

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 09/01/1989
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION PO BOX 2321 LAKE OSWEGO, OR 97035-0666
2b	Employer Identification Number (EIN) 93-6227660
2c	Plan Sponsor's telephone number 503-697-7518
2d	Business code (see instructions) 921000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	JODI AMATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	TIMOTHY NOKES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 854
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) 767 6a(2) 785 6b 107 6c 0 6d 892 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 10

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

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

4A 4B 4D 4E 4F 4H 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION	D Employer Identification Number (EIN) 93-6227660	

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.
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1 Coverage Information:

(a) Name of insurance carrier
COMMENCEMENT BAY RISK MANAGEMENT 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
91-1571623	78879	10014778	2205	07/01/2024	06/30/2025

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

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
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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

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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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- 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 ☐ paid in cash, or ☐ 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	1702902
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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION	D Employer Identification Number (EIN) 93-6227660	

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.
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1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	19286	578	07/01/2024	06/30/2025

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	2358

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

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

BROWN & BROWN OF OREGON LLC
DBA BROWN AND BROWN NW
PO BOX 743061
LOS ANGELES, CA 90074

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2358	RETENTION BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- 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 ☐ paid in cash, or ☐ 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	3237315
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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION	D Employer Identification Number (EIN) 93-6227660	

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.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE 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
35-0472300	65676	896079+074	434	07/01/2024	06/30/2025

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

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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** 5160682**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** 4504678**c** Additions: (1) Contributions deposited during the year **7c(1)** 1516333
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 135402
(4) Transferred from separate account **7c(4)** 37550
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1689285**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 6193963**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 714189(2) Administration charge made by carrier **7e(2)** 19987(3) Transferred to separate account **7e(3)** 299105(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1033281**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5160682

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 ☐ paid in cash, or ☐ 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. 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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION	D Employer Identification Number (EIN) 93-6227660	

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.
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1 Coverage Information:

(a) Name of insurance carrier USABLE LIFE					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0505232	94358	50057666	559	07/01/2024	06/30/2025

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 26100	(b) Total amount of fees paid 3300
---	---------------------------------------

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26100			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3300	BROKER COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- 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 ☐ paid in cash, or ☐ 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	368312
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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION	D Employer Identification Number (EIN) 93-6227660	

Part I	Service Provider Information (see instructions)
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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	
BLACKROCK	400 HOWARD STREET SAN FRANCISCO, CA 94105

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO	1632 BROADWAY NEW YORK, NY 10019

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAPITAL GROUP	ONE MARKET - STEUART TOWER SUITE 2000 SAN FRANCISCO, CA 94105

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

VICTORY CAPITAL

3434 STELZER ROAD, SUITE 1000
COLUMBUS, OH 43219

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

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

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

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

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

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

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

REGENCE BLUECROSS BLUESHIELD OF OR

93-0238155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 49 50 53 56 62 99	NONE	380435	Yes ☒ No ☐	Yes ☒ No ☐	37641	Yes ☒ No ☐

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

JODI AMATO

PO BOX 2321
LAKE OSWEGO, OR 97035-0666

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	111489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUEL TURNER

PO BOX 2321
LAKE OSWEGO, OR 97035-0666

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OREGON DENTAL SERVICE

93-0438772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	68739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT PLAN ADMIN SERVICES INC.

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 25 28 38 50 51	NONE	57621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

1585 BROADWAY AVENUE
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	49159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BROWN & BROWN INSURANCE SERVICES

59-0691921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	48731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	43749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFITELECT, INC.

88-2788696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	35133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

USABLE LIFE

71-0505232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	18098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IAFF LOCAL 1660

93-0593668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PLAN SPONSOR	10330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEGIANCE

2806 S. GARFIELD ST.
P.O. BOX 2907
MISSOULA, MT 59806

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	8131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARRAN LIEBMAN, LLP

93-1251627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENE BLUECROSS BLUESHIELD OF OR	53 56	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS - ON FILE 16400 BRYANT ROAD LAKE OSWEGO, OR 97035	BLUE CARD ACCESS FEES 3.46% OF SAVINGS (MAXIMUM = \$2,000 PER CLAIM)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENE BLUECROSS BLUESHIELD OF OR	53 56	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS - ON FILE 16400 BRYANT ROAD LAKE OSWEGO, OR 97035	ADMIN EXP ALLOWANCE INSTITUTIONAL (\$9.75 - \$11.00 PER CLAIM)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENE BLUECROSS BLUESHIELD OF OR	53 56	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRIME THERAPEUTICS 16400 BRYANT ROAD LAKE OSWEGO, OR 97035	SEE ATTACHMENT FORM 5500, SCHEDULE C, PART I, QUESTION 3, SERVICE PROVIDER INFORMATION, EXHIBIT A	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENE BLUECROSS BLUESHIELD OF OR	99	27693

