

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... 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: SPOKANE NEIGHBORHOOD ACTION PARTNERS 403(B) PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): SPOKANE NEIGHBORHOOD ACTION PARTNERS
2b Employer Identification Number (EIN): 91-1311127
2c Plan Sponsor's telephone number: 509-456-7627
2d Business code (see instructions): 813000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	251
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	158
a(2) Total number of active participants at the end of the plan year	6a(2)	171
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits	6c	94
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	265
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	265
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	232
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	236
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2L 2G 2T 2A 2J 3D

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SPOKANE NEIGHBORHOOD ACTION PARTNERS 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SPOKANE NEIGHBORHOOD ACTION PARTNERS</p>	<p>D Employer Identification Number (EIN) 91-1311127</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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VF7275	235	01/01/2024	12/31/2024

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>(a) Total amount of commissions paid 14324</p>	<p>(b) Total amount of fees paid 811</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
CHRISTIANSON GRKARLA J 827 WEST FIRST AVE., STE 322
SPOKANE, WA 99201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14324	811	CASH COMMISSIONS	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	

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	1603241
5	Current value of plan's interest under this contract in separate accounts at year end.....	7692470
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	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)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1605036
c	(1) Contributions deposited during the year	7c(1) 76247
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 40512
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 116759
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1721795
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 110283
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 8271
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 118554	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1603241

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SPOKANE NEIGHBORHOOD ACTION PARTNERS 403(B) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPOKANE NEIGHBORHOOD ACTION PARTNERS	D Employer Identification Number (EIN) 91-1311127	

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SPOKANE NEIGHBORHOOD ACTION PARTNERS 403(B) PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE NEIGHBORHOOD ACTION PARTNERS</u>	D Employer Identification Number (EIN) <u>91-1311127</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY ACCOUNT C</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7690845</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SPOKANE NEIGHBORHOOD ACTION PARTNERS 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SPOKANE NEIGHBORHOOD ACTION PARTNERS	D Employer Identification Number (EIN) 91-1311127

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36710	39599
(2) Participant contributions	1b(2)	23852	34061
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	21
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5707	499
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7165792	7692470
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1605036	1603241
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	8837097	9369891
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1555	1646
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1555	1646
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8835542	9368245

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	457791	
(B) Participants.....	2a(1)(B)	282209	
(C) Others (including rollovers).....	2a(1)(C)	16448	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		756448
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	140	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		140
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1144740
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1901328

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1368525	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1368525
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	100	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		100
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1368625

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		532703
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: **DZA PLLC**

(2) EIN: **20-0079326**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SPOKANE NEIGHBORHOOD ACTION PARTNERS 403(B) PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE NEIGHBORHOOD ACTION PARTNERS</u>	D Employer Identification Number (EIN) <u>91-1311127</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 71-0294708

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500415A.

Spokane Neighborhood Action Partners 403(b) Plan

Financial Statements and
Independent Auditors' Report

December 31, 2024 and 2023

**Spokane Neighborhood Action Partners 403(b) Plan
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Spokane Neighborhood Action Partners 403(b) Plan
Spokane, Washington

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the accompanying financial statements of the Spokane Neighborhood Action Partners 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

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

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – 2024 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Auditors’ Report on the 2023 Financial Statements

The financial statements of the Plan as of December 31, 2023, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report, dated September 26, 2024, indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

D3A PLLC

Spokane Valley, Washington
October 13, 2025

Spokane Neighborhood Action Partners 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

ASSETS	2024	2023
<i>Investments</i>		
Pooled separate accounts, at fair value	\$ 7,692,475	\$ 7,165,792
Investment contract with insurance company, contract value	1,603,241	1,605,036
Total investments	9,295,716	8,770,828
<i>Receivables</i>		
Employer contributions	39,599	36,710
Employee contributions	34,061	23,852
Notes from participants	499	5,707
Total receivables	74,159	66,269
Total assets	9,369,875	8,837,097
 LIABILITIES		
<i>Accounts payable to employer</i>	1,646	1,555
Net assets available for benefits	\$ 9,368,229	\$ 8,835,542

See accompanying notes to financial statements.

