

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**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:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</u></p> <p><u>PO BOX 2321</u> <u>LAKE OSWEGO, OR 97035-0666</u></p>	<p><b>1c</b> Effective date of plan <u>09/01/1989</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>93-6227660</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>503-697-7518</u></p> <p><b>2d</b> Business code (see instructions) <u>921000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/04/2025	JODI AMATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/13/2025	TIMOTHY NOKES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	727
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	651
	<b>6a(2)</b>	756
	<b>6b</b>	87
	<b>6c</b>	0
	<b>6d</b>	843
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	10

**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 4B 4D 4E 4F 4H

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

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

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

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

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

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

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

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>93-6227660</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**COMMENCEMENT BAY RISK MANAGEMENT INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>91-1571623</b>	<b>78879</b>	<b>10014778</b>	<b>2086</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves.....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1381694
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</b>		<b>D</b> Employer Identification Number (EIN) <b>93-6227660</b>	

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

**1 Coverage Information:**

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

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>93-0438772</b>	<b>54941</b>	<b>10001719</b>	<b>2646</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits ..... **7c(2)**  
 (3) Interest credited during the year ..... **7c(3)**  
 (4) Transferred from separate account..... **7c(4)**  
 (5) Other (specify below) ..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier ..... **7e(2)**  
 (3) Transferred to separate account..... **7e(3)**  
 (4) Other (specify below) ..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input checked="" type="checkbox"/> Dental    | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves.....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1460663
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	
Specify nature of costs.		

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p><b>A</b> Name of plan <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>93-6227660</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	19286	581	07/01/2023	06/30/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">2115</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**BROWN & BROWN OF OREGON LLC** PO BOX 743061  
LOS ANGELES, CA 90074

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2115	RETENTION BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves.....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2632599
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p><b>A</b> Name of plan <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>93-6227660</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LIFEMAP ASSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-6030398	97985	OR078580	550	07/01/2023	06/30/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>26097</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BROWN & BROWN OF OREGON LLC** PO BOX 29018  
PORTLAND, OR 97296

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26097			3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves.....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	383591
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</b>		<b>D</b> Employer Identification Number (EIN) <b>93-6227660</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0472300</b>	<b>65676</b>	<b>896079+074</b>	<b>402</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	4504678
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 3979526

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	1447593
	<b>7c(2)</b>	
	<b>7c(3)</b>	112256
	<b>7c(4)</b>	2624
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 1562473

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 5541999

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	753280
(2) Administration charge made by carrier .....	<b>7e(2)</b>	17597
(3) Transferred to separate account.....	<b>7e(3)</b>	266444
(4) Other (specify below) .....	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 1037321

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 4504678

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....			<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....			<b>9b(3)</b>
(4) Claims charged .....			<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....			<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....			<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....			<b>9d(1)</b>
(2) Claim reserves .....			<b>9d(2)</b>
(3) Other reserves.....			<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....			<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>93-6227660</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>AMUNDI US</b>	<b>60 STATE STREET, 13TH FLOOR BOSTON, MA 02109</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>AQR CAPITAL MANAGEMENT</b>	<b>TWO GREENWICH PLAZA, 3RD FLOOR GREENWICH, CT 06830</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BLACKROCK</b>	<b>400 HOWARD STREET SAN FRANCISCO, CA 94105</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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**(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)

REGENCE BLUECROSS BLUESHIELD OF OR

93-0238155

(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?
12 13 49 50 53 56 62	NONE	346900	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	144338	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JODI AMATO

PO BOX 2321  
LAKE OSWEGO, OR 97035-0666

(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?
30 50	EMPLOYEE	103138	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 LOCAL 1660

93-0593668

(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	PLAN SPONSOR	84512	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)

JUEL TURNER

PO BOX 2321  
LAKE OSWEGO, OR 97035-0666

(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?
30 50	EMPLOYEE	64536	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)

OREGON DENTAL SERVICE

93-0438772

(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?
12 50	NONE	61453	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 PLAN ADMIN SERVICES INC.

16-1503696

(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?
12 15 25 28 38 50 51	NONE	49586	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)

BROWN & BROWN OF OREGON, LLC

93-0518576

(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?
22 50	NONE	47304	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)

MORGAN STANLEY

1585 BROADWAY AVENUE  
NEW YORK, NY 10036

(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?
28 51	NONE	45093	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)

BENEFITELECT, INC.

47-2294586

(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?
15 50	NONE	33396	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)

WITHUMSMITH+BROWN, PC

22-2027092

(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	NONE	33200	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)

HUB INTERNATIONAL

47-0813106

(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	NONE	19000	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)

LIFEMAP ASSURANCE COMPANY

93-6030398

(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?
12 50	NONE	17952	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)

BARRAN LIEBMAN, LLP

93-1251627

(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	NONE	12870	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)

ALLEGIANCE

2806 S. GARFIELD ST.  
P.O. BOX 20907  
MISSOULA, MT 59806

(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	NONE	7537	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"/>

**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
REGENCE BLUECROSS BLUESHIELD OF OR	53 56	0
(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.
VARIOUS - ON FILE 16400 BRYANT ROAD LAKE OSWEGO, OR 97035		BLUE CARD ACCESS FEES 3.62% OF SAVINGS (MAXIMUM = \$2,000 PER CLAIM)
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENCE BLUECROSS BLUESHIELD OF OR	53 56	0
(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.
VARIOUS - ON FILE 16400 BRYANT ROAD LAKE OSWEGO, OR 97035		ADMIN EXP ALLOWANCE INSTITUTIONAL (\$9.75 - \$11.00 PER CLAIM)
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENCE BLUECROSS BLUESHIELD OF OR	53 56	0
(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.
PRIME THERAPEUTICS 16400 BRYANT ROAD LAKE OSWEGO, OR 97035		SEE ATTACHMENT FORM 5500, SCHEDULE C, PART I, QUESTION 3, SERVICE PROVIDER INFORMATION, EXHIBIT A

**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
REGENCE BLUECROSS BLUESHIELD OF OR	99	134874
(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.	
VARIOUS - ON FILE 16400 BRYANT ROAD LAKE OSWEGO, OR 97035	PHARMACY REBATES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENCE BLUECROSS BLUESHIELD OF OR	99	9464
(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.	
VARIOUS - ON FILE 16400 BRYANT ROAD LAKE OSWEGO, OR 97035	BROKER BONUS	
(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.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
ALLEGIANCE 2806 S. GARFIELD ST. P.O. BOX 2097 MISSOULA, MT 59806	49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY.