(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.
HINGE HEALTH 455 MARKET STREET, SUITE 700 SAN FRANCISCO, CA 94105	VIRTUAL CHRONIC CONDITION SUPPORT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REGENE BLUECROSS BLUESHIELD OF OR	99	9948

(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.
BROWN & BROWN OF OREGON LLC 601 SW 2ND AVE PORTLAND, OR 97204	BROKER BONUS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION	D Employer Identification Number (EIN) 93-6227660	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	253986	376051
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2542	105160
(2) Participant contributions.....	1b(2)	82540	84866
(3) Other	1b(3)	153555	357671
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	850754	1237620
(2) U.S. Government securities	1c(2)	4951153	4221626
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	543453	570716
(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)	9678795	11033434
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4504678	5160682
(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	21021456	23147826
Liabilities			
g Benefit claims payable	1g	1967576	1914612
h Operating payables	1h	53682	42356
i Acquisition indebtedness	1i		
j Other liabilities	1j	125941	132323
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2147199	2089291
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18874257	21058535

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)	22189531	
(B) Participants	2a(1)(B)	881309	
(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)		23070840
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	172537	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		172537
(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)	522425	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		522425
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1901224	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1809024	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		92200
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	20	
(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)		604607
c Other income	2c		10000
d Total income. Add all income amounts in column (b) and enter total	2d		24472629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15955088	
(2) To insurance carriers for the provision of benefits	2e(2)	5367194	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21322282
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)	196348	
(2) Contract administrator fees	2i(2)	535359	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	46806	
(5) Investment advisory and investment management fees	2i(5)	48889	
(6) Bank or trust company trustee/custodial fees	2i(6)	70	
(7) Actuarial fees	2i(7)	4400	
(8) Legal fees	2i(8)	8066	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	578	
(11) Other expenses	2i(11)	125553	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		966069
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22288351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2184278
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN

EIN 93-6227660

Plan No. 501

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN

EIN 93-6227660

Plan No. 501

Plan Year Ended June 30, 2025

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

Schedule of Assets (Held at Year End)

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

NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN

EIN 93-6227660

Plan No. 501

Plan Year Ended June 30, 2025

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

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)☐ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION WELFARE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 09/01/1989
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION PO BOX 2321 LAKE OSWEGO OR 97035-0666
2b	Employer Identification Number (EIN) 93-6227660
2c	Plan Sponsor's telephone number (503) 697-7518
2d	Business code (see instructions) 921000

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

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

SIGN HERE	Jodi Amato boxSIGN 4Q3LWWXQ-18V7JLKK	Apr 13, 2026	JODI AMATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Timothy E Nokes boxSIGN 4P8WLLW3-18V7JLKK	Apr 13, 2026	TIMOTHY NOKES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 854
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) 767 6a(2) 785 6b 107 6c 0 6d 892 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 10

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

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

4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**Northwest Firefighters Relief Association Welfare Benefit Plan
Financial Statements
June 30, 2025 and 2024
With Independent Auditor's Reports**

Northwest Firefighters Relief Association Welfare Benefit Plan
Table of Contents
June 30, 2025 and 2024

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of Northwest Firefighters Relief Association Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024; the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended; and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Northwest Firefighters Relief Association Welfare Benefit Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Northwest Firefighters Relief Association Welfare Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Northwest Firefighters Relief Association Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

WithumSmith+Brown, PC

April 10, 2026

Northwest Firefighters Relief Association Welfare Benefit Plan
Statement of Net Assets Available for Benefits
June 30, 2025