**Spokane Neighborhood Action Partners 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

*Additions to (deductions from) net assets available
for benefits attributed to:*

Investment income

Net appreciation in fair value of investments	\$ 1,104,228
Interest and dividends	40,652
<hr/> Total investment income, net	<hr/> 1,144,880

Contributions

Employer	456,261
Participant	283,723
Rollover	16,448
<hr/> Total contributions	<hr/> 756,432

Benefits paid to participants (1,368,525)

Administrative expenses (100)

Net increase 532,687

Net assets available for benefits, beginning of year 8,835,542

Net assets available for benefits, end of year **\$ 9,368,229**

See accompanying notes to financial statements.

Spokane Neighborhood Action Partners 403(b) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

1. Description of Plan:

The following description of Spokane Neighborhood Action Partners 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

General – The Plan is a defined contribution plan covering substantially all of the employees of Spokane Neighborhood Action Partners (the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan became effective January 1, 1994, and has been amended throughout the years, most recently restated effective January 1, 2018.

Contributions – Each plan year, employees of the Plan Sponsor who have completed one year (12 months and completion of 1,000 hours) of continuous service or who have completed 1,000 hours since their hire date, are eligible to receive Plan Sponsor nonelective contributions. The Plan Sponsor will make nonelective contributions to eligible participants in the Plan in the amount determined by the Plan Sponsor at its discretion. Nonexcludable employees are eligible to make elective deferrals beginning on the date of hire. Participants make voluntary tax-deferred contributions to the Plan through payroll deductions of up to the Internal Revenue Service (IRS) maximum allowable contribution. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may direct contributions to any of the available options offered by the Plan.

Participant accounts – Each participant's account is credited with the participant's contributions and allocations of (a) the Plan Sponsor's contribution and (b) plan earnings and losses and charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participant contributions and actual earnings thereon are 100 percent vested. Participants are vested immediately in the Plan Sponsor's nonelective contribution and earnings.

Notes receivable from participants – Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing rates, as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Benefit payments – Normal retirement under the Plan occurs at age 65. The Plan also provides for retirement and in-service distributions to persons under age 65 if certain conditions are met, as specified in the plan document. Participants or their beneficiaries are eligible to receive payment of benefits in the event of the participant's termination, retirement, death, disability, or termination of the Plan. Benefits are distributed according to provisions set forth in the plan document. Participants' nonforfeitable account balances less than \$1,000 shall be distributed in a lump-sum payment, unless the distribution form provides otherwise. If the vested amount exceeds \$1,000, participants may elect the benefits to be distributed in a lump-sum payment or annual installments. There were no benefits payable to persons who have withdrawn from participation in the earnings and operations of the Plan at December 31, 2024 or 2023.

**Spokane Neighborhood Action Partners 403(b) Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2024 and 2023**

1. Description of Plan (continued):

Administration of the Plan – The Plan is administered by the Plan Sponsor in the form of an advisory committee. Plan assets are invested in accordance with the employee’s instructions. Records of participant account activity are processed and maintained by Voya Retirement Insurance and Annuity Company (Voya), which also performs other administrative support services for the Plan. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

2. Summary of Significant Accounting Policies:

Basis of accounting – The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Investment valuation and income recognition – Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of shares 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.

Payment of benefits – Benefits are recorded when paid.

Administrative expenses – Administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the plan document. Investment related expenses are included in net appreciation in fair value of investments.

Plan termination – Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan, subject to the provisions of ERISA. In the event the Plan is terminated, participants will become 100 percent vested in their respective account balances.

Subsequent events – Subsequent events have been evaluated through October 13, 2025, which is the date the financial statements were available to be issued.

**Spokane Neighborhood Action Partners 403(b) Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2024 and 2023**

3. Information Certified by the Plan Custodian:

Voya, the custodian of the Plan, has supplied the plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, and the supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of December 31, 2024.

4. Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 – The Plan has no investments that are classified as Level 1.

Level 2 – The fair value of the units held in pooled separate accounts is based on observable market prices of the underlying investments in the account and is based on the net asset value of the shares held by the Plan at year end. Pooled separate accounts are classified as Level 2.

Level 3 – The Plan has no investments that are classified as Level 3.

Spokane Neighborhood Action Partners 403(b) Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2024 and 2023

4. Fair Value Measurements (continued):

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

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value:

	2024			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 7,692,475	\$ -	\$ 7,692,475

	2023			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 7,165,792	\$ -	\$ 7,165,792

Changes in fair value levels – The availability of observable market data is monitored to assess the appropriate classifications of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2, or 3.

5. Group Annuity Contracts with Insurance Company:

The Plan maintains group annuity contracts with Voya. As part of the contracts, Voya maintains a portion of the contributions in “guaranteed accumulation accounts”. The accounts are 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.

The crediting rate is based on a formula established by the contract issuer, but may not be less than 3 percent. The crediting rate is reviewed on a quarterly basis for resetting.

Spokane Neighborhood Action Partners 403(b) Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2024 and 2023

5. Group Annuity Contracts with Insurance Company (continued):

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

6. Risks and Uncertainties:

The Plan provides for investments in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

The Plan has a concentration of investments in VY T. Rowe Price Capital Appreciation Portfolio – Service Class. A change in the value of this fund could cause the value of the Plan's net assets available for benefits to change due to this concentration. In addition, as a result of funds being selected by participants, certain other funds may individually represent a concentration of greater than 10 percent of the Plan's investments at fair value in the statements of net assets available for benefits.

**Spokane Neighborhood Action Partners 403(b) Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2024 and 2023**

6. Risks and Uncertainties (continued):

Although these individual funds maintain a level of diversification by investing in multiple equity, debt, or other instruments, there may be a concentration of risk because the funds are invested at the direction of a single fund manager. At December 31, 2024 and 2023, VY T. Rowe Price Capital Appreciation Portfolio – Service Class individually represented greater than 10 percent of the Plan’s investments at fair value.

7. Plan Tax Status:

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71 or the draft Listing of Required Modifications issued April 4, 2009. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b).

The plan administrator intends to rely on the determination letter provided by the plan document provider when it becomes available.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan’s tax-exempt status; however, there are currently no audits for any tax periods in progress.

The following transactions are considered party-in-interest transactions under ERISA regulations, but are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA:

- The Plan Sponsor provides to the Plan certain accounting and administrative services for which no fees are charged to the Plan. The employees that provide these services also are participants of the Plan.
- The Plan’s advisory committee consists of employees of the Plan Sponsor. There are no transactions between the parties other than contributions to the Plan, if eligible.
- Plan investments are managed by Voya, the Plan’s custodian.
- The Plan auditor performs the required annual audit of the Plan.
- The Plan relies on a third-party service provider, Randall & Hurley, Inc., to prepare the Plan’s IRS Form 5500 and manage the individual participant accounts of the Plan.

SUPPLEMENTAL INFORMATION (ATTACHMENT TO FORM 5500)