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION</u>	<b>D</b> Employer Identification Number (EIN) <u>93-6227660</u>

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	259668	253986
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	75514	2542
<b>(2)</b> Participant contributions .....	72834	82540
<b>(3)</b> Other .....	59089	153555
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	939417	850754
<b>(2)</b> U.S. Government securities .....	4929050	4951153
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> All other .....		
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....		
<b>(5)</b> Partnership/joint venture interests .....	512832	543453
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....		
<b>(8)</b> Participant loans .....		
<b>(9)</b> Value of interest in common/collective trusts .....		
<b>(10)</b> Value of interest in pooled separate accounts .....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	7691916	9678795
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	3979526	4504678
<b>(15)</b> Other .....		

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	18519846	21021456
<b>Liabilities</b>			
g Benefit claims payable .....	1g	1083417	1967576
h Operating payables .....	1h	66126	53682
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	69522	125941
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	1219065	2147199
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	17300781	18874257

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	19469384	
(B) Participants .....	2a(1)(B)	909373	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		20378757
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	16930	
(B) U.S. Government securities .....	2b(1)(B)	225533	
(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)		242463
(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)	318211	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		318211
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	1354373	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	1310395	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		43978
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	85233	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		85233

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		736895
<b>c</b> Other income .....	<b>2c</b>		10000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		21815537

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	14836138	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	4422093	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		19258231
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	185299	
(2) Contract administrator fees.....	<b>2i(2)</b>	553953	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	36372	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	44873	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	61	
(7) Actuarial fees .....	<b>2i(7)</b>	11650	
(8) Legal fees .....	<b>2i(8)</b>	12870	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	2225	
(11) Other expenses .....	<b>2i(11)</b>	136527	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		983830
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		20242061

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1573476
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION  
WELFARE BENEFIT PLAN  
Financial Statements  
June 30, 2024 and 2023  
With Independent Auditor's Reports**

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Table of Contents**  
**June 30, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of  
Northwest Firefighters Relief Association Welfare Benefit Plan:

### Opinion

We have audited the accompanying financial statements of Northwest Firefighters Relief Association Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023; the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended; and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Northwest Firefighters Relief Association Welfare Benefit Plan as of June 30, 2024 and 2023, and the changes in net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("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 Northwest Firefighters Relief Association Welfare Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Northwest Firefighters Relief Association Welfare Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, misrepresentation, or the override of internal control. Misstatements, including omissions, 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 Northwest Firefighters Relief Association Welfare Benefit Plan'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 Northwest Firefighters Relief Association Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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



April 8, 2025

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Net Assets Available for Benefits**  
**June 30, 2024**

	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
<b>Assets</b>			
Investments - at fair value			
Government debt securities	\$ 4,951,153	\$ -	\$ 4,951,153
Hedge funds	543,453	-	543,453
Mutual funds	6,855,712	2,823,083	9,678,795
Interest-bearing cash accounts	<u>850,754</u>	<u>-</u>	<u>850,754</u>
Total investments - at fair value	<u>13,201,072</u>	<u>2,823,083</u>	<u>16,024,155</u>
Investments - at contract value			
Insurance contract	<u>-</u>	<u>4,504,678</u>	<u>4,504,678</u>
Total investments	<u>13,201,072</u>	<u>7,327,761</u>	<u>20,528,833</u>
Receivables			
Participant contributions	82,540	-	82,540
Stop-loss reimbursements	121,375	-	121,375
Other	32,180	-	32,180
Employer contributions	<u>2,542</u>	<u>-</u>	<u>2,542</u>
Total receivables	<u>238,637</u>	<u>-</u>	<u>238,637</u>
Cash	<u>253,986</u>	<u>-</u>	<u>253,986</u>
Total assets	<u>13,693,695</u>	<u>7,327,761</u>	<u>21,021,456</u>
<b>Liabilities and Net Assets</b>			
Liabilities			
Accounts payable and accrued expenses	53,682	-	53,682
Deferred revenue	<u>125,941</u>	<u>-</u>	<u>125,941</u>
Total liabilities	<u>179,623</u>	<u>-</u>	<u>179,623</u>
Net assets available for benefits	<u>\$ 13,514,072</u>	<u>\$ 7,327,761</u>	<u>\$ 20,841,833</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Net Assets Available for Benefits**  
**June 30, 2023**

	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
<b>Assets</b>			
Investments - at fair value			
Government debt securities	\$ 4,929,050	\$ -	\$ 4,929,050
Hedge Funds	512,832	-	512,832
Mutual funds	5,789,055	1,902,861	7,691,916
Interest-bearing cash accounts	939,418	-	939,418
Total investments	<u>12,170,355</u>	<u>1,902,861</u>	<u>14,073,216</u>
Investments - at contract value			
Insurance contract	-	3,979,526	3,979,526
Total investments	<u>12,170,355</u>	<u>5,882,387</u>	<u>18,052,742</u>
Receivables			
Participant contributions	72,834	-	72,834
Stop-loss reimbursements	25,277	-	25,277
Other	33,812	-	33,812
Employer contributions	75,514	-	75,514
Total receivables	<u>207,437</u>	<u>-</u>	<u>207,437</u>
Cash	<u>259,667</u>	<u>-</u>	<u>259,667</u>
Total assets	<u>12,637,459</u>	<u>5,882,387</u>	<u>18,519,846</u>
<b>Liabilities and Net Assets</b>			
Liabilities			
Accounts payable and accrued expenses	66,126	-	66,126
Deferred revenue	69,522	-	69,522
Total liabilities	<u>135,648</u>	<u>-</u>	<u>135,648</u>
Net assets available for benefits	<u>\$ 12,501,811</u>	<u>\$ 5,882,387</u>	<u>\$ 18,384,198</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended June 30, 2024**

