

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST
2b Employer Identification Number (EIN): 46-1402215
2c Plan Sponsor's telephone number: 206-441-7574
2d Business code (see instructions): 813930

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

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

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

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

Form 5500 (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	431
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)	350
	6a(2)	339
	6b	80
	6c	
	6d	419
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>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>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 FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 46-1402215</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
LIFEWISE ASSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-1161450	94188	WA-400100-9999	412	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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	470326
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. Specify nature of costs.	10b	

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. ▶

(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	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	282191
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>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>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 FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 46-1402215</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
LINCOLN SVF 0

(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
35-0472300	65676	896079074	396	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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

DIMARTINO ASSOCIATES **1501 FOURTH AVE, SUITE 2400**
SEATTLE, WA 98901

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	7598816
c Additions: (1) Contributions deposited during the year	7c(1)	1251472
	7c(2)	
	7c(3)	165961
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1417433
d Total of balance and additions (add lines 7b and 7c(6))	7d	9016249
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	993397
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	8022852

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>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>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**

A Name of plan SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST	D Employer Identification Number (EIN) 46-1402215	

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
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	160853	272	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

(b) 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	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	54240	
(2) Increase (decrease) in amount due but unpaid		9a(2)	5252	
(3) Increase (decrease) in unearned premium reserve		9a(3)	-4146	
(4) Earned ((1) + (2) - (3))		9a(4)		63638
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)	49092	
(3) Incurred claims (add (1) and (2))		9b(3)		49092
(4) Claims charged		9b(4)		49092
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)	7549	
(E) Taxes		9c(1)(E)	1273	
(F) Charges for risks or other contingencies		9c(1)(F)	5091	
(G) Other retention charges		9c(1)(G)	637	
(H) Total retention		9c(1)(H)		14550
(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 FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST	D Employer Identification Number (EIN) 46-1402215	

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

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

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

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

WELFARE AND PENSION ADMIN SERVICES

91-1363171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 14 15 49 50	NONE	236580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PREMERA BLUE CROSS

91-0499247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	NONE	162212	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BROWN AND BROWN DBA DIMARTINO ASSOC

91-0378940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50	NONE	126227	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BENEFIT PLANS ADMIN SERVICES INC

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 18 21 60 50	NONE	116150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF WASHINGTON

91-0621480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	NONE	58050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BARLOW COUGHRAN MORALES

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	49498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WASHINGTON CAPITAL MANAGEMENT, INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	NONE	40499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVATIVE CARE MANAGEMENT

93-1087669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40069	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZELIS

149 NEWBURY STREET
BOSTON, MA 02116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE RHIZOME COLLABORATIVE

PO BOX 410
GREENBANK, WA 98253

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANASTASI, MOORE & MARTIN, PLLC

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 50	NONE	15948	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALAFFIA TECHNOLOGY SOLUTIONS

169 MADISON AVENUE, SUITE 2049
NEW YORK, NY 10016

(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?
50	NONE	12435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRAVELERS INSURANCE

PO BOX 2950
HARTFORD, CT 06104-2950

(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?
23 50	NONE	10163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALASKA REGIONAL HOSPITAL

2801 DEBARR RD
ANCHORAGE, AK 99508

(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?
50	NONE	9450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRINT TIME

1105 W. 24TH STREET
KANSAS CITY, MO 64108

(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?
50	NONE	7795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST	D Employer Identification Number (EIN) 46-1402215

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	884732	1547703
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	185951	311752
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3709715	3381490
(2) U.S. Government securities	1c(2)	4231029	2510334
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7216972	8456724
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14059166	18950622
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7598816	8022852
(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	37886381	43181477
Liabilities			
g Benefit claims payable.....	1g	1065273	1153430
h Operating payables.....	1h	46989	388506
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	920832	941634
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2033094	2483570
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	35853287	40697907

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)	10675126	
(B) Participants.....	2a(1)(B)	1764093	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12439219
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	52567	
(B) U.S. Government securities.....	2b(1)(B)	29668	
(C) Corporate debt instruments.....	2b(1)(C)	302436	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		384671
(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)	501231	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		501231
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	15331889	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15124791	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		207098
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	315486	
(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)		2007924
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15855629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8317170	
(2) To insurance carriers for the provision of benefits	2e(2)	846247	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9163417
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)	409512	
(3) Recordkeeping fees	2i(3)	5164	
(4) IQPA audit fees	2i(4)	16050	
(5) Investment advisory and investment management fees	2i(5)	156649	
(6) Bank or trust company trustee/custodial fees	2i(6)	15674	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	49498	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	25798	
(11) Other expenses.....	2i(11)	1169247	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1847592
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11011009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4844620
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: ANASTASI MOORE AND MARTIN PLLC

(2) EIN: 20-8140984

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.		X	

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 _____.