Spokane Neighborhood Action Partners 403(b) Plan
EIN 91-1311127 Plan Number: 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment	Cost Value **	Current Value
Pooled Separate Accounts				
*	Voya	AMG River Road Mid Cap Value Fund - Class N	\$	7,723
*	Voya	Alger Responsible Investing Fund - Class A		90
*	Voya	Allspring Small Company Growth Fund - Administrator Class		31,174
*	Voya	Allspring Special Small Cap Value Fund - Class A		5,791
*	Voya	American Century Inflation - Adjusted Bond Fund - Invetor Class		141
*	Voya	Amana Growth Fund - Investor Class		70,066
*	Voya	Amana Income Fund - Investor Class		22,427
*	Voya	American Funds The Bond Fund of America - Class R-4		126,013
*	Voya	American Funds Capital Income Builder - Class R-4		15,551
*	Voya	American Funds EuroPacific - Class R-4		46,854
*	Voya	American Funds Fundamental Investors - Class R-4		71,780
*	Voya	American Funds The Growth Fund of America - Class R-4		176,114
*	Voya	American Funds New Perspective Fund - Class R-4		100,877
*	Voya	American Funds SMALLCAP World Fund - Class R-4		6,736
*	Voya	American Funds Washington Mutual Investors Fund - Class R-4		204,953
*	Voya	Ariel Fund - Investor Class		13,805
*	Voya	Artisan International Fund - Investor Shares		94
*	Voya	Ave Maria Rising Dividend Fund		2,198
*	Voya	BlackRock Health Sciences Opportunities Port - Inv A Shares		43,867
*	Voya	BlackRock Mid-Cap Value Fund - Investor A Shares		100
*	Voya	Calvert VP SRI Balanced Portfolio		114,512
*	Voya	Cohen & Steers Realty Shares, Inc.		12,356
*	Voya	Columbia Large Cap Value Fund - Institutional Class		2,815
*	Voya	Columbia Select Mid Cap Value Fund - Class A Shares		38
*	Voya	Fidelity VIP Contrafund Portfolio - Initial Class		555,703
*	Voya	Fidelity VIP Equity-Income Portfolio - Initial Class		282,513
*	Voya	Fidelity VIP Growth Portfolio - Initial Class		94,575
*	Voya	Fidelity VIP Overseas Portfolio - Initial Class		2,416
*	Voya	Franklin Small Cap Value VIP Fund - Class 2		17,346
*	Voya	The Hartford International Opportunities Fund - Class R4		36
*	Voya	Impax Sustainable Allocation Fund - Investor Class		14,048
*	Voya	Invesco Developing Markets Fund - Class A		24,391
*	Voya	Invesco Main Street Mid Cap Fund - Class A		199
*	Voya	Invesco V.I. Main Street Small Cap Fund - Series I		42,674
*	Voya	Invesco V.I. American Franchise Fund - Series I Shares		1,087
*	Voya	Invesco V.I. Core Equity Fund - Series I Shares		44
*	Voya	Lazard Intl Equity Portfolio - Open Shares		36
*	Voya	Loomis Sayles Small Cap Value Fund - Retail Class		3,529
*	Voya	Lord Abbett Short Duration Income Fund - Class R4		128,397
*	Voya	Lord Abbett Series Fund Mid Cap Stock Portfolio - Class VC		2,955
*	Voya	Macquarie Science and Technology Fund - Class Y		172,154
*	Voya	Neuberger Berman Sustainable Equity Fund - Trust Class Shares		46
*	Voya	PIMCO CommodityRealReturn Strategy Fund - Administrative Class		1,940
*	Voya	PIMCO VIT Real Return Portfolio - Administrative Class		17,944
*	Voya	Pioneer High VCT Portfolio - Class I		1,348
*	Voya	TCW Metropolitan West Total Return Bond Fund - Class M Shares		67
*	Voya	TCW Securitized Bond Fund - Class N		833
*	Voya	Templeton Global Bond Fund - Class A		3,714

See accompanying independent auditors' report.