	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
<b>Additions</b>			
Investment income			
Net appreciation in fair value of investments	\$ 431,198	\$ 434,908	\$ 866,106
Interest and dividends	496,201	64,473	560,674
	927,399	499,381	1,426,780
Less: Investment expenses	(44,873)	-	(44,873)
Investment income - net	882,526	499,381	1,381,907
Employer contributions	17,534,579	1,934,805	19,469,384
Participant contributions	909,373	-	909,373
Other income	10,000	-	10,000
Total additions	<u>19,336,478</u>	<u>2,434,186</u>	<u>21,770,664</u>
<b>Deductions</b>			
Cost of benefits			
Self-funded benefits	14,262,005	939,226	15,201,231
Less: Rebates and stop-loss reimbursements	(1,249,252)	-	(1,249,252)
Net self-funded benefits	13,012,753	939,226	13,951,979
Group insurance premiums	4,422,093	-	4,422,093
Total cost of benefits	<u>17,434,846</u>	<u>939,226</u>	<u>18,374,072</u>
Operating expenses			
Administrative fees	504,367	49,586	553,953
Professional fees	108,160	-	108,160
Salaries and related expenses	185,299	-	185,299
Online enrollment fees	33,396	-	33,396
Rent	17,765	-	17,765
Insurance	23,215	-	23,215
Printing, postage and other	14,944	-	14,944
Trustee meeting and conference expenses	2,225	-	2,225
Total operating expenses	<u>889,371</u>	<u>49,586</u>	<u>938,957</u>
Total deductions	<u>18,324,217</u>	<u>988,812</u>	<u>19,313,029</u>
<b>Net change in net assets available for benefits</b>	1,012,261	1,445,374	2,457,635
<b>Net assets available for benefits</b>			
Beginning of year	<u>12,501,811</u>	<u>5,882,387</u>	<u>18,384,198</u>
End of year	<u>\$ 13,514,072</u>	<u>\$ 7,327,761</u>	<u>\$ 20,841,833</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended June 30, 2023**

	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
<b>Additions</b>			
Investment income			
Net appreciation in fair value of investments	\$ 221,803	\$ 266,655	\$ 488,458
Interest and dividends	419,584	50,746	470,330
	<u>641,387</u>	<u>317,401</u>	<u>958,788</u>
Less: Investment expenses	(40,524)	-	(40,524)
Investment income - net	600,863	317,401	918,264
Employer contributions	15,274,132	1,841,403	17,115,535
Participant contributions	822,904	-	822,904
Other income	10,000	-	10,000
Total additions	<u>16,707,899</u>	<u>2,158,804</u>	<u>18,866,703</u>
<b>Deductions</b>			
Cost of benefits			
Self-funded benefits	12,208,454	891,634	13,100,088
Less: Rebates and stop-loss reimbursements	(468,324)	-	(468,324)
Net self-funded benefits	11,740,130	891,634	12,631,764
Group insurance premiums	3,978,319	-	3,978,319
Total cost of benefits	<u>15,718,449</u>	<u>891,634</u>	<u>16,610,083</u>
Operating expenses			
Administrative fees	488,478	43,032	531,510
Professional fees	97,505	-	97,505
Salaries and related expenses	116,698	-	116,698
Online enrollment fees	29,149	-	29,149
Rent	25,200	-	25,200
Insurance	12,633	-	12,633
Printing, postage and other	11,947	-	11,947
Trustee meeting and conference expenses	306	-	306
Total operating expenses	<u>781,916</u>	<u>43,032</u>	<u>824,948</u>
Total deductions	<u>16,500,365</u>	<u>934,666</u>	<u>17,435,031</u>
<b>Net change in net assets available for benefits</b>	<b>207,534</b>	<b>1,224,138</b>	<b>1,431,672</b>
<b>Net assets available for benefits</b>			
Beginning of year	<u>12,294,277</u>	<u>4,658,249</u>	<u>16,952,526</u>
End of year	<u>\$ 12,501,811</u>	<u>\$ 5,882,387</u>	<u>\$ 18,384,198</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Benefit Obligations**  
**June 30, 2024**

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	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
Amounts currently payable			
Claims payable and incurred but not reported	\$ 1,867,776	\$ 99,800	\$ 1,967,576
Total amounts currently payable	<u>1,867,776</u>	<u>99,800</u>	<u>1,967,576</u>
Post-retirement benefit obligations - net of amounts currently payable			
Current retirees	6,804,057	-	6,804,057
Other participants fully eligible for benefits	7,489,634	-	7,489,634
Other participants not fully eligible for benefits	<u>15,801,722</u>	<u>-</u>	<u>15,801,722</u>
Total post-retirement benefit obligations	<u>30,095,413</u>	<u>-</u>	<u>30,095,413</u>
 Total benefit obligations	 <u>\$ 31,963,189</u>	 <u>\$ 99,800</u>	 <u>\$ 32,062,989</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Benefit Obligations**  
**June 30, 2023**

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	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
Amounts currently payable			
Claims payable and incurred but not reported	\$ 1,006,317	\$ 77,100	\$ 1,083,417
Total amounts currently payable	<u>1,006,317</u>	<u>77,100</u>	<u>1,083,417</u>
Post-retirement benefit obligations - net of amounts currently payable			
Current retirees	7,212,755	-	7,212,755
Other participants fully eligible for benefits	7,225,889	-	7,225,889
Other participants not fully eligible for benefits	<u>13,872,114</u>	<u>-</u>	<u>13,872,114</u>
Total post-retirement benefit obligations	<u>28,310,758</u>	<u>-</u>	<u>28,310,758</u>
 Total benefit obligations	 <u>\$ 29,317,075</u>	 <u>\$ 77,100</u>	 <u>\$ 29,394,175</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Changes in Benefit Obligations**  
**Year Ended June 30, 2024**