Spokane Fire Fighters Benefit Trust

Financial Statements and Independent Auditors' Report

December 31, 2024 and 2023



Spokane Fire Fighters Benefit Trust

December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Spokane Fire Fighters Benefit Trust
Mercer Island, Washington

Opinion

We have audited the accompanying financial statements of the Spokane Fire Fighters Benefit Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of the plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in the plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment, reportable transactions, and administrative expenses are presented for purposes of additional analysis. The supplemental schedules of assets held for investment and reportable transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Anastasi, Moore & Martin, PLLC

Spokane, Washington
October 8, 2025

Spokane Fire Fighters Benefit Trust

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
ASSETS:		
Investments, at fair value:		
Short-term funds	\$ 1,568,624	\$ 1,345,577
Mutual funds	18,950,622	14,059,166
U.S. government securities	2,510,334	4,231,029
Corporate bonds	8,117,078	6,882,996
Foreign bonds	339,646	333,976
Insurance contract	8,022,852	7,598,816
Total investments, at fair value	<u>39,509,156</u>	<u>34,451,560</u>
Cash	<u>3,360,569</u>	<u>3,248,870</u>
Receivables:		
Prescription rebates receivable	203,351	100,206
Accrued interest and dividends	82,425	63,103
Stop-loss refunds receivable	1,096	-
Retiree contributions receivable	2,150	-
	<u>289,022</u>	<u>163,309</u>
Prepaid expenses	<u>22,730</u>	<u>22,642</u>
Total assets	<u>43,181,477</u>	<u>37,886,381</u>
LIABILITIES:		
Unearned contributions	941,634	920,832
Accounts payable	388,506	46,989
Total liabilities	<u>1,330,140</u>	<u>967,821</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 41,851,337</u>	<u>\$ 36,918,560</u>

See accompanying notes to financial statements.

Spokane Fire Fighters Benefit Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS:		
Investment income:		
Net appreciation in fair value	\$ 2,530,508	\$ 2,525,836
Dividends	504,516	321,087
Interest	381,386	330,771
	<u>3,416,410</u>	<u>3,177,694</u>
Less investment expenses	(172,323)	(149,886)
Net investment income	<u>3,244,087</u>	<u>3,027,808</u>
Contributions:		
Employer contributions	10,279,978	9,776,023
Participant contributions	790,549	806,782
Retiree contributions	954,711	996,072
HRA contributions	395,148	555,238
COBRA contributions	18,833	16,994
Total contributions	<u>12,439,219</u>	<u>12,151,109</u>
Total additions	<u>15,683,306</u>	<u>15,178,917</u>
DEDUCTIONS:		
Benefit claims paid	6,873,974	6,061,850
HRA claims payments	1,623,102	1,435,955
Insurance premiums	846,247	738,817
Less prescription rebates	(268,063)	(204,348)
Total claims and benefits paid	<u>9,075,260</u>	<u>8,032,274</u>
Administrative expenses	1,675,269	685,047
Total deductions	<u>10,750,529</u>	<u>8,717,321</u>
NET INCREASE	4,932,777	6,461,596
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>36,918,560</u>	<u>30,456,964</u>
End of year	<u>\$ 41,851,337</u>	<u>\$ 36,918,560</u>

See accompanying notes to financial statements.

Spokane Fire Fighters Benefit Trust

Statements of Plan's Benefit Obligations

December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Estimated claims incurred but not reported	\$ 925,900	\$ 916,000
Claims payable, actives	196,110	105,319
Claims payable, retirees	<u>31,420</u>	<u>43,954</u>
	<u>\$ 1,153,430</u>	<u>\$ 1,065,273</u>

See accompanying notes to financial statements.

Spokane Fire Fighters Benefit Trust
Statements of Changes in Plan's Benefit Obligations
 Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Balance, beginning of year	\$ 1,065,273	\$ 878,528
Net change during the year in:		
Estimated claims incurred but not reported	9,900	119,000
Claims payable, actives	90,791	34,091
Claims payable, retirees	<u>(12,534)</u>	<u>33,654</u>
Balance, end of year	<u>\$ 1,153,430</u>	<u>\$ 1,065,273</u>

See accompanying notes to financial statements.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 1 – Description of the Plan

The following description of the Spokane Fire Fighters Benefit Trust (the Plan) provides only general information about the Plan's provisions. Participants should refer to the benefit booklet for a complete description of the Plan's provisions, copies of which may be obtained from their employer.

- a. **General** – The Plan provides health and other benefits for eligible employees and covered dependents. The Plan became effective on January 1, 2013.
- b. **Eligibility** – To be eligible for benefits, participants must be employed by or retired from a participating employer and must meet eligibility requirements set forth in a collective bargaining agreement between their employer and/or International Association of Fire Fighters (I.A.F.F) Local 29 (Local 29). Currently, the only participating employers are the City of Spokane and the Spokane International Airport.

Eligible active participants consist of members who are: (1) full-time, active Law Enforcement Officers and Fire Fighters (LEOFF) I members; (2) full-time, active LEOFF II members; or (3) City of Spokane Fire Department employees who are regularly scheduled to work a minimum of 30 hours per week. Participants must have satisfied the 30-day probationary period established by the City of Spokane.

Eligible retired participants consist of members who either: (1) just previous to retirement were enrolled as active participants in the Plan with no lapse of coverage, (2) are currently enrolled as retirees in the Plan, (3) are retired fire fighters from the City of Spokane who were dues-paying members of Local 29 at the time of retirement, or (4) are eligible to receive pensions from their employment with the City of Spokane.

Family members of eligible participants include legal spouses, registered domestic partners, surviving spouses of a deceased member, and children up to their 26th birthday.

Eligibility for coverage under the Plan will terminate due to any one of the following events: (1) the group contract is terminated, (2) the next monthly subscription charge is not paid when due or within the grace period, (3) the participant dies or is otherwise no longer eligible as a participant, or (4) if the employer fails to meet the terms of the applicable collective bargaining agreement or to employ employees covered by the collective bargaining agreement. Spousal coverage ends upon annulment, legal separation, or divorce.