	Health Trust	HRA Trust	Total
Assets			
Investments - at fair value			
Government debt securities	\$ 4,221,626	\$ -	\$ 4,221,626
Hedge funds	570,716	-	570,716
Mutual funds	7,308,518	3,724,916	11,033,434
Interest-bearing cash accounts	1,237,620	-	1,237,620
Total investments - at fair value	13,338,480	3,724,916	17,063,396
Investments - at contract value			
Insurance contract	-	5,160,682	5,160,682
Total investments	13,338,480	8,885,598	22,224,078
Receivables			
Participant contributions	84,866	-	84,866
Stop-loss reimbursements	309,600	-	309,600
Other	48,071	-	48,071
Employer contributions	105,160	-	105,160
Total receivables	547,697	-	547,697
Cash	376,051	-	376,051
Total assets	14,262,228	8,885,598	23,147,826
Liabilities and net assets			
Liabilities			
Accounts payable and accrued expenses	42,356	-	42,356
Deferred revenue	132,323	-	132,323
Total liabilities	174,679	-	174,679
Net assets available for benefits	\$ 14,087,549	\$ 8,885,598	\$ 22,973,147

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

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

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

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

Northwest Firefighters Relief Association Welfare Benefit Plan Welfare Benefit Plan
Statements of Changes in Net Assets Available for Benefits
Year Ended June 30, 2025

	2025		
	Health Trust	HRA Trust	Total
Additions			
Investment income			
Net appreciation in fair value of investments	\$ 297,116	\$ 399,711	\$ 696,827
Interest and dividends	552,498	142,464	694,962
	849,614	542,175	1,391,789
Less: Investment expenses	(48,889)	-	(48,889)
Investment income - net	800,725	542,175	1,342,900
Employer contributions	20,105,269	2,084,262	22,189,531
Participant contributions	881,309	-	881,309
Other income	10,000	-	10,000
Total additions	21,797,303	2,626,437	24,423,740
Deductions			
Cost of benefits			
Self-funded benefits	18,342,655	1,010,979	19,353,634
Less: Rebates and stop-loss reimbursements	(3,345,582)	-	(3,345,582)
Net self-funded benefits	14,997,073	1,010,979	16,008,052
Group insurance premiums	5,367,194	-	5,367,194
Total cost of benefits	20,364,267	1,010,979	21,375,246
Operating expenses			
Administrative fees	477,738	57,621	535,359
Professional fees	107,958	-	107,958
Salaries and related expenses	196,348	-	196,348
Online enrollment fees	35,133	-	35,133
Rent	10,330	-	10,330
Insurance	17,013	-	17,013
Printing, postage and other	14,461	-	14,461
Trustee meeting and conference expenses	578	-	578
Total operating expenses	859,559	57,621	917,180
Total deductions	21,223,826	1,068,600	22,292,426
Net change in net assets available for benefits	573,477	1,557,837	2,131,314
Net assets available for benefits			
Beginning of year	13,514,072	7,327,761	20,841,833
End of year	\$ 14,087,549	\$ 8,885,598	\$ 22,973,147

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

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

	2024		
	Health Trust	HRA Trust	Total
Additions			
Investment income			
Net appreciation in fair value of investments	\$ 431,198	\$ 434,908	\$ 866,106
Interest and dividends	496,201	64,473	560,674
	927,399	499,381	1,426,780
Less: Investment expenses	(44,873)	-	(44,873)
Investment income - net	882,526	499,381	1,381,907
Employer contributions	17,534,579	1,934,805	19,469,384
Participant contributions	909,373	-	909,373
Other income	10,000	-	10,000
Total additions	19,336,478	2,434,186	21,770,664
Deductions			
Cost of benefits			
Self-funded benefits	14,262,005	939,226	15,201,231
Less: Rebates and stop-loss reimbursements	(1,249,252)	-	(1,249,252)
Net self-funded benefits	13,012,753	939,226	13,951,979
Group insurance premiums	4,422,093	-	4,422,093
Total cost of benefits	17,434,846	939,226	18,374,072
Operating expenses			
Administrative fees	504,367	49,586	553,953
Professional fees	108,160	-	108,160
Salaries and related expenses	185,299	-	185,299
Online enrollment fees	33,396	-	33,396
Rent	17,765	-	17,765
Insurance	23,215	-	23,215
Printing, postage and other	14,944	-	14,944
Trustee meeting and conference expenses	2,225	-	2,225
Total operating expenses	889,371	49,586	938,957
Total deductions	18,324,217	988,812	19,313,029
Net change in net assets available for benefits	1,012,261	1,445,374	2,457,635
Net assets available for benefits			
Beginning of year	12,501,811	5,882,387	18,384,198
End of year	<u>\$ 13,514,072</u>	<u>\$ 7,327,761</u>	<u>\$ 20,841,833</u>