	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
Amounts currently payable			
Balance at beginning of year	\$ 1,006,317	\$ 77,100	\$ 1,083,417
Increase during the year attributable to changes in			
Claims payable and incurred but not reported	<u>861,459</u>	<u>22,700</u>	<u>884,159</u>
Balance at end of year	<u>1,867,776</u>	<u>99,800</u>	<u>1,967,576</u>
Post-retirement benefit obligations - net of amounts currently payable			
Balance at beginning of year	28,310,758	-	28,310,758
Increase (decrease) during the year attributable to			
Benefits earned and other changes	1,423,276	-	1,423,276
Claims experience	(659,920)	-	(659,920)
Changes in actuarial assumptions	-	-	-
Increase for interest	<u>1,021,299</u>	<u>-</u>	<u>1,021,299</u>
Balance at end of year	<u>30,095,413</u>	<u>-</u>	<u>30,095,413</u>
Total benefit obligations	<u>\$ 31,963,189</u>	<u>\$ 99,800</u>	<u>\$ 32,062,989</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Statement of Changes in Benefit Obligations**  
**Year Ended June 30, 2023**

	<u>Health Trust</u>	<u>HRA Trust</u>	<u>Total</u>
Amounts currently payable			
Balance at beginning of year	\$ 1,744,634	\$ 85,504	\$ 1,830,138
Decrease during the year attributable to changes in			
Claims payable and incurred but not reported	(679,858)	(8,404)	(688,262)
Premiums payable	(58,459)	-	(58,459)
Balance at end of year	<u>1,006,317</u>	<u>77,100</u>	<u>1,083,417</u>
Post-retirement benefit obligations - net of amounts currently payable			
Balance at beginning of year	28,322,399	-	28,322,399
Increase (decrease) during the year attributable to			
Benefits earned and other changes	1,423,276	-	1,423,276
Claims experience	(616,437)	-	(616,437)
Changes in actuarial assumptions	(1,423,586)	-	(1,423,586)
Increase for interest	605,106	-	605,106
Balance at end of year	<u>28,310,758</u>	<u>-</u>	<u>28,310,758</u>
Total benefit obligations	<u>\$ 29,317,075</u>	<u>\$ 77,100</u>	<u>\$ 29,394,175</u>

The Notes to Financial Statements are an integral part of this statement.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting**

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Investment Valuation, Transactions and Income Recognition**

*General*

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”) 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan’s assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

*Level 1* - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

*Level 2* - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

*Level 3* - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities’ own judgments and estimations, or some other pricing method using unobservable inputs.

**Inputs and Valuation Methods**

In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan’s investment classes are presented below.

*Government Debt Securities:* U.S. Government and Government Agency obligations are issued or guaranteed by the U.S. Government, its agencies, authorities and instrumentalities. These investments are valued on the basis of quoted market prices in active markets (Level 1).

*Mutual Funds:* The fair value of the mutual funds is generally based on quoted prices in active markets (Level 1).

# Northwest Firefighters Relief Association Welfare Benefit Plan

## Notes to Financial Statements

### June 30, 2024 and 2023

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*Hedge Funds:* Hedge funds are valued using net asset value, which approximates fair value. Net asset value of these funds is based on the underlying assets' fair values, which include a combination of quoted market prices and estimated fair values determined by the managers using the most recent net asset value or capital account information available, independent appraisals, significant judgements, and various mathematical models and methodologies. The net asset value is being used as a practical expedient to estimate fair value.

*Insurance Contract:* The insurance contract is a fully benefit-responsive guaranteed-interest account provided through a group annuity contract. The contract provides for quarterly interest; the interest rate is declared in advance and reset quarterly. The contract is a traditional investment contract, which meets the fully benefit-responsive investment contract criteria; therefore, the investment is reported at contract value. Under the terms of the group annuity contract, participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees.

*Interest-bearing cash accounts:* Interest-bearing cash accounts are carried at cost plus accrued interest which approximates market value (Level 2).

#### *Valuation Methods, Consistency*

The valuation techniques used in the accompanying financial statements have been consistently applied.

#### **Transactions and Income Recognition**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Certain investment related expenses are included in net appreciation in fair value of investments.

#### **Contributions Receivable**

Employer contributions due but not paid at year-end are recorded as employer contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided. Therefore, delinquent contributions are recorded when received. Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. Prepaid employer contributions are recorded as deferred revenue.

#### **Participant Contributions**

Contributions are recognized as income as of the end of the month in which they are received.

#### **Refunds and Rebates**

Prescription refunds due from the Plan's pharmacy benefit manager (PBM), are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against claims paid. Pharmacy rebates totaling \$372,875 and \$271,818 have been netted against claims paid in the accompanying statement of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, respectively.

#### **Payment of Benefits**

Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

# Northwest Firefighters Relief Association Welfare Benefit Plan

## Notes to Financial Statements

### June 30, 2024 and 2023

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#### **Benefit Obligations**

Premiums payable, claims payable and claims incurred but not reported were estimated based on premiums and claims experience data. Post-retirement benefit obligations were actuarially determined by the Plan's consultant. Premiums payable, claims payable, and claims incurred but not reported are an estimate of the cost to the Plan for claims incurred by participants under the terms of the Plan through June 30 of each year but paid by the Plan subsequent to June 30.

#### **Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

#### **Recently Adopted Accounting Standards**

In June 2016, the FASB issued an Accounting Standards Update ("ASU") amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The Plan adopted the new standard effective July 1, 2023, using the modified retrospective approach. Comparative prior periods were not adjusted upon adoption. In implementing the amendment, management used their historical experience with current and future payments associated with receivables.

#### **Risks and Uncertainties**

The actuarial present value of post-retirement benefit obligations is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure to the financial statements of the actuarial present value of post-retirement benefit obligations.

The Plan invests in government debt securities, hedge funds, mutual funds, and an insurance contract. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## **2. DESCRIPTION OF THE PLAN**

#### **General**

The Plan was established in 1989 as a result of collective bargaining agreements between the International Association of Firefighters, Local 1660 and the participating employers to provide welfare benefits for eligible employees and their dependents. Effective July 1, 2018, the Board of Trustees adopted the Northwest Firefighters Relief Association VEBA and Trust (the "Trust") as a separate component benefit program to the Northwest Firefighters Relief Association Welfare Benefit Plan. See additional information below.

#### **Board of Trustees**

The Plan is administered by a Board of Trustees composed of seven trustees. Five of the positions will be subject to election. One shall be filled by the President of the Union, and one shall be filled by an appointee of the President of the Union.