- c. **Contributions** – The participating employer makes monthly contributions to the Plan of a specified amount for each active employee to provide covered benefits. Health reimbursement accounts are also funded solely by the employer. Contributions from employers are accrued based upon reported months worked during the year by covered employees. In addition to deductibles and co-payments, active participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The contribution rates are determined by the provisions of the various collective bargaining agreements. Terminated employees can continue health coverage under COBRA. Retired participants can continue health coverage under retiree self-pay arrangements. Since employers do not make contributions for retired participants, there is no actuarial calculation for post-retirement benefit plan obligations.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 1 – Description of the Plan (Continued)

- d. **Benefits** – The Plan provides major medical, dental, vision, prescription drugs, life, accidental death and dismemberment (AD&D), and long-term disability benefits for eligible employees and retirees and their dependents. The Plan also provides continuation of certain benefits upon termination of employment through COBRA.
- e. **Self-insured benefits** – Major medical, prescription drugs, vision, and certain life insurance benefits are self-insured. These benefits are processed by the Plan’s third-party claims processors under administrative services only arrangements and paid from the general assets of the Plan. Despite the Plan’s utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.
- f. **Insured benefits** – The Plan provides dental, life, AD&D, and long-term disability benefits through contracts with Delta Dental of Washington and the Standard Insurance Company. Premiums are paid from the Plan.
- g. **Experience-rated contract** – The dental insurance contract is subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.
- h. **Emergency Responders Health Center (ERHC)** – The Plan has contracted with the ERHC to provide specialized care for the unique medical concerns and elevated health risks of first responders. See Note 11.
- i. **Stop-loss coverage** – The Plan has entered into a stop-loss insurance arrangement with Lifewise Assurance Company in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). There were stop-loss refunds of \$580,605 and \$-0- received during the years ended December 31, 2024 and 2023, respectively.
- j. **Rebates** – The Plan utilizes a pharmacy benefit manager which periodically makes rebates to the Plan based on the Plan’s actual utilization pattern of specific drugs.
- k. **Health Reimbursement Accounts** – The Plan also utilizes Health Reimbursement Accounts (HRAs). HRAs are funded solely by the employer and cannot be funded through employee salary deductions. Through the HRAs, the participants are reimbursed tax-free for qualified medical expenses up to a maximum dollar amount for a coverage period. HRAs reimburse only those items (co-pays, coinsurance, deductibles, and services) agreed to by the employer which are not covered by the other benefits provided by the Plan.
- l. **Administration** – The Plan is administered by a Board of Trustees that is assisted by a third-party administrator organization and various professional service providers. Administrative expenses are borne by the Plan. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies

- a. **Basis of accounting** – The financial statements of the Plan are prepared under the accrual basis of accounting.
- b. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- c. **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.
- d. **Payments of benefits** – Premiums paid by the Plan are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits.
- e. **Reclassification** – Certain accounts in the 2023 financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. These reclassifications had no effect on net assets or change in net assets as of or for the year ended December 31, 2024.
- f. **Subsequent events** – Subsequent events were evaluated through October 8, 2025, the date the financial statements were available to be issued.

Note 3 – Income Tax Status

The Plan established to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC) and, accordingly, is not subject to tax under present income tax laws. The Plan has obtained a favorable determination letter from the Internal Revenue Service (IRS) but has since been amended. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related plan is tax-exempt as of the financial statement dates. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 3 – Income Tax Status (Continued)

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 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, there were no uncertain positions taken or expected to be taken that would require recognition of the 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.

Note 4 – Fair Value Measurements

The 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; and
- 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.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 4 – Fair Value Measurements (Continued)

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

Level 1 – Short-term funds and mutual funds are valued at the closing price reported in the active market in which the individual securities are traded.

Level 2 – U.S. government securities and corporate and foreign bonds are valued using the latest bid price or using valuations based on a matrix system which considers such factors as security prices, yields, maturities, and ratings.

Level 3 – The Plan has no investments that are classified as Level 3 for either year ended December 31, 2024 or 2023.

The insurance contract (Lincoln SVF 0) provides participants with liquidity at contract value for daily transactions including transfers between funds. As such, contract value is the measurement for the insurance contract for reporting and financial statement purposes, and contract value approximates fair value. (See Note 10)

The preceding methods 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:

	As of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Investments measured at fair value:				
Short-term funds	\$ 1,568,624	\$ -	\$ -	\$ 1,568,624
Mutual funds	18,950,622	-	-	18,950,622
U.S. government securities	-	2,510,334	-	2,510,334
Corporate bonds	-	8,117,078	-	8,117,078
Foreign bonds	-	339,646	-	339,646
	<u>\$ 20,519,246</u>	<u>\$ 10,967,058</u>	<u>\$ -</u>	31,486,304
Investments measured at NAV:				
Insurance contract				<u>8,022,852</u>
				<u>\$ 39,509,156</u>

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 4 – Fair Value Measurements (Continued)

	As of December 31, 2023			Total
	Level 1	Level 2	Level 3	
Investments measured at fair value:				
Short-term funds	\$ 1,345,577	\$ -	\$ -	\$ 1,345,577
Mutual funds	14,059,166	-	-	14,059,166
U.S. government securities	-	4,231,029	-	4,231,029
Corporate bonds	-	6,882,996	-	6,882,996
Foreign bonds	-	333,976	-	333,976
	<u>\$ 15,404,743</u>	<u>\$ 11,448,001</u>	<u>\$ -</u>	26,852,744
Investments measured at NAV:				
Insurance contract				<u>7,598,816</u>
				<u>\$ 34,451,560</u>

Transfers Between Levels:

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

Investments Measured at Net Asset Value (NAV):

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate NAV per share (or its equivalent):

	Fair Value at December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Insurance contract:					
Lincoln SVF 0	<u>\$ 8,022,852</u>	<u>\$ 7,598,816</u>	<u>\$ -</u>	Daily	30 days

Note 5 – Plan Termination

Although they have not expressed any intention to do so, the Trustees have the right under the Plan to modify the benefits provided to, and contributions required of, participants; to discontinue its contributions at any time; and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the participating employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 6 – Funding Policy

The Plan is financed by employer contributions, participant contributions, and from participants electing COBRA coverage. The monthly contribution rate for participating employers, including the rate for COBRA coverage, is determined by collective bargaining between participating employers and Local 29. Employee contributions include contributions which are being deducted from participant wages and COBRA contributions.