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

Northwest Firefighters Relief Association Welfare Benefit Plan
Statement of Benefit Obligations
June 30, 2025

	Health Trust	HRA Trust	Total
Amounts currently payable			
Claims payable and claims incurred but not reported	\$ 1,864,412	\$ 50,200	\$ 1,914,612
Postretirement benefit obligations, net of amounts currently payable			
Current retirees	19,826,652	-	19,826,652
Other participants fully eligible for benefits	17,608,575	-	17,608,575
Participants not yet fully eligible for benefits	32,614,466	-	32,614,466
Total postretirement benefit obligations, net	70,049,693	-	70,049,693
Total benefit obligations	<u>\$ 71,914,105</u>	<u>\$ 50,200</u>	<u>\$ 71,964,305</u>

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

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

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

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

Northwest Firefighters Relief Association Welfare Benefit Plan
Statement of Changes in Benefit Obligations
Year Ended June 30, 2025

	Health Trust	HRA Trust	Total
Amounts currently payable			
Balance at beginning of year	\$ 1,867,776	\$ 99,800	\$ 1,967,576
Decrease during the year attributable to changes in			
Claims payable and incurred but not reported	3,364	49,600	52,964
Balance at end of year	<u>1,864,412</u>	<u>50,200</u>	<u>1,914,612</u>
Postretirement benefit obligations, net of amounts currently payable			
Balance at the beginning of year	30,095,413	-	30,095,413
Increase (decrease) during the year attributable to			
Benefits earned and other charges	3,482,415	-	3,482,415
Net benefit payments	(1,690,362)	-	(1,690,362)
Changes in actuarial assumptions	37,094,594	-	37,094,594
Increase for interest	1,067,633	-	1,067,633
Balance at end of year	<u>70,049,693</u>	<u>-</u>	<u>70,049,693</u>
Total benefit obligations at end of year	<u>\$ 71,914,105</u>	<u>\$ 50,200</u>	<u>\$ 71,964,305</u>

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

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

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

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

Northwest Firefighters Relief Association Welfare Benefit Plan

Notes to Financial Statements

June 30, 2025 and 2024

1. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

General

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

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

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

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

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

Inputs and Valuation Methods

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

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

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

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

Northwest Firefighters Relief Association Welfare Benefit Plan

Notes to Financial Statements

June 30, 2025 and 2024

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

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

Valuation Methods, Consistency: The valuation techniques used in the accompanying financial statements have been consistently applied.

Payment of Benefits

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

Transaction and Income Recognition

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

Participant Contributions

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

Expenses

Certain expenses of maintaining the Plan are paid by the Plan and recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment-related expenses consist of fees and expenses incurred in connection with the management of the Plan's investments. Certain investment-related expenses are paid directly by the Plan and are recorded as expenses as incurred. Other investment-related expenses are embedded in the net asset value of certain investments, such as mutual funds, and are reflected in net appreciation (depreciation) in fair value of investments.

Estimates

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

Stop-Loss Coverage

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits.

Benefit Obligations

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

Northwest Firefighters Relief Association Welfare Benefit Plan

Notes to Financial Statements

June 30, 2025 and 2024

Contributions Receivable

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

Refunds and Rebates

Prescription refunds due from the Plan's pharmacy benefit manager (PBM), are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against claims paid. Pharmacy rebates totaling \$672,973 and \$372,875 have been netted against claims paid in the accompanying statement of changes in net assets available for benefits for the years ended June 30, 2025 and 2024, respectively.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 10, 2026, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

2. Description of the Plan

The following description of the Northwest Firefighters Relief Association Welfare Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer plan that was established effective September 1, 1989 as a result of a collective bargaining agreement ("CBA") between the International Association of Firefighters, Local 1660 and the participating employers; the Plan was restated effective January 1, 2018. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. Further, unless otherwise elected in an individual CBA or participation agreement, the Plan covers all employees. Effective July 1, 2018, the Board of Trustees adopted the Northwest Firefighters Relief Association VEBA and Trust (the "Trust") as a separate component benefit program to the Northwest Firefighters Association Welfare Benefit Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees").

