and for whom contributions are made to the Plan as required by the collective bargaining agreement between that local and the employee's employer.

Contributions – Contributions to the Plan must be nonelective, and are made by the participating employers, participants, and/or participating locals, based on the collective bargaining agreements. In addition, some participating locals bargain for mandatory transfer of their accumulated sick or vacation leave into the Plan, annually or at retirement and other lump sum contributions from their participating employers. Further, under certain limited circumstances and pursuant to COBRA, beneficiaries may make self-payment contributions.

Participant individual accounts – Effective August 1, 2023, the Plan is amended to establish individual bookkeeping account in the name of participant to reflect lump sum contributions for mandatory transfer of accumulated sick or vacation leave and other negotiated lump sum contributions from participating employers.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

Participants could convert certain amounts of their individual account balances into nonelective contributions referenced above to qualify for the pooled account monthly benefits or earn a higher pooled account monthly benefit after retirement.

Participants direct the investment of their individual bookkeeping account balances into one of six mutual funds approved by the Board of Trustees. Participants who do not make a timely investment election will be placed in one of the four mutual funds based on their age. Participants are permitted to change their investment elections once a year during the annual investment selection period.

Individual bookkeeping accounts are credited an allocation of investment earnings or losses and investment advisory fees paid by the Plan. Individual bookkeeping accounts are charged for (1) benefits payments made to participants and their beneficiaries, (2) a monthly account maintenance fee as approved by the Board of Trustees, and (3) lump sum contribution conversions.

Pooled account – All contributions not reflected in the individual bookkeeping accounts are accumulated in the Plan's pooled account and are invested with the assistance of a professional investment manager, utilizing investment policies and methods consistent with objectives of the Plan and ERISA requirements. See Note 4 for nonparticipants directed investments.

Payment of benefits – The Plan's benefits include reimbursements for qualified medical expenses: (1) health, dental, and vision insurance premiums paid by the beneficiary or surviving spouse, and in certain cases, surviving children, (2) long-term care insurance premiums paid by the retired participants for coverage in effect while eligible for benefits under the Plan (but no other expenses associated with the costs of long-term care), and (3) costs for the diagnosis, cure, mitigation, treatment, or prevention of disease or injury, for which services have been provided and paid for by the retired participants, surviving spouses, or children while eligible for benefits under the Plan, and which have not been claimed as a deduction on their personal income tax return.

In general, a participant becomes an eligible retiree entitled to receive pooled benefits under the Plan after the following requirements are met: (1) the participant has earned five years of active service in the Plan, (2) contributions have been made to the Plan on behalf of the participant for all years of active service since the participant's commencement of participation in the Plan, (3) the participant attains age 53, and (4) the participant ceases employment with a participating employer.

An eligible retiree is generally entitled to a lifetime stream of monthly benefit payments at his/her benefit level, for reimbursement of qualified medical expenses, as defined. The current monthly benefit level for an eligible retiree equals the number of active service units earned by the retiree times \$0.41 (the unit multiplier). Each monthly contribution of \$25 equals one active service unit. For example, if a participant's monthly contribution rate is \$75, the participant earns three active service units per month. Unused pooled account monthly benefits is accumulated and available to be used in subsequent months. The monthly benefit level for a surviving spouse and children, if eligible, is 50% of that of the deceased eligible retiree.

A participant may become an eligible retiree under the Plan without attaining the age 53, if the participant has earned eligibility for routine retirement benefits from the retirement system that his/her employer participates in, as long as all of the other eligibility requirements listed above are met. These participants are entitled to start benefit payments immediately after retirement, but at a reduced monthly benefit amount, as determined by the early retirement factors table, as defined in the Plan Document.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

The active service unit and the unit multiplier are determined by the Board of Trustees, with actuarial advice. In any case, however, lifetime benefits are not guaranteed, and the Board of Trustees has the right to increase, decrease, or terminate benefits at any time.