Note 7 – Party-in-interest Transactions

Certain transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 8 – Concentration of Risk

The City of Spokane and Spokane International Airport are the only participating employers. During the years ended December 31, 2024 and 2023, the Plan received approximately 96% of employer contributions from the City of Spokane and 4% of employer contributions from the Spokane International Airport.

Note 9 – Risks and Uncertainties

The Plan periodically maintains cash balances at financial institutions in excess of the amount insured by the Federal Deposit Insurance Corporation (FDIC). As of the audit report date, the FDIC provides full coverage for noninterest-bearing transaction deposit accounts at FDIC-insured institutions that agree to participate in the program. Interest-bearing deposits at FDIC-insured institutions are insured up to \$250,000 per depositor.

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

Plan obligations at December 31, 2024 and 2023, for claims incurred but not reported (IBNR) are estimated based on the prior history of claims paid. These amounts are paid by the Plan only if claims are submitted and approved for payment. The estimated claims IBNR at December 31, 2024 and 2023, were \$925,900 and \$916,000, respectively.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 10 – Investment Contract with Insurance Company

The insurance fund is valued at contract value, which represents contributions made, less withdrawals and administrative expenses, plus interest credited. Net deposits invested in Lincoln SVF 0 become part of Lincoln National Life Insurance Company's general accounts, and there are no particular segregated or identifiable assets ascribed to the Plan's investment. Net deposits and interest credited become liabilities against the insurance company on the Plan's behalf.

Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. Contract value is guaranteed by the full faith and credit of Lincoln National Life Insurance Company; there are no wrap contracts supporting the liquidity of the fund. The fund is neither a mutual fund nor a bank product.

Lincoln National Life Insurance Company's obligations are not insured by the FDIC or any other federal government agency. Crediting rates for the insurance funds are set by Lincoln National Life Insurance Company using a process similar to that used by banks or other insurance companies for similar products. A crediting rate is declared quarterly for all assets in the fund during the coming quarter. This crediting rate takes into account yield forecasts from the asset advisory group and the margins required for the business. The crediting rate is declared in advance and is reset quarterly. Management approval is required for all crediting rates. The fund's NAV increases with the daily equivalent of the crediting rate. Past crediting rates are not indicative of future rates.

Note 11 – Emergency Responders Health Center

The Spokane Fire Fighters Benefit Trust (the "Trust") has entered into a series of arrangements with the Emergency Responders Health Center ("ERHC"), an independent healthcare provider specializing in occupationally focused care for first responders. These agreements are designed to provide comprehensive medical and wellness services to eligible active and retired participants and their dependents.

Effective January 1, 2024, the Plan entered into a consulting and program development agreement with ERHC for the development of a first responder focused healthcare arrangement, providing a consulting-based approach to delivering tailored medical care to Plan participants with consideration for their unique occupational risk profiles. Total compensation for this agreement amounts to \$1,000,000 for development and implementation related costs. The Plan recognized \$750,000 as administrative expense for the year ended December 31, 2024. The Plan remitted the final \$250,000 to ERHC under this agreement in March 2025.

Effective January 1, 2024, in conjunction with the ERHC arrangement, the Plan has retained Dr. Robert Hilvers, through ERHC, to serve as Medical Director for the Plan. Dr. Hilvers advises the Board of Trustees on clinical matters affecting the population served by the Trust, including the design of wellness initiatives and management of occupational health risks. Total compensation for this agreement amounts to \$200,000, paid out in \$8,333 monthly installments. The Plan recognized \$100,000 of administrative expense under this agreement for the year ended December 31, 2024.

Spokane Fire Fighters Benefit Trust

Notes to Financial Statements

Note 12 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 41,851,337	\$ 36,918,560
Less benefit obligations currently payable:		
Estimated claims incurred but not reported	(925,900)	(916,000)
Claims payable, actives	(196,110)	(105,319)
Claims payable, retirees	<u>(31,420)</u>	<u>(43,954)</u>
Net assets available per Form 5500	<u>\$ 40,697,907</u>	<u>\$ 35,853,287</u>

The following is a reconciliation of the cost of benefits provided per the financial statements to Form 5500 for the year ended December 31, 2024:

Total benefits paid per the financial statements	\$ 9,075,260
Add amounts payable at December 31, 2024	1,153,430
Less amounts payable at December 31, 2023	<u>(1,065,273)</u>
Benefit payments per Form 5500	<u>\$ 9,163,417</u>