Board of Trustees

The Plan is administered by a Board of Trustees. There shall be between five and nine Trustees. Five of these positions will be subject to election. One shall be filled by the President of the Union, and one shall be filled by an appointee of the President of the International Association of Firefighters, Local 1660. At no point in time may more than two officers of the International Association of Firefighters, Local 1660 serve as Trustees. All Participating Employees who are members of a Union, including those who are officers of a Union, shall be entitled to vote to fill any open Trustee positions. Two open Trustee positions may be filled by individuals who retired from work for a bargaining unit covered by International Association of Firefighters, Local 1660. As with other Trustees, the retired Trustees will be asked to abstain from vote if conflicted.

Northwest Firefighters Relief Association Welfare Benefit Plan

Notes to Financial Statements

June 30, 2025 and 2024

Retirees

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

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

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

Benefits

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

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

The Plan has a stop-loss insurance policy in connection with its self-funded medical and prescription drug program, which provides for reimbursement of claims paid by the Plan that exceed specified amounts. As of June 30, 2025 and 2024, stop-loss reimbursements totaling \$309,600 and \$121,375, respectively, were due to the Plan.

Health Reimbursement Accounts ("HRA")

Effective July 1, 2018, the Board of Trustees adopted the Northwest Firefighters Relief Association VEBA and Trust (the "Trust"). Only those employer contributions provided for in a collective bargaining agreement will be accepted by the Plan. No voluntary employee contributions are accepted. The HRA activity is presented separately on the statements of net assets available for benefits and of benefit obligations and the statements of changes in net assets available for benefits and of changes in benefit obligations as the "HRA." Accounts are established in the name of each employee and reflect employer contributions made on behalf of the employee plus investment earnings. Administrative expenses and eligible reimbursable expenses reduce the employee's account balance. An employee is eligible if they have coverage under a group health plan sponsored by the Plan's sponsor, or a group health plan sponsored by an employer, and are entitled to receive a contribution to the HRA Plan. As of June 30, 2025 and 2024, the participant health reimbursement accounts totaled \$8,885,598 and \$7,327,761, respectively, which has been included in the statements of net assets available for benefits.

3. Priorities Upon Termination

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

Northwest Firefighters Relief Association Welfare Benefit Plan
Notes to Financial Statements
June 30, 2025 and 2024

4. Tax Status

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

Accounting principles generally accepted in the United States of America require management to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Funding Policy

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

6. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Government debt securities	\$ 4,221,626	\$ -	\$ -	\$ 4,221,626
Mutual funds	11,033,434	-	-	11,033,434
Interest-bearing cash accounts	-	1,237,620	-	1,237,620
Total assets in the fair value hierarchy	15,255,060	1,237,620	-	16,492,680
Investments measured at net asset value				
Hedge funds (a)	-	-	-	570,716
Total investments at fair value	\$ 15,255,060	\$ 1,237,620	\$ -	\$ 17,063,396

	2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 4,951,153	\$ -	\$ -	\$ 4,951,153
Mutual funds	9,678,795	-	-	9,678,795
Interest-bearing cash accounts	-	850,754	-	850,754
Total assets in the fair value hierarchy	14,629,948	850,754	-	15,480,702
Investments measured at net asset value				
Hedge Funds (a)	-	-	-	543,453
Total investments at fair value	\$ 14,629,948	\$ 850,754	\$ -	\$ 16,024,155

Northwest Firefighters Relief Association Welfare Benefit Plan
Notes to Financial Statements
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(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value ("NAV") per share as of June 30, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Investment Type	Fair Value at June 30,			Redemption Frequency (if currently eligible)	Redemption Notice Period
	2025	2024			
Hedge Funds					
Blackstone Real Estate Income Trust, Inc.	\$ 256,088	\$ 252,552	(a)	Monthly	30 Days
North Haven Private Income Fund LLC	314,628	290,901	(b)	(b)	(b)
	<u>\$ 570,716</u>	<u>\$ 543,453</u>			

There were no unfunded commitments as of June 30, 2025 and 2024.

(a) The hedge fund's investment objective is to bring Blackstone's leading institutional quality real estate investment platform to income focused investors. BREIT is a nonlisted, perpetual life real estate investment trust ("REIT") qualified under the Internal Revenue Code of 1986.

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

7. Investment Contract with Insurance Company

The Plan entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company ("Lincoln"). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, less withdrawals and administrative expenses.