A retiree who does not earn five years of active service in the Plan will not be eligible for the lifetime stream of monthly benefit payments. Instead, the retiree will be eligible to receive benefits limited to the total contributions submitted on his or her behalf (including transfer of mandatory sick leave or vacation leave) to the Plan.

For participants with individual recordkeeping accounts, a participant is eligible to receive benefits from the Plan on the first day of the month after termination of employment with any and all participating employers in the Plan or upon retirement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's individual account. Benefits under the Plan terminate on the date the participant's individual account balance reaches \$0. Any balance left in the account upon the death of the participant and surviving beneficiaries will forfeit to the Plan. There were no forfeitures during the year ended June 30, 2024. The Board of Trustees may modify or amend the rules for benefit payments from individual accounts, which may apply to current and/or future participants.

Right to change or terminate the Plan – Although it has not expressed any intention to do so, the Board of Trustees, as plan administrator, has the right to terminate the Plan.

The Trust Agreement of the WSCFF Employee Benefit Trust may be amended or terminated by action of the WSCFF's Board of Directors, on its own accord, after fifteen days' advance written notice to the Board of Trustees or upon recommendation of the Board of Trustees. If the WSCFF is decertified or otherwise ceases to exist without having made provisions for any remaining funds in the Trust, the remaining members of the Board of Trustees will have the power to amend.

In any event, the Trust Agreement will be automatically terminated upon the expiration of all collective bargaining agreements and subscription agreements requiring the payment of contributions to the Trust, and upon completion of the termination process. Provided that for purposes of this provision a collective bargaining agreement or subscription agreement will not be deemed to have expired in a strike or impasse situation, unless said strike or impasse continues for more than twelve months. As part of the termination process, the Trustees may arrange for retention of an independent trustee to administer the wasting trust.

Upon termination, the Trustees will wind up the affairs of the Trust. Any and all monies remaining in the Trust, after the payment of expenses, shall be allocated among the participating employees and beneficiaries as specified in Section 501(c)(9) of the Internal Revenue Code (IRC) and related authority. In no event shall any of the remaining monies or assets in the Trust be paid to or be recoverable by any participating employer or labor organization.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

Use of estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation – Investments are stated at fair value as certified by the Plan's custodian. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Contributions – Contributions from participants and participating employers and/or locals are recorded in the month in which the participant contributions are withheld from compensation and the contributions are due from participating employers and/or locals in accordance with their collective bargaining agreements.

Payment of benefits – Benefits are recorded when paid.

Expenses – All expenses of maintaining the Plan are paid by the Plan.

Allowance for credit losses – In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which introduced a new credit loss methodology, Current Expected Credit Losses (CECL), for the measurement and recognition of credit losses on most financial assets measured at amortized cost, including receivables. The ASU and its related clarifying updates since June 2016 are effective for fiscal years beginning after December 15, 2022. The Plan adopted the new standard on July 1, 2023, using the modified retrospective method. No cumulative effect adjustment to net assets available for benefits as of July 1, 2023 was necessary upon adoption.

Management provided for no allowance for credit losses as of June 30, 2024 as all receivables were determined to be fully collectable. Prior to the adoption the new standard, the Plan maintained an allowance for doubtful accounts to reserve for potentially uncollectible receivable. Management provided no allowance for doubtful accounts as of June 30, 2023 as all amounts were determined to be fully collectable.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements were available to be issued.

The Plan has evaluated subsequent events through April 10, 2025, which is the date the financial statements were available to be issued.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

NOTE 3 – FAIR VALUE MEASUREMENTS

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value within a fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to measurements involving significant unobservable inputs (Level 3).

The three levels of fair value hierarchy are as follows:

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; and other inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2024 and 2023.

Registered investment companies (mutual funds including money market funds) – Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Comingled mortgage pool fund – Units held in the comingled mortgage pool fund are valued using the net asset value practical expedient (NAV practical expedient) as reported by the fund manager. The NAV practical expedient is based on the fair value of the underlying assets owned by the comingled mortgage pool fund, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the NAV practical expedient.