# Northwest Firefighters Relief Association Welfare Benefit Plan

## Notes to Financial Statements

### June 30, 2024 and 2023

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#### **Benefits**

The Plan provides medical, prescription drug, dental, vision, short-term disability, long-term disability, life, and accidental death and dismemberment benefits (identified on the statements of net assets available for benefits and of benefit obligations and the statements of changes in net assets available for benefits and of changes in benefit obligations as the "Health Trust"). Benefits are generally paid directly from Plan assets, except for life, accidental death and dismemberment, long-term disability and some medical benefits for those participants who elect to be covered through health maintenance organizations. Those benefits not paid directly from Plan assets are paid through contracts with an insurance company and various health maintenance organizations.

Plan benefits are available to employees of participating employers who work at least 20 hours per week or as provided in the employment agreements between the parties.

The Plan has a stop-loss insurance policy in connection with its self-funded medical and prescription drug program, which provides for reimbursement of claims paid by the Plan that exceed specified amounts. As of June 30, 2024 and 2023, stop-loss reimbursements totaling \$121,375 and \$25,277, respectively, were due to the Plan.

#### **Health Reimbursement Accounts ("HRA")**

Effective July 1, 2018, the Board of Trustees adopted the Northwest Firefighters Relief Association VEBA and Trust (the "Trust"). Only those employer contributions provided for in a collective bargaining agreement will be accepted by the Plan. No voluntary employee contributions are accepted. The HRA activity is presented separately on the statements of net assets available for benefits and of benefit obligations and the statements of changes in net assets available for benefits and of changes in benefit obligations as the "HRA."

Accounts are established in the name of each employee and reflect employer contributions made on behalf of the employee plus investment earnings. Administrative expenses and eligible reimbursable expenses reduce the employee's account balance. An employee is eligible if they have coverage under a group health plan sponsored by the Plan's sponsor, or a group health plan sponsored by an employer, and are entitled to receive a contribution to the HRA Plan.

As of June 30, 2024 and 2023, the participant health reimbursement accounts totaled \$7,327,761 and \$5,882,387, respectively, which has been included in the statements of net assets available for benefits.

#### **Retirees**

The costs of the post-retirement benefit plan are paid by the retirees and a subsidy from the Plan. In addition to deductibles and co-payments, the estimated cost of providing post-retirement benefits in the current year was funded through retiree self-payment contributions. Effective October 1, 2018, the Plan adopted a retiree subsidy program of \$250 per month for current and future dues-paying retirees of those employers who have been contributing members of the Plan for 20 or more years. Retirees enrolled in dental-only coverage or those retirees who are eligible for Medicare are not eligible for the subsidy. Effective July 1, 2019, the retiree subsidy program was increased to \$300 per month. On April 22, 2021, the Board of Trustees approved an increase in the retiree subsidy program to \$400 per month, effective July 1, 2021. On January 19, 2023, the Board of Trustees approved an increase in the retiree subsidy program to \$600 per month, effective March 1, 2023. On April 18, 2024, the Board of Trustees approved an increase in the retiree subsidy program to \$1,000 per month effective July 1, 2024.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), has been adopted by the Plan.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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Participants should refer to the Summary Plan Description for more complete information.

**3. PRIORITIES UPON TERMINATION**

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

**4. TAX STATUS**

The Plan obtained a determination letter, dated October 22, 1990, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code or that any instances of noncompliance would be eligible for correction, including self-correction, under an applicable Internal Revenue Service corrective procedure. Therefore, they believe that the Plan was qualified, and the related trusts were tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**5. FUNDING POLICY**

The Plan is funded by employer contributions, retiree contributions, and from participants electing COBRA coverage. Employer contributions are made pursuant to collective bargaining agreements or other participation agreements. Contribution rates for retirees and participants electing COBRA coverage are set by the Board of Trustees based on information provided by the Plan's consultant.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

**6. INVESTMENTS AT FAIR VALUE HIERARCHY**

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at June 30, 2024 and 2023, are as follows:

Description	June 30, 2024	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Government debt securities	\$ 4,951,153	\$ 4,951,153	\$ -
Mutual funds	9,678,795	9,678,795	-
Interest-bearing cash accounts	850,754	-	850,754
Total assets in the fair value hierarchy	<u>15,480,702</u>	<u>\$ 14,629,948</u>	<u>\$ 850,754</u>
Investments measured at net asset value			
Hedge funds	<u>543,453</u>		
Total investments measured at net asset value	<u>543,453</u>		
Total investments at fair value	<u>\$ 16,024,155</u>		

Description	June 30, 2023	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Government debt securities	\$ 4,929,050	\$ 4,929,050	\$ -
Mutual funds	7,691,916	7,691,916	-
Interest-bearing cash accounts	939,418	-	939,418
Total assets in the fair value hierarchy	<u>13,560,384</u>	<u>\$ 12,620,966</u>	<u>\$ 939,418</u>
Investments measured at net asset value			
Hedge funds	<u>512,832</u>		
Total investments measured at net asset value	<u>512,832</u>		
Total investments at fair value	<u>\$ 14,073,216</u>		

**7. INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company (“Lincoln”). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, less withdrawals and administrative expenses.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

The crediting rate is set by Lincoln using a process similar to that used by banks or other insurance companies for similar products. Lincoln generally determines interest crediting rates quarterly and applies the interest rate to the entire contract balance.

Certain events may limit the ability of the Plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. Lincoln may terminate the contract with 30 days' advance written notice to the contract owner for reasonable cause, which includes the Plan's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$15,000, plan disqualification, and failure to adopt the Plan in a reasonable period of time.

**8. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE**

Investment Type	Fair Value at June 30,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023		
Hedge funds				
Blackstone Real Estate Income Trust, Inc.	\$ 252,552	\$ 251,065 (a)	Monthly	Monthly
North Haven Private Income Fund LLC	290,901	261,767 (b)	(b)	(b)
	<u>\$ 543,453</u>	<u>\$ 512,832</u>		

There were no unfunded commitments as of June 30, 2024 and 2023.