Northwest Firefighters Relief Association Welfare Benefit Plan

Notes to Financial Statements

June 30, 2025 and 2024

The crediting rate is set by Lincoln using a process similar to that used by banks or other insurance companies for similar products. Lincoln generally determines interest crediting rates quarterly and applies the interest rate to the entire contract balance. Certain events may limit the ability of the Plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. Lincoln may terminate the contract with 30 days' advance written notice to the contract owner for reasonable cause, which includes the Plan's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$15,000, plan disqualification, and failure to adopt the Plan in a reasonable period of time.

8. Postretirement and Postemployment Benefit Obligations

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

The actuarial present value of the expected post-retirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of employment.

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the post-retirement benefit obligations as of June 30, 2025 and 2024, by approximately \$8,553,000 and \$3,674,000, respectively.

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

The actuarial valuation as of and for the year ending June 30, 2025 was a full valuation that incorporated updated actuarial assumptions and plan provisions. As a result, the postretirement benefit obligation increased by approximately \$40.0 million, including \$37.1 million attributable to assumption and plan changes. During the year, two additional groups joined the Trust, increasing plan headcount, and the monthly retiree subsidy increased from \$600 to \$1,000 effective July 1, 2024, resulting in an \$8.4 million increase in the obligation. Significant assumption changes included an increase in the assumed enrollment rate from 50% to 75% and a revision to the persistency assumption, increasing the obligation by \$11.5 million and \$12.4 million, respectively.

Some of the more significant actuarial assumptions used to calculate the post-retirement health benefit obligations at June 30, 2025 and 2024, are as follows:

Mortality, Withdrawal and Retirement Rates: Rate of mortality, retirement and withdrawal are the same rates that were used in the December 31, 2021 actuarial valuation of the Oregon Public Employees Retirement System for Police and Fire employees.

Northwest Firefighters Relief Association Welfare Benefit Plan
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June 30, 2025 and 2024

Discount Rate: 5.20% for 2025 and 3.65% for 2024 per annum.

Retiree Contribution Increases: Retiree contributions are assumed to be a percentage of claims costs and are assumed to increase at the same annual rate as the trend rates listed below. The monthly subsidy provided to eligible retirees is assumed to increase at the medical trend rates.

Trend Rates: Medical: 5.0% for 2024 and beyond.

Enrollment Rates: 50% for 2024 and 75% for 2025 of those eligible are assumed to continue medical coverage through the Trust upon retirement.

Persistency: For 2025: each year 5% of the retirees in the Trust's OPEB Plan not receiving an employer subsidy are assumed to voluntarily drop their coverage prior to becoming eligible for Medicare. For 2024 5% of all retirees were assumed to drop coverage each year based on the plan's recent experience.

9. Major Employer

Participating Employer Concentrations

During the years ended June 30, 2025 and 2024, the Plan received approximately 64% and 72% of employer contributions from one employer, respectively.

10. Related-Party and Party In Interest Transactions

The Plan is related to the International Association of Firefighters - Washington County Local 1660 (the "Local") through common trustees. The Local provides certain administrative services to the Plan. For the year ending June 30, 2024, the Plan paid the Local \$66,747, for administrative services. The Plan did not pay the Local for administrative services during the year ending June 30, 2025. The Plan also leases office space from the Local on a month-to-month basis. The rent paid to the Local for each of the years ended June 30, 2025 and 2024, totaled \$10,330 and \$17,765, respectively.

11. Risks and Uncertainties

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

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

12. Reconciliation of Financial Statements to Form 5500

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 22,973,147	\$ 20,841,833
Less: Benefit obligations currently payable	1,914,612	1,967,576
Net assets available for benefits per the Form 5500	<u><u>\$ 21,058,535</u></u>	<u><u>\$ 18,874,257</u></u>

Northwest Firefighters Relief Association Welfare Benefit Plan
Notes to Financial Statements
June 30, 2025 and 2024

The following is a reconciliation of benefit paid to or for participants per the financial statements to Form 5500 for the year ended June 30, 2025:

Benefits paid to or for participants per the financial statements	\$ 21,375,246
Add: Amounts currently payable at end of year	1,914,612
Less: Amounts currently payable at beginning of year	(1,967,576)
Benefits paid to or for participants per the Form 5500	<u><u>\$ 21,322,282</u></u>

13. Cash Concentrations

The Plan places its cash with a financial institution deemed credit worthy. Cash balance at time exceeds federally insured deposit limits.

14. Retirement Plan

The Plan provides to its full-time employees a matching contribution into the employees' retirement account. During each of the years ended June 30, 2025 and 2024, the Plan provided a 5% matching contribution, which totaled \$9,389 and \$7,372, respectively, to the employees' retirement accounts.