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

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Notes to Financial Statements**

The following tables disclose by level the fair value hierarchy of the Plan's investments at fair value as of June 30:

	Investment Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 328,628,758	\$ -	\$ -	\$ 328,628,758
Investments in fair value hierarchy	<u>\$ 328,628,758</u>	<u>\$ -</u>	<u>\$ -</u>	328,628,758
Interest-bearing cash				3,611,041
Investments measured at NAV practical expedient				<u>14,100,000</u>
Investments at fair value				<u>\$ 346,339,799</u>

	Investment Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 213,727,605	\$ -	\$ -	\$ 213,727,605
Investments in fair value hierarchy	<u>\$ 213,727,605</u>	<u>\$ -</u>	<u>\$ -</u>	213,727,605
Interest-bearing cash				<u>909,324</u>
Investments at fair value				<u>\$ 214,636,929</u>

The following table provides additional information for investments in certain entities that calculate net asset value per share (or its equivalent):

	Fair Value 2024	Fair Value 2023	Redemption Frequency	Redemption Notice Period	Redemption Restrictions
Comingled mortgage pool fund	\$ 14,100,000	\$ -	Monthly	30 days	a)

a) Redemption is made at the fund manager's sole discretion. There is no unfunded commitment related to the fund at June 30, 2024.

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Notes to Financial Statements**

NOTE 4 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	June 30,	
	<u>2024</u>	<u>2023</u>
Net Assets		
Noninterest-bearing cash	\$ 64,341	\$ 58,225
Interest-bearing cash	3,611,041	909,324
Mutual funds	297,611,038	213,727,605
Comingled mortgage pool fund	14,100,000	-
Interest and dividends receivable	597,230	626
Employer contribution receivable	460,405	242,534
Employee contribution receivable	632,969	911,049
Prepaid insurance	-	10,234
Transfers due from participant-directed investments	913,902	-
Accrued investment and administrative expense	(108,961)	(77,939)
Unearned employee contributions	-	(59,880)
Unearned participant contributions	-	(61,124)
	<u>\$ 317,881,965</u>	<u>\$ 215,660,654</u>
		Year ended June 30, 2024
Change in Net Assets		
Employer contributions		\$ 11,067,499
Participant contributions		14,514,126
Participating local contributions		244,022
Net appreciation in fair value of investments		22,541,848
Interest and dividends		8,414,951
Other investment income		86,108
Investment expense		(129,676)
Benefits paid		(7,784,156)
Cost of administration		<u>(1,535,253)</u>
Changes in net assets before transfers		47,419,469
Transfers of assets from another plan upon merger		49,046,997
Transfers from participant-directed investments		<u>5,754,845</u>
		102,221,311
Net assets at beginning of year		<u>215,660,654</u>
Net assets at end of year		<u>\$ 317,881,965</u>

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

NOTE 5 – POSTRETIREMENT BENEFIT OBLIGATIONS

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to active service units earned (see Note 1) as of the valuation date. Postretirement benefits include future benefits expected to be paid to currently retired employees and their beneficiaries and to eligible active employees and their beneficiaries after retirement or resignation from service with the Employer. Postretirement benefits also include the benefits accumulated by participants with individual recordkeeping accounts as provided by Plan Amendment effective August 1, 2023 (see Note 1).

The actuarial present value of the expected postretirement obligation is determined by an actuary and is the amount resulting from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as those for death or retirement) between the valuation date and the expected date of payment.

The following were significant assumptions used in the valuations:

Valuation dates June 30, 2024 and 2023 (the 2023 valuation was based on a measurement date of December 31, 2020)

Discount rate 4.50% and 2.50%, net of investment and administrative expense, at June 30, 2024 and 2023, respectively.

Benefit inflation The unit multiplier as described in Note 1 is not assumed to increase in future years.