Spokane Fire Fighters Benefit Trust

Supplementary Information

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
Short-term funds:					
First American Obligations Fund	Fluctuates daily	Due on demand	788,288	\$ 788,288	\$ 788,288
US Treasury Bill	Fluctuates daily	Due on demand	790,000	767,850	780,336
				<u>1,556,138</u>	<u># 1,568,624</u>
Insurance contract:					
Lincoln SVF 0			6,101,511 units	<u>7,354,600</u>	<u>8,022,852</u>
Mutual funds:					
AB Large Cap Growth Z			4,971	457,003	543,294
American Funds American Balanced R6			38,167	1,079,614	1,311,038
American Funds Europacific R6			3,511	190,172	188,620
Blackrock Lifepath Index 2030 K			5,661	88,821	96,636
Blackrock Lifepath Index 2035 K			128,362	2,011,902	2,422,184
Blackrock Lifepath Index 2040 K			7,774	136,040	158,905
Blackrock Lifepath Index 2045 K			6,572	129,299	145,954
Blackrock Lifepath Index 2050 K			2,224	42,498	51,676
Blackrock Lifepath Index 2055 K			6,324	125,471	152,288
Blackrock Lifepath Index 2060 K			6,133	114,002	132,281
Blackrock Lifepath Index 2065 K			1,762	23,420	26,748
Blackrock Lifepath Index Retirement K			105,418	1,381,736	1,450,557
Columbia High Yield Bond Inst			5,960	65,684	65,147
DFA Real Estate Securities I			2,477	102,910	99,632
Federated Hermes Intl Equity			658	17,597	14,041
Guggenheim Macro Opp Fund Inst Class			61	1,592	1,503
Ishares MSCI Ttl Index K			5,245	49,940	53,188
Ishares Russell 2000 SC Index K			6,330	147,712	155,017
Ishares Russell Mid-Cap Index K			14,298	186,501	212,471
Ishares S&P 500 Index K			8,546	3,559,117	5,880,698
Ishares US Aggr. Bond Index K			16,705	155,488	148,676
Macquarie Mid Cap Growth I			13,823	487,041	405,557
Macquarie Syst Emerging Markets Equity Fund			3,072	63,206	59,542
PGIM Global Total Return Q			755	4,411	3,826
PGIM Total Rtrn Bond Q			7,066	94,650	83,660
Pimco Rae Fund TI US Sm			4,153	37,641	47,341
T. Rowe Price Infl Prot Bond			509	5,849	5,162
TRP QM US Sm-Cap Grth Equ I			8,606	351,488	374,259
Vanguard Equity Income Admiral			2,771	231,624	244,311
Vanguard Total Stock Market Etf			8,662	1,513,296	2,510,334
Victory Sycamore Established Value R6			1,085	49,384	49,905
				<u>12,905,109</u>	<u>17,094,451</u>

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
U.S. Government securities:					
FHLMC Gd	3.500%	11/1/2025	15,449	\$ 15,157	\$ 15,347
FHLMC Gtd	1.250%	7/25/2027	1,604	1,605	1,577
FHLMC Gtd	1.850%	5/25/2033	134,564	120,603	123,292
FHLMC	3.370%	7/25/2025	72,378	70,815	71,830
FHLMC	3.000%	5/15/2027	22,633	21,931	22,322
US Treasury Note	2.125%	5/15/2025	175,000	187,945	173,630
US Treasury Note	0.250%	9/30/2025	780,000	739,571	757,325
US Treasury Note	0.250%	10/31/2025	200,000	185,758	193,554
US Treasury Note	0.750%	3/31/2026	285,000	267,173	272,984
US Treasury Note	0.625%	7/31/2026	265,000	249,763	250,438
US Treasury Note	0.750%	8/31/2026	1,010,000	952,058	953,794
US Treasury Note	0.500%	4/30/2027	750,000	681,908	687,960
US Treasury Note	0.625%	11/30/2027	515,000	466,316	463,840
US Treasury Note	1.125%	8/31/2028	150,000	133,318	133,788
US Treasury Note	1.250%	8/15/2031	300,000	258,328	244,824
				<u>4,352,249</u>	<u># 4,366,505</u>
Corporate bonds:					
AECOM	5.125%	3/15/2027	100,000	101,314	99,040
Ally Financial Inc.	5.750%	11/20/2025	66,000	71,909	66,341
American Airlines	4.000%	1/15/2027	95,413	93,754	94,351
American Axel & Manufacturing	6.500%	4/1/2027	75,000	74,378	74,171
American Express	4.920%	3/15/2027	200,000	191,701	199,060
American Express	3.390%	5/17/2027	100,000	96,930	99,556
American Homes 4	4.250%	2/15/2028	22,000	23,985	21,464
Americredit Auto	0.890%	10/19/2026	63,988	60,528	63,433
Amphenol Corp	2.200%	9/15/2031	55,000	54,799	46,088
Apache Corp	4.375%	10/15/2028	75,000	70,710	72,341
Bank of America	3.530%	11/15/2027	200,000	197,238	199,080
Boardwalk Pipelines LP	5.950%	6/1/2026	50,000	59,157	50,593
Broadcom Inc Sr Gbl	3.150%	11/15/2025	85,000	91,112	83,892
Capital One Multi	4.950%	10/15/2027	133,000	132,005	133,491
Capital One Multi	4.420%	5/15/2028	200,000	198,438	200,022
Capital One Prime	0.770%	9/15/2026	46,625	44,689	46,158
Capital One Prime	1.040%	4/15/2027	150,000	145,963	146,708
Carmax Auto	1.030%	12/15/2026	82,000	80,081	80,853
Carmax Auto	3.490%	2/16/2027	165,543	163,287	164,896
Carnival Corp	6.650%	1/15/2028	80,000	79,493	82,708
Chase Issuance	3.970%	9/15/2027	132,000	128,749	131,582
Cheniere Energy Inc	4.625%	10/15/2028	120,000	120,492	117,397
Cleveland Cliffs Inc	5.875%	6/1/2027	125,000	123,765	124,291
Conocophillips Co	3.350%	5/15/2025	65,000	62,676	64,591
Constellation Brands	4.400%	11/15/2025	65,000	75,616	64,849
Dana Inc	5.625%	6/15/2028	80,000	77,348	78,915

See accompanying independent auditors' report.