Supplementary Information

Report on Supplementary Information

Independent Auditor's Report

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

We have audited the financial statements of Northwest Firefighters Relief Association Welfare Benefit Plan as of and for the year ended June 30, 2025, and have issued our report thereon dated April 10, 2026, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplementary information, which appears on Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions, as of and for the year ended June 30, 2025, is presented for the purpose of additional analysis and is not a required part of the basic financial statements. These Form 5500 schedules are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

April 10, 2026

Northwest Firefighters Relief Association Welfare Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 93-6227660, Plan Number: 501
June 30, 2025

(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value								
(a)	(b) Identity of issuer, borrower, or similar party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
U.S. Government Securities								
	UNITED STATES TREASURY NOTE RATE	U.S. Government Security	N/A	4.99%	8/31/2025	\$ 1,700,000	\$ 1,700,423	\$ 1,724,668
	UNITED STATES TREASURY NOTE RATE	U.S. Government Security	N/A	4.24%	1/31/2026	700,000	701,427	712,395
	UNITED STATES TREASURY NOTE RATE	U.S. Government Security	N/A	5.00%	10/31/2025	800,000	802,726	808,427
	US TREASURY BOND FED STRIP	U.S. Government Security	N/A	0.00%	2/15/2026	1,000,000	977,536	976,136
							4,182,112	4,221,626
Mutual Funds								
	Eaton Vance Total Return	Mutual Fund	N/A	N/A	N/A	N/A	827,046	813,840
	Alger Small CAP Growth Z2	Mutual Fund	N/A	N/A	N/A	N/A	195,514	144,148
	AQR MNGD Futures Strat I	Mutual Fund	N/A	N/A	N/A	N/A	369,287	375,833
	Lazard Emerg MKTS Core EQ I	Mutual Fund	N/A	N/A	N/A	N/A	107,451	109,027
	E V Floating Rate A	Mutual Fund	N/A	N/A	N/A	N/A	323,499	305,724
	Manning & Napier Overseas Ser I	Mutual Fund	N/A	N/A	N/A	N/A	574,925	843,315
	Victory Pioneer FNDMNTL GW	Mutual Fund	N/A	N/A	N/A	N/A	736,699	1,061,454
	American GW FD OF America	Mutual Fund	N/A	N/A	N/A	N/A	301,259	400,371
	Goldman Sachs MD CP GRW INST	Mutual Fund	N/A	N/A	N/A	N/A	305,594	304,829
	Blackrock Equity Dividend I	Mutual Fund	N/A	N/A	N/A	N/A	800,545	810,182
	PIMCO Total Return I2	Mutual Fund	N/A	N/A	N/A	N/A	1,920,799	1,847,801
	Royce Premier Inv	Mutual Fund	N/A	N/A	N/A	N/A	178,766	141,077
	Allspring Special MDCP VL I	Mutual Fund	N/A	N/A	N/A	N/A	130,517	150,917
	AB Large CAP GROWTH Z	Mutual Fund	N/A	N/A	N/A	N/A	*	336,915
	AMERICAN FUNDS AM BALANCE R6	Mutual Fund	N/A	N/A	N/A	N/A	*	589,173
	American FUNDS EUPAC R6	Mutual Fund	N/A	N/A	N/A	N/A	*	160,213
	Blackrock Lifepath Index RET K	Mutual Fund	N/A	N/A	N/A	N/A	*	7,645
	BLACKROCK LIFEPAH INDX 2030 K	Mutual Fund	N/A	N/A	N/A	N/A	*	33,176
	BLACKROCK LIFEPAH INDX 2035 K	Mutual Fund	N/A	N/A	N/A	N/A	*	83,178
	BLACKROCK LIFEPAH INDX 2040 K	Mutual Fund	N/A	N/A	N/A	N/A	*	59,701