Spokane Neighborhood Action Partners 403(b) Plan
EIN 91-1311127 Plan Number: 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost Value **	Current Value
Pooled Separate Accounts (continued)			
* Voya	VY American Century Small-Mid Cap Value Portfolio - Service Class	\$	423
* Voya	VY CBRE Global Real Estate Portfolio - Institutional Class		14,114
* Voya	VY CBRE RI Estate Prt Srv		14,898
* Voya	VY Columbia Contrarian Core Portfolio - Service Class		205,595
* Voya	VY Invesco Comstock Portfolio - Service Class		2,476
* Voya	VY Invesco Equity and Income Portfolio - Initial Class		80,992
* Voya	VY Invesco Growth and Income Portfolio - Service Class		40
* Voya	VY JPMorgan Emerging Markets Equity Portfolio - Service Class		5,782
* Voya	VY JPMorgan Mid Cap Value Portfolio - Service Class		13,014
* Voya	VY JPMorgan Small Cap Core Equity Portfolio - Service Class		4,426
* Voya	VY T. Rowe Price Capital Appreciation Portfolio - Service Class		1,360,454
* Voya	VY T. Rowe Price Diversified Mid Cap Growth Portfolio - Initial Class		204,935
* Voya	VY T. Rowe Price Equity Income Portfolio - Service Class		49,672
* Voya	Victory Precious Metals and Minerals Fund - Class A Shares		2,276
* Voya	Voya International High Dividend Low Volatility Portfolio - Initial Class		16,130
* Voya	Voya Balanced Income Portfolio - Institutional Class		75,750
* Voya	Voya Corporate Leaders 100 Fund - Class I		155
* Voya	Voya Global High Dividend Low Volatility Portfolio - Class I		17,368
* Voya	Voya Global Insights Portfolio - Initial Class		175,249
* Voya	Voya Global Bond Portfolio - Initial Class		29,745
* Voya	Voya Government Money Market Portfolio - Class I		517,283
* Voya	Voya Growth and Income Portfolio - Class I		347,263
* Voya	Voya High Yield Portfolio - Institutional Class		68,138
* Voya	Voya Index Plus LargeCap Portfolio - Class I		123,274
* Voya	Voya Index Plus MidCap Portfolio - Class I		101,452
* Voya	Voya Index Plus SmallCap Portfolio - Class I		35,712
* Voya	Voya Index Solution 2065 Portfolio - Service Class		5,816
* Voya	Voya Index Solution 2025 Portfolio - Service Class		11,027
* Voya	Voya Index Solution 2030 Portfolio - Service Class		5,067
* Voya	Voya Index Solution 2035 Portfolio - Service Class		22,065
* Voya	Voya Index Solution 2040 Portfolio - Service Class		11,539
* Voya	Voya Index Solution 2045 Portfolio - Service Class		24,959
* Voya	Voya Index Solution 2050 Portfolio - Service Class		18,771
* Voya	Voya Index Solution 2055 Portfolio - Service Class		51,976
* Voya	Voya Index Solution 2060 Portfolio - Service Class		14,192
* Voya	Voya Index Solution Income Portfolio - Service Class		8,407
* Voya	Voya Intermediate Bond Portfolio - Service Class		62,933
* Voya	Voya International Index Portfolio - Service Class		1,694
* Voya	Voya Large Cap Growth Portfolio - Institutional Class		79,394
* Voya	Voya Large Cap Value Portfolio - Institutional Class		102,980
* Voya	Voya MidCap Opportunities Portfolio - Class I		45,930
* Voya	Voya Multi-Manager International Small Cap Fund - Class I		36
* Voya	Voya Russell Large Cap Value Index Portfolio - Class I		3,931
* Voya	Voya Russell Large Cap Growth Index Portfolio - Class I		265,454
* Voya	Voya Russell Large Cap Index Portfolio - Class I		101,415
* Voya	Voya Russell Mid Cap Growth Index Portfolio - Class S		14,446
* Voya	Voya Russell Mid Cap Index Portfolio - Class S		35,593
* Voya	Voya Russell Small Cap Index Portfolio - Class I		26,648
* Voya	Voya SmallCap Opportunities Portfolio - Class I		43,420

See accompanying independent auditors' report.