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
Corporate bonds (continued):					
Discover Card	1.960%	2/16/2027	101,000	\$ 96,530	\$ 100,693
Discover Card	3.560%	7/15/2027	100,000	97,230	99,491
Dpl Inc	4.125%	7/1/2025	110,000	106,167	108,426
Dte Electric	2.640%	12/1/2026	33,959	32,146	33,095
Duke Energy Corp	2.650%	9/1/2026	75,000	81,600	72,597
Encompass Health	4.500%	2/1/2028	85,000	78,777	82,018
Enlink Midstream	4.850%	7/15/2026	100,000	95,881	99,788
Entergy Texas Inc	3.450%	12/1/2027	90,000	93,408	86,069
First Energy Corp	3.900%	7/15/2027	95,000	92,669	92,510
Ford Motor Credit	0.790%	8/15/2026	50,000	48,570	49,919
General Motors Financial Services	1.260%	11/16/2026	121,391	119,706	120,293
General Motors Financial Services	1.280%	1/19/2027	150,000	145,078	147,851
General Motors Financial Services	3.640%	4/16/2027	68,487	67,307	68,217
General Motors Financial Services	4.820%	8/16/2027	119,867	118,622	120,012
Genesis Energy LP	7.750%	2/1/2028	70,000	70,238	70,084
Global Payments Inc	1.200%	3/1/2026	65,000	62,948	62,310
Goodyear Tire	4.875%	3/15/2027	75,000	72,220	72,462
Griffon Corp	5.750%	3/1/2028	80,000	77,486	78,446
Hca Inc Sr Nt	7.690%	6/15/2025	30,000	36,172	30,352
Honda Auto	1.880%	5/15/2026	47,312	46,793	46,906
Honda Auto	5.480%	11/18/2026	146,753	146,750	147,394
Honda Auto	4.970%	6/21/2029	65,000	64,327	65,639
Howmet Aerospace Inc	3.000%	1/15/2029	150,000	135,045	139,218
Hyundai Motor Co	0.600%	2/16/2027	20,077	19,010	19,841
Kentucky Utilities	3.300%	10/1/2025	60,000	66,170	59,420
Keycorp Capital	6.333%	7/1/2028	90,000	86,942	87,146
Macys Retail	7.000%	2/15/2028	70,000	70,678	70,350
Murphy Oil Corp	5.625%	5/1/2027	100,000	98,250	99,197
Murphy Oil Corp	6.375%	7/15/2028	99,000	97,627	99,403
National Fuel Gas Co	5.500%	1/15/2026	60,000	68,922	60,233
Nissan Auto	1.860%	8/17/2026	122,997	121,354	121,830
Nissan Auto	0.570%	9/15/2027	63,760	59,175	62,761
Nustar Logistics	5.750%	10/1/2025	90,000	89,005	89,985
Occidental Pete Corp	5.875%	9/1/2025	41,000	43,194	41,125
Oceaneering Intl Inc	6.000%	2/1/2028	85,000	84,583	83,841
Olin Corp	5.125%	9/15/2027	100,000	100,318	97,871
Pbf Holding Co	6.000%	2/15/2028	100,000	95,555	95,899
Pinnacle West	1.300%	6/15/2025	130,000	127,383	127,815
Puget Energy Inc	6.274%	3/15/2037	30,000	38,255	31,663
Radian Group Inc	4.875%	3/15/2027	69,000	69,961	68,512
Safeway Inc	7.450%	9/15/2027	25,000	29,313	25,829
Santander Drive	1.330%	9/15/2027	16,965	16,172	16,739
Service Corp International	4.625%	12/15/2027	120,000	118,639	116,767
Suburban Propane	5.875%	3/1/2027	80,000	78,963	79,370
T Mobile USA	2.625%	4/15/2026	70,000	64,958	68,216
Tegna Inc	4.625%	3/15/2028	90,000	82,833	85,050

See accompanying independent auditors' report.

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4j

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
Corporate bonds (continued):					
Tri Pointe Group Inc	5.250%	6/1/2027	85,000	\$ 80,521	\$ 83,490
Tenet Healthcare	4.375%	1/15/2030	90,000	84,164	83,593
Toyota Auto	1.230%	6/15/2026	88,774	86,446	88,096
Truist Financial Corp Mtn	1.200%	8/5/2025	80,000	81,228	78,389
United Continental	4.875%	1/15/2025	90,000	90,953	89,782
United Continental	4.875%	1/15/2026	54,000	53,919	53,913
United Rentals	5.500%	5/15/2027	110,000	109,741	109,343
Verizon	3.376%	2/15/2025	90,000	97,818	89,819
Verizon	5.420%	4/20/2028	150,000	150,041	150,104
Verizon	3.400%	11/20/2028	105,000	102,637	104,547
Verizon	5.160%	6/20/2029	41,000	40,968	41,389
Virginia Power	5.088%	5/1/2029	106,457	106,600	106,867
Warner Media	3.755%	3/15/2027	135,000	130,251	130,063
Wells Fargo	4.940%	2/15/2029	80,000	80,831	80,762
Wells Fargo	4.290%	10/15/2029	90,000	89,987	89,389
Western Digital Corp	4.750%	2/15/2026	30,000	33,358	29,711
World Omni Auto	5.570%	12/15/2026	45,636	45,609	45,722
World Omni Auto	1.660%	3/17/2027	72,986	70,999	72,127
World Omni Auto	0.690%	6/15/2027	100,000	91,539	98,378
World Omni Auto	1.040%	6/15/2027	100,000	94,758	98,056
Wyndham Worldwide	6.000%	4/1/2027	85,000	81,697	85,014
				<u>8,137,112</u>	<u>8,117,078</u>
Foreign bonds:					
Aercap Ireland	2.450%	10/29/2026	70,000	70,207	67,010
Methanex Corp	5.125%	10/15/2027	100,000	95,230	97,870
Royal Caribbean Cruises	7.500%	10/15/2027	75,000	74,063	78,676
Teva Pharmaceuticals	3.150%	10/1/2026	100,000	92,289	96,090
				<u>331,789</u>	<u>339,646</u>
				<u>\$ 34,636,997</u>	<u>\$ 39,509,156</u>