Actives that qualify to receive a monthly benefit are assumed to claim reimbursements equal to the maximum allowable monthly benefit, in addition to receiving the full amount of any employee accounts based on sick leave conversions or other qualified contributions.

100% of future retirees are assumed to begin receiving benefits at the later age of 53 or once they are eligible.

Current retirees are assumed to claim reimbursements equal to the maximum allowable monthly benefit beginning at age 53, plus the value of any individual recordkeeping accounts.

Terminated members who are not eligible for a monthly benefit are assumed to claim the full amount of individual recordkeeping accounts immediately.

Demographic assumptions Demographic assumptions are based on the assumptions for the Law Enforcement Officers' and Fire Fighters' Plan 2 (LEOFF 2) from the Washington Office of the State Actuary Experience Study (2013-2018).

For the bargaining groups that entered the Plan as a result of the merger with the CFBT (see Note 1), the rates for the public agency fire plans from the most recent California Public Employees' Retirement System (CalPERS) experience study, dated November 2021 are used.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

Mortality June 30, 2024

Rates of mortality for LEOFF 2 are based on the Society of Actuaries (SOA) Pub-2010 Safety Headcount weighted tables, with generational improvements applied using MP-2017 from a base year of 2010.

Rates of mortality for non-retired, retired employees, beneficiaries, and disabled CalPERS members are based on the CalPERS base mortality assumptions from their 2021 experience study, with generational improvements applied using 80% of SOA Projection Scale MP-2020 from a base year of 2017 for the rates for all members.

June 30, 2023

Mortality rates for active members are based on the sex distinct Public Safety 2010 Employee Mortality Table headcount weighted, with generational mortality improvements projected from 2010 using Projection Scale MP-2017.

Mortality rates for terminated vested members are based on the sex distinct Public Safety 2010 Employee Mortality Table headcount weighted table prior to commencement, and the Public Safety 2010 Healthy Annuitant Mortality Table headcount weighted post-commencement, with generational mortality improvements projected from 2010 using Projection Scale MP-2017.

Mortality rates for retired members are based on the sex distinct Public Safety 2010 Healthy Annuitant Mortality Table headcount weighted, with generational mortality improvements projected from 2010 using Projection Scale MP-2017.

Rates of termination June 30, 2024

<u>Years of Service</u>	<u>LEOFF 2</u>	<u>Male CalPERS Fire</u>	<u>Female CalPERS Fire</u>
0	10.50%	10.22%	13.17%
5	2.00%	1.81%	4.38%
10	1.50%	0.81%	1.64%
15	1.00%	0.48%	1.20%
20	1.00%	0.35%	0.88%

June 30, 2023

<u>Years of Service</u>	<u>LEOFF 2</u>
0	10.5%
1	5.0%
2	2.5%
3-6	2.0%
7-10	1.5%
11-20	1.0%
21+	0.5%

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Notes to Financial Statements**

Rates of
retirement

June 30, 2024

<u>Age</u>	<u>LEOFF 2</u>	<u>CalPERS 3% @ 50 (Fire)</u>	<u>CalPERS 2.7% @ 57 (Fire)</u>
50	3.00%	13.40%	1.00%
55	9.00%	13.20%	12.70%
60	15.00%	18.60%	17.50%
65	30.00%	100.00%	100.00%
70	100.00%	100.00%	100.00%

June 30, 2023

<u>Age</u>	<u>LEOFF 2</u>
50-51	3.0%
52	5.0%
53-56	9.0%
57	10.0%
58	14.0%
59-60	15.0%
61	19.0%
62	23.0%
63-64	20.0%
65-69	30.0%
70+	100.0%

Rates of disability

June 30, 2024

<u>Age</u>	<u>LEOFF 2</u>	<u>CalPERS Fire</u>
20	0.00%	0.01%
30	0.02%	0.06%
40	0.10%	0.23%
50	0.40%	2.12%