Spokane Neighborhood Action Partners 403(b) Plan
EIN 91-1311127 Plan Number: 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost Value **	Current Value
Pooled Separate Accounts (continued)			
* Voya	Voya Small Company Portfolio - Class I	\$	24,806
* Voya	Voya Solution 2025 Portfolio - Service Class		78,418
* Voya	Voya Solution 2030 Portfolio - Service Class		3,900
* Voya	Voya Solution 2035 Portfolio - Service Class		213,008
* Voya	Voya Solution 2045 Portfolio - Service Class		133,115
* Voya	Voya Solution 2050 Portfolio - Service Class		22,463
* Voya	Voya Solution Balanced Portfolio - Initial Class		10,061
* Voya	Voya Solution Conservative Portfolio - Initial Class		116,039
* Voya	Voya Solution Income Portfolio - Service Class		12,344
* Voya	Voya U.S. Bond Index Portfolio - Class I		4,676
* Voya	Wanger Acorn		15,738
* Voya	Wanger International		1,844
Total Pooled Separate Accounts			7,692,475
Investment Contracts with Insurance Company			
* Voya	Voya Fixed Account (4550)		39,858
* Voya	Voya Fixed Plus Account (4564)		151,685
* Voya	Voya Fixed Plus Account II A		557,643
* Voya	Voya Fixed Plus Acct II (4568)		798,234
* Voya	Voya Long-Term Guaranteed Accumulation Account (GAA) (4556)		11,738
* Voya	Voya Long-Term Guaranteed Accumulation Account (GAA) (4560)		4,780
* Voya	Voya Short-Term Guaranteed Accumulation Account (GAA) (4555)		38,028
* Voya	Voya Short-Term Guaranteed Accumulation Account (GAA) (4559)		1,275
Total Investment Contracts with Insurance Company			1,603,241
Plan Receivables			
* Employer			39,599
* Employee			34,061
Total Plan Receivables			73,660
Participant Loans			
* Participant loans			499
			\$ 9,369,875

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

See accompanying independent auditors' report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... 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: Spokane Neighborhood Action Partners 403(b) Plan
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): SPOKANE NEIGHBORHOOD ACTION PARTNERS
2b Employer Identification Number (EIN): 91-1311127
2c Plan Sponsor's telephone number: 509-456-7627
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Garrett Havens and date 9/4/2025.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	251
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	158
	6a(2)	171
	6b	
	6c	94
	6d	265
	6e	0
	6f	265
	6g(1)	232
6g(2)	236	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2L 2G 2T 2A 2J 3D

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

9a Plan funding arrangement (check all that apply)	9b 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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