- (a) The hedge fund's investment objective is to bring Blackstone's leading institutional quality real estate investment platform to income focused investors. BREIT is a non-listed, perpetual life real estate investment trust ("REIT") qualified under the Internal Revenue Code of 1986.
- (b) The hedge fund's investment objective is to achieve attractive risk-adjusted returns via current income and, to a lesser extent, capital appreciation by investing primarily in directly originated senior secured term loans issued by U.S. middle-market companies backed by private equity sponsors, including first lien senior term loans (including unitranche loans), second lien senior secured term loans, with the balance of its investments expected to be in higher-yielding assets such as mezzanine debt, unsecured debt, equity investments and other opportunistic asset purchases. The hedge fund expects to offer a portion of its outstanding units on a quarterly basis pursuant to written tenders by unitholders pursuant to a unit repurchase agreement program. Unitholders may submit a tender for all or a portion of their units and must submit them in writing approximately one month prior to the end of the quarter.

**9. POST-RETIREMENT BENEFIT OBLIGATIONS**

The post-retirement benefit obligations represent the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to June 30 reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for: (1) currently retired employees, and (2) active employees after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to the employee's service in the industry rendered through the valuation date.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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The actuarial present value of the expected post-retirement benefit obligations is determined by an actuary and is the amount that results 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 payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of employment.

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the post-retirement benefit obligations as of June 30, 2024 and 2023, by approximately \$3,674,000 and \$3,456,000, respectively.

The actuarial valuation as of and for the year ending June 30, 2024 was performed as a rollforward valuation using assumptions and participant data from the June 30, 2023 report. The current year actuarial valuation did not include new participants who were added to the Plan starting January 1, 2024 through new employer units joining the Plan. If the valuation would have factored in those new participants, the post-retirement benefit obligation would have increased an estimated 7%. Additionally, the discount rate used to value the obligation was not updated as of June 30, 2024. Had the discount rate been updated it would have increased the rate by 28 basis points. The net effect of these updated assumptions and participant demographics would have caused the post-retirement benefit obligation to increase approximately \$1.1 million over the amount shown in the Statement of Benefit Obligations as of June 30, 2024.

Some of the more significant actuarial assumptions used to calculate the post-retirement health benefit obligations at June 30, 2024 and 2023, are as follows:

Mortality, withdrawal and retirement rates:	Rate of mortality, retirement and withdrawal are the same rates that were used in the December 31, 2021 actuarial valuation of the Oregon Public Employees Retirement System for Police and Fire employees.
Discount rate:	3.65% per annum.
Retiree contribution increases:	Retiree contributions are assumed to be a percentage of claims costs and are assumed to increase at the same annual rate as the trend rates listed below. The monthly subsidy provided to eligible retirees is assumed to increase at the medical trend rates.
Trend rates: Medical:	5.0% for 2024 and beyond.
Enrollment rates:	50% of those eligible are assumed to continue medical coverage through the Trust upon retirement.

**10. CASH CONCENTRATIONS**

The Plan places its cash with a financial institution deemed to be creditworthy. Cash balances may at times exceed federally insured deposit limits.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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**11. RETIREMENT PLAN**

The Plan provides to its full-time employees a matching contribution into the employees' retirement account. During each of the years ended June 30, 2024 and 2023, the Plan provided a 5% matching contribution, which totaled \$7,372, and \$4,518, respectively, to the employees' retirement accounts.

**12. RELATED-PARTY TRANSACTIONS**

The Plan is related to the International Association of Firefighters - Washington County Local 1660 (the "Local") through common trustees. The Local provides certain administrative services to the Plan. For the years ending June 30, 2024 and 2023, the Plan paid the Local \$66,747 and \$78,883, respectively, for administrative services. The Plan also leases office space from the Local on a month-to-month basis. The rent paid to the Local for each of the years ended June 30, 2024 and 2023, totaled \$17,765 and \$25,200, respectively.

**13. MAJOR EMPLOYER**

During the years ended June 30, 2024 and 2023, the Plan received approximately 72% and 77% of employer contributions from one employer, respectively.

**14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 20,841,833	\$ 18,384,198
Benefit obligations currently payable	<u>(1,967,576)</u>	<u>(1,083,417)</u>
Net assets available for benefits per the Form 5500	<u>\$ 18,874,257</u>	<u>\$ 17,300,781</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended June 30, 2024:

Benefits paid to or for participants per the financial statements	\$ 18,374,072
Add: Amounts currently payable at end of year	1,967,576
Less: Amounts currently payable at beginning of year	<u>(1,083,417)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 19,258,231</u>

**15. SUBSEQUENT EVENTS**

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 8, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

## **SUPPLEMENTARY INFORMATION**

## REPORT ON SUPPLEMENTARY INFORMATION

### INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of  
Northwest Firefighters Relief Association Welfare Benefit Plan:

We have audited the financial statements of Northwest Firefighters Relief Association Welfare Benefit Plan as of and for the year ended June 30, 2024, and have issued our report thereon dated April 8, 2025, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplementary information, which appears on Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, as of and for the year ended June 30, 2024, is presented for the purpose of additional analysis and is not a required part of the basic financial statements. These Form 5500 schedules are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