	BLACKROCK LIFEPAH INDX 2045 K	Mutual Fund	N/A	N/A	N/A	N/A	*	28,318
	BLACKROCK LIFEPAH INDX 2050 K	Mutual Fund	N/A	N/A	N/A	N/A	*	118,186
	BLACKROCK LIFEPAH INDX 2055 K	Mutual Fund	N/A	N/A	N/A	N/A	*	38,155
	BLACKROCK LIFEPAH INDX 2060 K	Mutual Fund	N/A	N/A	N/A	N/A	*	92,833
	BLACKROCK LIFEPAH INDX 2065 K	Mutual Fund	N/A	N/A	N/A	N/A	*	19,503
	COLUMBIA HIGH YIELD BOND INST	Mutual Fund	N/A	N/A	N/A	N/A	*	30,074
	DFA REAL ESTATE SECURITIES 1	Mutual Fund	N/A	N/A	N/A	N/A	*	41,439
	FEDERATED HERMES INTL EQUITY	Mutual Fund	N/A	N/A	N/A	N/A	*	12,912
	GUGGENHEIM MARCO OPPORTUN 1	Mutual Fund	N/A	N/A	N/A	N/A	*	5,721
	ISHARES MSC TTL INTL INDEX K	Mutual Fund	N/A	N/A	N/A	N/A	*	14,407
	ISHARES RUSSELL 2000 SC IDX K	Mutual Fund	N/A	N/A	N/A	N/A	*	110,220
	ISHARES RUSSEL MD-CAP INDEX K	Mutual Fund	N/A	N/A	N/A	N/A	*	87,619
	ISHARES S&P 500 INDEX K	Mutual Fund	N/A	N/A	N/A	N/A	*	1,342,049
	ISHARES US AGGR BOND INDEX K	Mutual Fund	N/A	N/A	N/A	N/A	*	50,503
	MACQUARIE MID CAP GROWTH I	Mutual Fund	N/A	N/A	N/A	N/A	*	120,664
	MACQUARIE SYST EMG MKTS EQTY	Mutual Fund	N/A	N/A	N/A	N/A	*	19,571
	PGIM GLBL TOTAL RETURN Q	Mutual Fund	N/A	N/A	N/A	N/A	*	16,475
	PGIM TOTAL RTRN BOND Q	Mutual Fund	N/A	N/A	N/A	N/A	*	10,476
	PIMCO RAE US SMALL INST'L	Mutual Fund	N/A	N/A	N/A	N/A	*	38,033
	T. ROWE PRICE INFL PROT BOND	Mutual Fund	N/A	N/A	N/A	N/A	*	8,829
	TRP INTEG US SC GRW EQTY 1	Mutual Fund	N/A	N/A	N/A	N/A	*	114,065
	VANGUARD EQUITY INCOME ADMIRAL	Mutual Fund	N/A	N/A	N/A	N/A	*	103,098
	VICTORY SYCAMORE EST VAL R6	Mutual Fund	N/A	N/A	N/A	N/A	*	31,767
							6,771,901	11,033,434
Held in Insurance Company General Account								
	Lincoln SVF 0	Stable Value Fund	N/A	N/A	N/A	N/A	*	5,160,682
								5,160,682
Alternative Investments								
	BREIT CL S	Hedge Fund	N/A	N/A	N/A	N/A	276,945	256,088
	NH PIF CL S	Hedge Fund	N/A	N/A	N/A	N/A	320,192	314,628
							597,138	570,716
Money Market Funds								
	* Morgan Stanley Bank 0.05%	Interest-Bearing Cash	N/A	0.05%	N/A	N/A	1,237,620	1,237,620
							1,237,620	1,237,620
								\$ 22,224,078

*Denotes a party-in-interest

Northwest Firefighters Relief Association Welfare Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 93-6227660, Plan Number: 501
Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Single Transaction Exceed 5%</u>								
United States Treasury Bill	U.S. Treasury Bill, 0.00% Maturity Date: October 31, 2024	\$ 1,236,799	N/A	N/A	N/A	\$ 1,236,799	\$ 1,236,799	N/A
United States Treasury Bill	U.S. Treasury Bill, 0.00% Maturity Date: January 9, 2025	\$ 1,225,938	N/A	N/A	N/A	\$ 1,225,938	\$ 1,225,938	N/A
Total Single Transaction		<u>\$ 2,462,737</u>				Grand Total	<u>\$ 2,462,737</u>	
<u>Series of Transactions Exceed 5%</u>								
Lincoln Stable Value Fund	Stable Value Fund	\$ 1,573,839	N/A	N/A	N/A	\$ 1,573,839	\$ 1,573,839	N/A
Lincoln Stable Value Fund	Stable Value Fund	N/A	1,053,237	N/A	N/A	1,004,313	1,004,313	48,924
Total Single Transaction		<u>\$ 1,573,839</u>				Grand Total	<u>\$ 2,578,152</u>	

See Report on Supplementary Information.