Spokane Neighborhood Action Partners 403(b) Plan
EIN 91-1311127 Plan Number: 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment	Cost Value **	Current Value
Pooled Separate Accounts				
*	Voya	AMG River Road Mid Cap Value Fund - Class N	\$	7,723
*	Voya	Alger Responsible Investing Fund - Class A		90
*	Voya	Allspring Small Company Growth Fund - Administrator Class		31,174
*	Voya	Allspring Special Small Cap Value Fund - Class A		5,791
*	Voya	American Century Inflation - Adjusted Bond Fund - Invetor Class		141
*	Voya	Amana Growth Fund - Investor Class		70,066
*	Voya	Amana Income Fund - Investor Class		22,427
*	Voya	American Funds The Bond Fund of America - Class R-4		126,013
*	Voya	American Funds Capital Income Builder - Class R-4		15,551
*	Voya	American Funds EuroPacific - Class R-4		46,854
*	Voya	American Funds Fundamental Investors - Class R-4		71,780
*	Voya	American Funds The Growth Fund of America - Class R-4		176,114
*	Voya	American Funds New Perspective Fund - Class R-4		100,877
*	Voya	American Funds SMALLCAP World Fund - Class R-4		6,736
*	Voya	American Funds Washington Mutual Investors Fund - Class R-4		204,953
*	Voya	Ariel Fund - Investor Class		13,805
*	Voya	Artisan International Fund - Investor Shares		94
*	Voya	Ave Maria Rising Dividend Fund		2,198
*	Voya	BlackRock Health Sciences Opportunities Port - Inv A Shares		43,867
*	Voya	BlackRock Mid-Cap Value Fund - Investor A Shares		100
*	Voya	Calvert VP SRI Balanced Portfolio		114,512
*	Voya	Cohen & Steers Realty Shares, Inc.		12,356
*	Voya	Columbia Large Cap Value Fund - Institutional Class		2,815
*	Voya	Columbia Select Mid Cap Value Fund - Class A Shares		38
*	Voya	Fidelity VIP Contrafund Portfolio - Initial Class		555,703
*	Voya	Fidelity VIP Equity-Income Portfolio - Initial Class		282,513
*	Voya	Fidelity VIP Growth Portfolio - Initial Class		94,575
*	Voya	Fidelity VIP Overseas Portfolio - Initial Class		2,416
*	Voya	Franklin Small Cap Value VIP Fund - Class 2		17,346
*	Voya	The Hartford International Opportunities Fund - Class R4		36
*	Voya	Impax Sustainable Allocation Fund - Investor Class		14,048
*	Voya	Invesco Developing Markets Fund - Class A		24,391
*	Voya	Invesco Main Street Mid Cap Fund - Class A		199
*	Voya	Invesco V.I. Main Street Small Cap Fund - Series I		42,674
*	Voya	Invesco V.I. American Franchise Fund - Series I Shares		1,087
*	Voya	Invesco V.I. Core Equity Fund - Series I Shares		44
*	Voya	Lazard Intl Equity Portfolio - Open Shares		36
*	Voya	Loomis Sayles Small Cap Value Fund - Retail Class		3,529
*	Voya	Lord Abbett Short Duration Income Fund - Class R4		128,397
*	Voya	Lord Abbett Series Fund Mid Cap Stock Portfolio - Class VC		2,955
*	Voya	Macquarie Science and Technology Fund - Class Y		172,154
*	Voya	Neuberger Berman Sustainable Equity Fund - Trust Class Shares		46
*	Voya	PIMCO CommodityRealReturn Strategy Fund - Administrative Class		1,940
*	Voya	PIMCO VIT Real Return Portfolio - Administrative Class		17,944
*	Voya	Pioneer High VCT Portfolio - Class I		1,348
*	Voya	TCW Metropolitan West Total Return Bond Fund - Class M Shares		67
*	Voya	TCW Securitized Bond Fund - Class N		833
*	Voya	Templeton Global Bond Fund - Class A		3,714

See accompanying independent auditors' report.