June 30, 2023

<u>Age</u>	<u>LEOFF 2</u>
Under 25	0.00%
25-29	0.01%
30-34	0.02%
35-44	0.10%
45-49	0.20%
50-54	0.40%
55-59	0.60%
60-64	0.70%
65-79	0.36%
80+	0.00%

Healthcare cost
trend rate

The projected healthcare cost trend has no impact on the cost of the Plan because the benefit increase rates are not directly tied to healthcare costs. Therefore, an exhibit that would demonstrate the impact on costs of an increase by 1% in the projected healthcare trend rates is not provided.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of the postretirement benefit obligation.

The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan Document to guarantee benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan Document specifically recognizes the Trustees' right to modify or terminate benefits at any time for current and/or future retirees (see Note 7), and the Plan's benefits (see Note 1) are not vested.

NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated April 27, 2001, that the Plan and related Trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The U.S. Department of Labor closed its examination of the Plan and related trust on January 31, 2024.

NOTE 7 – RISKS AND UNCERTAINTIES

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions 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.

The Plan's principal sources of funds to make benefit payments are from (1) funds currently on hand, (2) contributions to be received in the future from the participants and participating employers and/or locals under the terms of their collective bargaining agreements, and (3) gains or losses from investment of funds. Contributions are subject to collective bargaining agreements, which have a limited term. Although the participating locals intend to bargain for continued contribution obligations in collective bargaining agreements, continuation is subject to the collective bargaining process. Accordingly, it is possible that contributions will not be extended beyond the term of the existing agreements.

Benefit amounts under the Plan are not vested. The Board of Trustees' determination of the value of each active service unit and the unit multiplier (see Note 1) is based on estimates and assumptions, including anticipated investment return, participant mortality, and expected funding from the participants and participating employers and/or locals beyond the termination date of the current collective bargaining agreements. There are risks that the estimates and assumptions made in determination of the monthly benefit amount will not be realized. While the Board of Trustees' determination of the value of each active service unit and the unit multiplier is intended to provide benefits over the long-term, there is no guarantee that funds will be available in sufficient amounts to continue benefits at the current level, or at all.

IAFF Medical Expense Reimbursement Plan of the Washington State Council of Fire Fighters Employee Benefit Trust

Notes to Financial Statements

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 8 – CASH CONCENTRATION

The Plan maintains its cash in deposit accounts held by financial institutions, the balance of which frequently exceeds federally insured limits. The interest-bearing cash account balance is classified as investments on the statements of net assets available for benefits.

NOTE 9 – INFORMATION CERTIFIED BY THE CUSTODIAN

For the year ended June 30, 2024, the plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S Bank National Association, the custodian, has certified to the completeness and accuracy of the following:

- Investments reflected on the accompanying statement of net assets available for benefits as June 30, 2024.
- Net appreciation in fair value of investments, interest and dividends reflected on the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2024.
- Investments reflected on the schedule of assets (held at end of year) as of June 30, 2024.
- Schedule of reportable transactions for the year ended June 30, 2024.

NOTE 10 – PARTY-IN INTEREST TRANSACTIONS

Plan investments are held by U.S. Bank National Association. The Board of Trustees have appointed Highland Capital Advisor, LLC as an investment advisor to select and manage investment assets based on the investment objectives and policies of the Plan. Fees incurred by the Plan for investment management and custodial services were \$133,541 for the year ended June 30, 2024.

Additionally, the Plan's administrative expenses included \$1,371,901 for the year ended June 30, 2024, for accounting, actuary, third-party administrator, consultants, and attorney fees related to services provided by parties in interest. These transactions are exempted party-in-interest transactions.