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4j

EIN: 46-1402215 PN: 501

Year Ended December 31, 2024

Reportable Transactions						
(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) -- A Series of Transactions in Excess of 5% of Trust Assets:						
First American Obligations Fund	123 purchases	\$ 7,574,378	\$ -	\$ 7,574,378	\$ 7,574,378	\$ -
First American Obligations Fund	69 sales	-	7,471,610	7,471,610	7,471,610	-

Spokane Fire Fighters Benefit Trust

Administrative Expenses

Years Ended December 31, 2024 and 2023

	2024	2023
Administration fees	\$ 96,442	\$ 75,394
Audit fees	16,050	15,100
Case management	107,350	59,240
Claims administration fees	220,262	197,744
Claims processing fees	97,972	94,166
Consultant fees	139,635	130,754
ERHC, consulting and program development	750,000	-
ERHC, medical director services	100,000	-
Insurance	25,934	21,976
Legal fees	49,498	28,351
Miscellaneous	2,356	4,296
Office, printing, and postage	42,066	19,988
PCORI	1,906	1,620
Trustee meetings and travel	25,798	36,418
	<u>\$ 1,675,269</u>	<u>\$ 685,047</u>

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
Short-term funds:					
First American Obligations Fund	Fluctuates daily	Due on demand	788,288	\$ 788,288	\$ 788,288
US Treasury Bill	Fluctuates daily	Due on demand	790,000	767,850	780,336
				<u>1,556,138</u>	<u># 1,568,624</u>
Insurance contract:					
Lincoln SVF 0			6,101,511 units	<u>7,354,600</u>	<u>8,022,852</u>
Mutual funds:					
AB Large Cap Growth Z			4,971	457,003	543,294
American Funds American Balanced R6			38,167	1,079,614	1,311,038
American Funds Europacific R6			3,511	190,172	188,620
Blackrock Lifepath Index 2030 K			5,661	88,821	96,636
Blackrock Lifepath Index 2035 K			128,362	2,011,902	2,422,184
Blackrock Lifepath Index 2040 K			7,774	136,040	158,905
Blackrock Lifepath Index 2045 K			6,572	129,299	145,954
Blackrock Lifepath Index 2050 K			2,224	42,498	51,676
Blackrock Lifepath Index 2055 K			6,324	125,471	152,288
Blackrock Lifepath Index 2060 K			6,133	114,002	132,281
Blackrock Lifepath Index 2065 K			1,762	23,420	26,748
Blackrock Lifepath Index Retirement K			105,418	1,381,736	1,450,557
Columbia High Yield Bond Inst			5,960	65,684	65,147
DFA Real Estate Securities I			2,477	102,910	99,632
Federated Hermes Intl Equity			658	17,597	14,041
Guggenheim Macro Opp Fund Inst Class			61	1,592	1,503
Ishares MSCI Ttl Index K			5,245	49,940	53,188
Ishares Russell 2000 SC Index K			6,330	147,712	155,017
Ishares Russell Mid-Cap Index K			14,298	186,501	212,471
Ishares S&P 500 Index K			8,546	3,559,117	5,880,698
Ishares US Aggr. Bond Index K			16,705	155,488	148,676
Macquarie Mid Cap Growth I			13,823	487,041	405,557
Macquarie Syst Emerging Markets Equity Fund			3,072	63,206	59,542
PGIM Global Total Return Q			755	4,411	3,826
PGIM Total Rtrn Bond Q			7,066	94,650	83,660
Pimco Rae Fund TI US Sm			4,153	37,641	47,341
T. Rowe Price Infl Prot Bond			509	5,849	5,162
TRP QM US Sm-Cap Grth Equ I			8,606	351,488	374,259
Vanguard Equity Income Admiral			2,771	231,624	244,311
Vanguard Total Stock Market Etf			8,662	1,513,296	2,510,334
Victory Sycamore Established Value R6			1,085	49,384	49,905
				<u>12,905,109</u>	<u>17,094,451</u>