Spokane Neighborhood Action Partners 403(b) Plan
EIN 91-1311127 Plan Number: 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost Value **	Current Value
Pooled Separate Accounts (continued)			
* Voya	VY American Century Small-Mid Cap Value Portfolio - Service Class	\$	423
* Voya	VY CBRE Global Real Estate Portfolio - Institutional Class		14,114
* Voya	VY CBRE RI Estate Prt Srv		14,898
* Voya	VY Columbia Contrarian Core Portfolio - Service Class		205,595
* Voya	VY Invesco Comstock Portfolio - Service Class		2,476
* Voya	VY Invesco Equity and Income Portfolio - Initial Class		80,992
* Voya	VY Invesco Growth and Income Portfolio - Service Class		40
* Voya	VY JPMorgan Emerging Markets Equity Portfolio - Service Class		5,782
* Voya	VY JPMorgan Mid Cap Value Portfolio - Service Class		13,014
* Voya	VY JPMorgan Small Cap Core Equity Portfolio - Service Class		4,426
* Voya	VY T. Rowe Price Capital Appreciation Portfolio - Service Class		1,360,454
* Voya	VY T. Rowe Price Diversified Mid Cap Growth Portfolio - Initial Class		204,935
* Voya	VY T. Rowe Price Equity Income Portfolio - Service Class		49,672
* Voya	Victory Precious Metals and Minerals Fund - Class A Shares		2,276
* Voya	Voya International High Dividend Low Volatility Portfolio - Initial Class		16,130
* Voya	Voya Balanced Income Portfolio - Institutional Class		75,750
* Voya	Voya Corporate Leaders 100 Fund - Class I		155
* Voya	Voya Global High Dividend Low Volatility Portfolio - Class I		17,368
* Voya	Voya Global Insights Portfolio - Initial Class		175,249
* Voya	Voya Global Bond Portfolio - Initial Class		29,745
* Voya	Voya Government Money Market Portfolio - Class I		517,283
* Voya	Voya Growth and Income Portfolio - Class I		347,263
* Voya	Voya High Yield Portfolio - Institutional Class		68,138
* Voya	Voya Index Plus LargeCap Portfolio - Class I		123,274
* Voya	Voya Index Plus MidCap Portfolio - Class I		101,452
* Voya	Voya Index Plus SmallCap Portfolio - Class I		35,712
* Voya	Voya Index Solution 2065 Portfolio - Service Class		5,816
* Voya	Voya Index Solution 2025 Portfolio - Service Class		11,027
* Voya	Voya Index Solution 2030 Portfolio - Service Class		5,067
* Voya	Voya Index Solution 2035 Portfolio - Service Class		22,065
* Voya	Voya Index Solution 2040 Portfolio - Service Class		11,539
* Voya	Voya Index Solution 2045 Portfolio - Service Class		24,959
* Voya	Voya Index Solution 2050 Portfolio - Service Class		18,771
* Voya	Voya Index Solution 2055 Portfolio - Service Class		51,976
* Voya	Voya Index Solution 2060 Portfolio - Service Class		14,192
* Voya	Voya Index Solution Income Portfolio - Service Class		8,407
* Voya	Voya Intermediate Bond Portfolio - Service Class		62,933
* Voya	Voya International Index Portfolio - Service Class		1,694
* Voya	Voya Large Cap Growth Portfolio - Institutional Class		79,394
* Voya	Voya Large Cap Value Portfolio - Institutional Class		102,980
* Voya	Voya MidCap Opportunities Portfolio - Class I		45,930
* Voya	Voya Multi-Manager International Small Cap Fund - Class I		36
* Voya	Voya Russell Large Cap Value Index Portfolio - Class I		3,931
* Voya	Voya Russell Large Cap Growth Index Portfolio - Class I		265,454
* Voya	Voya Russell Large Cap Index Portfolio - Class I		101,415
* Voya	Voya Russell Mid Cap Growth Index Portfolio - Class S		14,446
* Voya	Voya Russell Mid Cap Index Portfolio - Class S		35,593
* Voya	Voya Russell Small Cap Index Portfolio - Class I		26,648
* Voya	Voya SmallCap Opportunities Portfolio - Class I		43,420

See accompanying independent auditors' report.

Spokane Neighborhood Action Partners 403(b) Plan
EIN 91-1311127 Plan Number: 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost Value **	Current Value
Pooled Separate Accounts (continued)			
* Voya	Voya Small Company Portfolio - Class I	\$	24,806
* Voya	Voya Solution 2025 Portfolio - Service Class		78,418
* Voya	Voya Solution 2030 Portfolio - Service Class		3,900
* Voya	Voya Solution 2035 Portfolio - Service Class		213,008
* Voya	Voya Solution 2045 Portfolio - Service Class		133,115
* Voya	Voya Solution 2050 Portfolio - Service Class		22,463
* Voya	Voya Solution Balanced Portfolio - Initial Class		10,061
* Voya	Voya Solution Conservative Portfolio - Initial Class		116,039
* Voya	Voya Solution Income Portfolio - Service Class		12,344
* Voya	Voya U.S. Bond Index Portfolio - Class I		4,676
* Voya	Wanger Acorn		15,738
* Voya	Wanger International		1,844
Total Pooled Separate Accounts			7,692,475
Investment Contracts with Insurance Company			
* Voya	Voya Fixed Account (4550)		39,858
* Voya	Voya Fixed Plus Account (4564)		151,685
* Voya	Voya Fixed Plus Account II A		557,643
* Voya	Voya Fixed Plus Acct II (4568)		798,234
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* Indicates party-in-interest
** Cost omitted for participant-directed accounts

See accompanying independent auditors' report.