**Supplemental Schedules
Required by the Department of Labor**

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions
Year Ended June 30, 2024**

Plan Sponsor: The Washington State Council of Fire Fighters
Employee Identification Number: 91-0729677
Plan Number: 501

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	\$ 40,540	\$ 3,138	\$ -	\$ -
	\$ 40,540	\$ 3,138	\$ -	\$ -

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024**

Plan Sponsor: The Washington State Council of Fire Fighters
Employee Identification Number: 91-0729677
Plan Number: 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
INTEREST-BEARING CASH				
*	Heritage Bank	Interest at 1.49%	\$ 3,611,041	\$ 3,611,041
MUTUAL FUNDS				
	American Funds EuroPacific Growth F3	230,682.131 shares owned	12,410,198	13,225,006
	Cohen & Steers Institutional Realty Shares	591,923.202 shares owned	26,844,763	27,098,244
	Dodge & Cox Income Fund I	3,348,685.986 shares owned	41,162,369	41,456,733
	Dodge & Cox International Stock Fund I	255,560.663 shares owned	11,097,219	12,959,481
	First American Government Obligations Fund V	12,541,050.130 shares owned	12,541,050	12,541,050
	First American Inst. Prime Obligations Fund V	1,373,196.259 shares owned	1,373,334	1,373,334
	Metropolitan West Total Return Bond Fund	4,219,731.468 shares owned	41,904,077	37,640,005
	PIMCO All Asset Fund	2,718,524.817 shares owned	31,279,499	29,903,773
	Vanguard Total International Stock Index Fund	204,622.367 shares owned	22,896,371	26,476,088
	Vanguard Target Retirement 2030 Fund	104,917.590 shares owned	3,641,346	3,945,951
	Vanguard Target Retirement 2040 Fund	56,534.507 shares owned	2,160,025	2,392,540
	Vanguard Target Retirement 2050 Fund	10,936.105 shares owned	470,971	529,964
	Vanguard Target Retirement Income Fund	1,427,086.945 shares owned	18,320,447	18,894,631
	Vanguard Total Stock Market Index Fund	769,109.988 shares owned	58,265,904	100,191,958
				<u>328,628,758</u>
COMINGLED MORTGAGE POOL FUND				
	Real Asset Income Fund LLC	1,339,527.460 units owned	14,100,000	\$ 14,100,000
				<u>\$ 346,339,799</u>
*	Party-in-interest			

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2024**

Plan Sponsor: The Washington State Council of Fire Fighters
Employee Identification Number: 91-0729677
Plan Number: 501

(a) Identity of party involved	(b) Description of assets (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
SINGLE TRANSACTIONS WITHIN THE PLAN YEAR IN EXCESS OF 5%						
Cohen & Steers Instl Realty Shares	Mutual fund	\$ 25,041,000		\$25,041,000	\$ 25,041,000	
Dodge & Cox Income Fund I	Mutual fund	\$ 44,910,000		\$44,910,000	\$ 44,910,000	
First American Govt Obligations Fund V	Mutual fund	\$ 49,003,481		\$49,003,481	\$ 49,003,481	
First American Govt Obligations Fund V	Mutual fund		\$ 50,652,000	\$50,652,000	\$ 50,652,000	\$ -
First American Govt Obligations Fund V	Mutual fund	\$ 14,084,000		\$14,084,000	\$ 14,084,000	
First American Govt Obligations Fund V	Mutual fund		\$ 14,100,000	\$14,100,000	\$ 14,100,000	\$ -
First American Govt Obligations Fund V	Mutual fund	\$ 12,463,107		\$12,463,107	\$ 12,463,107	
Metropolitan West Total Return Bond Fund	Mutual fund		\$ 25,687,000	\$28,896,253	\$ 25,687,000	\$ (3,209,253)
Vanguard Total Stock Market Index Fund	Mutual fund	\$ 16,271,000		\$16,271,000	\$ 16,271,000	
Real Asset Income Fund LLC	Comingled mortgage pooled fund	\$ 14,100,000		\$14,100,000	\$ 14,100,000	
SERIES TRANSACTIONS WITHIN THE PLAN YEAR IN EXCESS OF 5%						
Heritage Bank	Interest-bearing cash	\$ 27,840,372 187 transactions		\$27,840,372	\$ 27,840,372	
Heritage Bank	Interest-bearing cash		\$ 25,224,764 54 transactions	\$28,896,253	\$ 25,224,764	\$ (3,671,489)