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
U.S. Government securities:					
FHLMC Gd	3.500%	11/1/2025	15,449	\$ 15,157	\$ 15,347
FHLMC Gtd	1.250%	7/25/2027	1,604	1,605	1,577
FHLMC Gtd	1.850%	5/25/2033	134,564	120,603	123,292
FHLMC	3.370%	7/25/2025	72,378	70,815	71,830
FHLMC	3.000%	5/15/2027	22,633	21,931	22,322
US Treasury Note	2.125%	5/15/2025	175,000	187,945	173,630
US Treasury Note	0.250%	9/30/2025	780,000	739,571	757,325
US Treasury Note	0.250%	10/31/2025	200,000	185,758	193,554
US Treasury Note	0.750%	3/31/2026	285,000	267,173	272,984
US Treasury Note	0.625%	7/31/2026	265,000	249,763	250,438
US Treasury Note	0.750%	8/31/2026	1,010,000	952,058	953,794
US Treasury Note	0.500%	4/30/2027	750,000	681,908	687,960
US Treasury Note	0.625%	11/30/2027	515,000	466,316	463,840
US Treasury Note	1.125%	8/31/2028	150,000	133,318	133,788
US Treasury Note	1.250%	8/15/2031	300,000	258,328	244,824
				<u>4,352,249</u>	<u># 4,366,505</u>
Corporate bonds:					
AECOM	5.125%	3/15/2027	100,000	101,314	99,040
Ally Financial Inc.	5.750%	11/20/2025	66,000	71,909	66,341
American Airlines	4.000%	1/15/2027	95,413	93,754	94,351
American Axel & Manufacturing	6.500%	4/1/2027	75,000	74,378	74,171
American Express	4.920%	3/15/2027	200,000	191,701	199,060
American Express	3.390%	5/17/2027	100,000	96,930	99,556
American Homes 4	4.250%	2/15/2028	22,000	23,985	21,464
Americredit Auto	0.890%	10/19/2026	63,988	60,528	63,433
Amphenol Corp	2.200%	9/15/2031	55,000	54,799	46,088
Apache Corp	4.375%	10/15/2028	75,000	70,710	72,341
Bank of America	3.530%	11/15/2027	200,000	197,238	199,080
Boardwalk Pipelines LP	5.950%	6/1/2026	50,000	59,157	50,593
Broadcom Inc Sr Gbl	3.150%	11/15/2025	85,000	91,112	83,892
Capital One Multi	4.950%	10/15/2027	133,000	132,005	133,491
Capital One Multi	4.420%	5/15/2028	200,000	198,438	200,022
Capital One Prime	0.770%	9/15/2026	46,625	44,689	46,158
Capital One Prime	1.040%	4/15/2027	150,000	145,963	146,708
Carmax Auto	1.030%	12/15/2026	82,000	80,081	80,853
Carmax Auto	3.490%	2/16/2027	165,543	163,287	164,896
Carnival Corp	6.650%	1/15/2028	80,000	79,493	82,708
Chase Issuance	3.970%	9/15/2027	132,000	128,749	131,582
Cheniere Energy Inc	4.625%	10/15/2028	120,000	120,492	117,397
Cleveland Cliffs Inc	5.875%	6/1/2027	125,000	123,765	124,291
Conocophillips Co	3.350%	5/15/2025	65,000	62,676	64,591
Constellation Brands	4.400%	11/15/2025	65,000	75,616	64,849
Dana Inc	5.625%	6/15/2028	80,000	77,348	78,915

See accompanying independent auditors' report.

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4i

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares	Cost	Current Value
Corporate bonds (continued):					
Discover Card	1.960%	2/16/2027	101,000	\$ 96,530	\$ 100,693
Discover Card	3.560%	7/15/2027	100,000	97,230	99,491
Dpl Inc	4.125%	7/1/2025	110,000	106,167	108,426
Dte Electric	2.640%	12/1/2026	33,959	32,146	33,095
Duke Energy Corp	2.650%	9/1/2026	75,000	81,600	72,597
Encompass Health	4.500%	2/1/2028	85,000	78,777	82,018
Enlink Midstream	4.850%	7/15/2026	100,000	95,881	99,788
Entergy Texas Inc	3.450%	12/1/2027	90,000	93,408	86,069
First Energy Corp	3.900%	7/15/2027	95,000	92,669	92,510
Ford Motor Credit	0.790%	8/15/2026	50,000	48,570	49,919
General Motors Financial Services	1.260%	11/16/2026	121,391	119,706	120,293
General Motors Financial Services	1.280%	1/19/2027	150,000	145,078	147,851
General Motors Financial Services	3.640%	4/16/2027	68,487	67,307	68,217
General Motors Financial Services	4.820%	8/16/2027	119,867	118,622	120,012
Genesis Energy LP	7.750%	2/1/2028	70,000	70,238	70,084
Global Payments Inc	1.200%	3/1/2026	65,000	62,948	62,310
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Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4j

EIN: 46-1402215 PN: 501

December 31, 2024

Assets Held for Investment (Continued)					
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				<u>\$ 34,636,997</u>	<u>\$ 39,509,156</u>

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

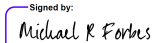
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOT SPOKANE FIRE FIGHTERS (LOCAL 29) BENEFIT TRUST P.O. BOX 34203 SEATTLE WA 98124</p>	<p>1c Effective date of plan <u>01/01/2013</u></p> <p>2b Employer Identification Number (EIN) <u>46-1402215</u></p> <p>2c Plan Sponsor's telephone number <u>(206) 441-7574</u></p> <p>2d Business code (see instructions) <u>813930</u></p>

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

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

SIGN HERE	Signed by:  Signature of plan administrator	10/9/2025 Date	MIKE FORBES Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Spokane Fire Fighters Benefit Trust

Form 5500, Schedule H - Part IV, Line 4j

EIN: 46-1402215 PN: 501

Year Ended December 31, 2024

Reportable Transactions						
(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) -- A Series of Transactions in Excess of 5% of Trust Assets:						
First American Obligations Fund	123 purchases	\$ 7,574,378	\$ -	\$ 7,574,378	\$ 7,574,378	\$ -
First American Obligations Fund	69 sales	-	7,471,610	7,471,610	7,471,610	-