*WithumSmith+Brown, PC*

April 8, 2025

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #93-6227660, Plan #501**  
**June 30, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investments Including Maturity Date, Rate or Interest Collateral, Par or Maturity Date	Cost	Current Value
	Lincoln SVF 0	Stable Value Fund	\$ -	\$ 4,504,678
	Ishares S&P 500 Index K	Mutual Fund	*	908,695
	American Funds AM Balanced R6	Mutual Fund	*	482,800
	AB Large Cap Growth Z	Mutual Fund	*	221,723
	American Funds Europacific R6	Mutual Fund	*	145,638
	TRP Integ US SC Grw Eqty I	Mutual Fund	*	116,748
	Delaware Ivy Mid Cap Growth I	Mutual Fund	*	101,666
	Vanguard Equity Income Admiral	Mutual Fund	*	95,457
	Ishares Russell 2000 SC Idx K	Mutual Fund	*	93,065
	Blackrock Lifepath Indx 2060 K	Mutual Fund	*	74,894
	Ishares Russell Md-Cap Index K	Mutual Fund	*	69,955
	Blackrock Lifepath Indx 2050 K	Mutual Fund	*	66,777
	Columbia High Yield Bond Adv	Mutual Fund	*	55,525
	Ishares US Aggr Bond Index K	Mutual Fund	*	48,782
	Blackrock Lifepath Indx 2030 K	Mutual Fund	*	35,538
	Blackrock Lifepath Indx 2040 K	Mutual Fund	*	34,200
	T. Rowe Price Infl Prot Bond	Mutual Fund	*	30,460
	Blackrock Lifepath Indx 2055 K	Mutual Fund	*	28,499
	Blackrock Lifepath Indx 2035 K	Mutual Fund	*	27,814
	DFA Real Estate Securities I	Mutual Fund	*	27,245
	Victory Sycamore Est Val R6	Mutual Fund	*	27,098
	Blackrock Lifepath Indx 2045 K	Mutual Fund	*	23,689
	PGIM Gbl Total Return Q	Mutual Fund	*	20,314
	PIMCO RAE Fund'I US SM	Mutual Fund	*	16,819
	DE Ivy Syst Emg Mkts Eqty R6	Mutual Fund	*	15,934
	Blackrock Lifepath Indx 2065 K	Mutual Fund	*	15,203
	Federated Hermes Intl Equity	Mutual Fund	*	13,893
	Ishares MSCI Ttl Intl Index K	Mutual Fund	*	11,032
	Guggenheim Macro Opportun I	Mutual Fund	*	5,459
	Blackrock Lifepath Indx 2025 K	Mutual Fund	*	4,149
	Blackrock Lifepath Index Ret K	Mutual Fund	*	2,908
	PGIM Total Rtrn Bond Q	Mutual Fund	*	1,104
		Subtotal	-	7,327,761
	United States Treasury Note Floating Rate 5.342%, 7/31/24, Par 2,700,000	U.S. Government Security	2,701,010	2,723,272
	United States Treasury Note 5.000%, 8/31/2025, Par 1,400,000	U.S. Government Security	1,402,529	1,422,277
	PIMCO TOTAL RETURN I2	Mutual Fund	1,187,484	1,108,324
	Morgan Stanley Bank 0.05%	Interest-Bearing Cash	850,754	850,754
	PIMCO TOTAL RETURN I2	Mutual Fund	690,892	646,637
	PIONEER FUNDAMENTAL GROWTH Y	Mutual Fund	459,002	563,805
	Fed Home Ln Bk 5.125%, 6/13/2025, Par 500,000	U.S. Government Security	504,020	500,830
	PIONEER FUNDAMENTAL GROWTH Y	Mutual Fund	247,222	430,343
	BLACKROCK EQUITY DIVIDEND I	Mutual Fund	394,273	417,761
	MANNING&NAPIER OVERSEAS SER I	Mutual Fund	315,210	401,168
	MANNING&NAPIER OVERSEAS SER I	Mutual Fund	254,624	348,298
	BLACKROCK EQUITY DIVIDEND I	Mutual Fund	361,848	330,229
	AMERICAN GW FD OF AMERICA F2	Mutual Fund	270,617	329,160
	United States Treasury Note 5.000%, 8/31/2025, Par 300,000	U.S. Government Security	300,397	304,774
	WISDOMTREE FLOATING RATE TRE	Exchange Traded Fund	301,978	301,860
	NH PIF CL S	Hedge Fund	292,221	290,901
	E V FLOATING RATE A	Mutual Fund	300,874	288,007
	BREIT CL S	Hedge Fund	267,103	252,552
	AQR MNGD FUTURES STRAT I	Mutual Fund	216,483	237,158
	PIONEER MLTI AST ULT SHT INC Y	Mutual Fund	224,859	221,990
	WISDOMTREE FLOATING RATE TRE	Exchange Traded Fund	201,280	201,240
	GOLDMAN SACHS MD CP GRW INST	Mutual Fund	196,039	173,883
	AQR MNGD FUTURES STRAT I	Mutual Fund	144,214	138,517
	PIONEER MLTI AST ULT SHT INC Y	Mutual Fund	121,954	118,195
	LAZARD EMERG MKTS CORE EQ I	Mutual Fund	106,242	96,547
	ALGER SMALL CAP GROWTH Z2	Mutual Fund	113,705	81,711
	ALLSPRING SPECIAL MDCP VL I	Mutual Fund	69,414	76,360
	ROYCE PREMIER INV	Mutual Fund	87,117	75,637
	ALLSPRING SPECIAL MDCP VL I	Mutual Fund	55,086	70,984
	GOLDMAN SACHS MD CP GRW INST	Mutual Fund	92,730	70,360
	ROYCE PREMIER INV	Mutual Fund	84,912	69,244
	ALGER SMALL CAP GROWTH Z2	Mutual Fund	80,966	58,294
		Subtotal	12,897,059	13,201,072
		Total		\$ 20,528,833

\*Cost has been omitted for participant-directed investments.

See Independent Auditor's Report on Supplementary Information.