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2024**

Plan Sponsor: The Washington State Council of Fire Fighters
Employee Identification Number: 91-0729677
Plan Number: 501

(a) Identity of party involved	(b) Description of assets (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
SERIES TRANSACTIONS WITHIN THE PLAN YEAR IN EXCESS OF 5% (continue)						
Cohen & Steers Instl Realty Shares	Mutual fund	\$ 27,961,435 7 transactions		\$27,961,435	\$ 27,961,435	
Cohen & Steers Instl Realty Shares	Mutual fund		\$ 1,120,087 4 transactions	\$ 1,116,777	\$ 1,120,087	\$ 3,310
Dodge & Cox Income Fund I	Mutual fund	\$ 47,572,000 13 transactions		\$47,572,000	\$ 47,572,000	
Dodge & Cox Income Fund I	Mutual fund		\$ 12,049,000 6 transactions	\$11,978,045	\$ 12,049,000	\$ 70,955
First American Govt Obligations Fund V	Mutual fund	\$ 82,757,498 40 transactions		\$82,757,498	\$ 82,757,498	
First American Govt Obligations Fund V	Mutual fund		\$ 70,295,054 29 transactions	\$70,295,054	\$ 70,295,054	\$ -
Metropolitan West Total Return Bond Fund	Mutual fund	\$ 5,621,143 21 transactions		\$ 5,621,143	\$ 5,621,143	
Metropolitan West Total Return Bond Fund	Mutual fund		\$ 37,977,000 8 transactions	\$42,606,800	\$ 37,977,000	\$ (4,629,800)
PIMCO All Asset Fund	Mutual fund	\$ 9,952,380 13 transactions		\$ 9,952,380	\$ 9,952,380	
PIMCO All Asset Fund	Mutual fund		\$ 1,723,000 3 transactions	\$ 1,790,852	\$ 1,723,000	\$ (67,852)
Vanguard Total Int'l Stock Index Fund	Mutual fund	\$ 8,662,182 11 transactions		\$ 8,662,182	\$ 8,662,182	
Vanguard Total Int'l Stock Index Fund	Mutual fund		\$ 5,260,000 6 transactions	\$ 4,697,544	\$ 5,260,000	\$ 562,456
Vanguard Total Stock Market Index Fund	Mutual fund	\$ 24,192,194 11 transactions		\$24,192,194	\$ 24,192,194	
Vanguard Total Stock Market Index Fund	Mutual fund		\$ 21,773,000 8 transactions	\$13,271,432	\$ 21,773,000	\$ 8,501,568

Note: Columns (e) Lease rental and (f) Expense incurred with transaction are not applicable.

**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024**

Plan Sponsor: The Washington State Council of Fire Fighters
Employee Identification Number: 91-0729677
Plan Number: 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
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*	Heritage Bank	Interest at 1.49%	\$ 3,611,041	\$ 3,611,041
MUTUAL FUNDS				
	American Funds EuroPacific Growth F3	230,682.131 shares owned	12,410,198	13,225,006
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				<u>328,628,758</u>
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	Real Asset Income Fund LLC	1,339,527.460 units owned	14,100,000	\$ 14,100,000
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**IAFF Medical Expense Reimbursement Plan of
the Washington State Council of Fire Fighters Employee Benefit Trust
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2024**

Plan Sponsor: The Washington State Council of Fire Fighters
Employee Identification Number: 91-0729677
Plan Number: 501

(a) Identity of party involved	(b) Description of assets (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
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First American Govt Obligations Fund V	Mutual fund	\$ 12,463,107		\$12,463,107	\$ 12,463,107	
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