**Northwest Firefighters Relief Association Welfare Benefit Plan**  
**Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions**  
**EIN #93-6227660, Plan #501**  
**Year Ended June 30, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b><u>Single Transaction Exceed 5%</u></b>								
United States Treasury Note	United States Treasury Note Floating Rate: AAA/N/A 5.357% DUE:2024-07-31	\$ 2,004,297	-	N/A	N/A	\$ 2,004,297	\$ 2,004,297	N/A
<b>Total Single Transaction</b>		<b>\$ 2,004,297</b>	<b>-</b>			<b>Grand Total</b>	<b>\$ 2,004,297</b>	
<b><u>Series of Transactions in Same Security Exceeds 5% of Value</u></b>								
Mutual Fund (PTTPX)	PIMCO Total Return I2	735,000	-	N/A	N/A	735,000	735,000	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	450,000	-	N/A	N/A	450,000	450,000	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	4,692	-	N/A	N/A	4,692	4,692	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	4,243	-	N/A	N/A	4,243	4,243	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	3,601	-	N/A	N/A	3,601	3,601	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,248	-	N/A	N/A	1,248	1,248	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,227	-	N/A	N/A	1,227	1,227	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,201	-	N/A	N/A	1,201	1,201	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,201	-	N/A	N/A	1,201	1,201	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,191	-	N/A	N/A	1,191	1,191	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,136	-	N/A	N/A	1,136	1,136	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,127	-	N/A	N/A	1,127	1,127	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,099	-	N/A	N/A	1,099	1,099	N/A
Mutual Fund (PTTPX)	PIMCO Total Return I2	1,070	-	N/A	N/A	1,070	1,070	N/A
						<u>1,208,036</u>	<u>1,208,036</u>	
Exchange-Traded Fund (BSV)	Vanguard Short Term Bnd VPF	-	735,851	N/A	N/A	768,118	735,851	\$ (32,267)
Exchange-Traded Fund (BSV)	Vanguard Short Term Bnd VPF	-	453,987	N/A	N/A	478,004	453,987	(24,017)
						<u>1,246,122</u>	<u>1,189,838</u>	<u>(56,284)</u>
United States Treasury Note (91282CDE8)	United States Treasury Note Floating Rate: AAA/N/A 5.386% DUE:2023-10-31	1,002,435	-	N/A	N/A	1,002,435	1,002,435	N/A
United States Treasury Note (91282CDE8)	United States Treasury Note Floating Rate: AAA/N/A 5.386% DUE:2023-10-31	1,002,435	-	N/A	N/A	1,002,435	1,002,435	N/A
United States Treasury Note (91282CDE8)	United States Treasury Note Floating Rate: AAA/N/A 5.386% DUE:2023-10-31	501,338	-	N/A	N/A	501,338	501,338	N/A
						<u>2,506,208</u>	<u>2,506,208</u>	
United States Treasury Note (91282CEL1)	United States Treasury Note Floating Rate: AAA/N/A 5.322% DUE:2024-04-30	1,001,793	-	N/A	N/A	1,001,793	1,001,793	N/A
United States Treasury Note (91282CEL1)	United States Treasury Note Floating Rate: AAA/N/A 5.322% DUE:2024-04-30	754,426	-	N/A	N/A	754,426	754,426	N/A
						<u>1,756,219</u>	<u>1,756,219</u>	
United States Treasury Note (91282CFD8)	United States Treasury Note Floating Rate: AAA/N/A 5.357% DUE:2024-07-31	2,004,297	-	N/A	N/A	2,004,297	2,004,297	N/A
United States Treasury Note (91282CFD8)	United States Treasury Note Floating Rate: AAA/N/A 5.357% DUE:2024-07-31	1,003,519	-	N/A	N/A	1,003,519	1,003,519	N/A
United States Treasury Note (91282CFD8)	United States Treasury Note Floating Rate: AAA/N/A 5.357% DUE:2024-07-31	-	301,945	N/A	N/A	300,000	301,945	1,945
						<u>3,307,816</u>	<u>3,309,761</u>	<u>1,945</u>
United States Treasury Note (91282CHV6)	United States Treasury Note Rate: AAA/N/A 5.000% DUE:2025-08-31	1,011,867	-	N/A	N/A	1,011,867	1,011,867	N/A
United States Treasury Note (91282CHV6)	United States Treasury Note Rate: AAA/N/A 5.000% DUE:2025-08-31	404,136	-	N/A	N/A	404,136	404,136	N/A
United States Treasury Note (91282CHV6)	United States Treasury Note Rate: AAA/N/A 5.000% DUE:2025-08-31	303,091	-	N/A	N/A	303,091	303,091	N/A
						<u>1,719,094</u>	<u>1,719,094</u>	
<b>Total Buy/Sell</b>		<b>\$ 10,197,373</b>	<b>\$ 1,491,783</b>			<b>Grand Total</b>	<b>\$ 11,689,156</b>	<b>\$ (54,339)</b>

See Independent Auditor's Report on Supplementary Information.

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 Northwest Firefighters Relief Association Welfare Benefit Plan 1b Three-digit plan number (PN) 501 1c Effective date of plan 09/01/1989 2a Plan sponsor's name (employer, if for a single-employer plan) NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION 2b Employer Identification Number (EIN) 93-6227660 2c Plan Sponsor's telephone number (503) 697-7518 2d Business code (see instructions) 921000

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, Date, and Name. Rows include Jodi Amato (4/9/2025), Timothy Nokes (4/14/2025), and a blank row for DFE.

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

Form 5500 (2023) v. 230728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	727
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	651
	<b>6a(2)</b>	756
	<b>6b</b>	87
	<b>6c</b>	0
	<b>6d</b>	843
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	10

**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 4B 4D 4E 4F 4H

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

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

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

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

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

---

**NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN**

**EIN 93-6227660**

**Plan No. 501**

**Plan Year Ended June 30, 2024**

**Form 5500, Schedule H, Part III**

**Financial Statements used to formulate IQPA's opinion**

**The entire report has been attached to the Accountant's Opinion**

**NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN**

**EIN 93-6227660**

**Plan No. 501**

**Plan Year Ended June 30, 2024**

**Form 5500, Schedule H, Part IV, Line 4i  
Schedule of Assets (Held at Year End)**

**See attachment to the Accountant's Audit Report attached at Accountant's Opinion**

**NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN**

**EIN 93-6227660**

**Plan No. 501**

**Plan Year Ended June 30, 2024**

**Form 5500, Schedule H, Part IV, Line 4j  
Schedule of Reportable Transactions**

**See attachment to the Accountant's Audit Report attached at Accountant's Opinion**

**NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN**

**EIN 93-6227660**

**Plan No. 501**

**Plan Year Ended June 30, 2024**

**Form 5500, Schedule C, Part I, Question 3**

**Service Provider Information, Exhibit A**

**Exhibit A:**

RX Claims processing, appeals, and/or authorization services. \$1.53 per electronic claim, \$2.50 per paper claim, \$100 -\$225 per Pharmacy Appeal, \$40-\$55 per Clinical Authorization, \$174/hour for Authorization (Appeals), \$5,000 for Pharmacy Data Extract report to third-party vendors upon termination, \$0.08 per ePrescribe claim, \$6.50 per foreign claim, \$100 per claims adjusted, \$2.50 per Transition Fill letter notification to the Covered Individual and Prescriber, \$1.25 per AutoRenew notification to the Member, \$2.25 per Smart Renew notification to the Covered Individual, \$13.00 per High Cost Drug Exclusion Concierge Program case and 10% of Savings of Flex Coupon Program.