

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG TERM DISABILITY PLAN, 1b Three-digit plan number (PN) 503, 1c Effective date of plan 05/22/2013, 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code, 2b Employer Identification Number (EIN) 37-1739532, 2c Plan Sponsor's telephone number 209-233-3971, 2d Business code (see instructions) 524150

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor CALIFORNIA PUBLIC SAFETY ADMINISTRATORS, INC. 255 SCOTTSVILLE BLVD JACKSON, CA 95642	3b Administrator's EIN 47-2562237 3c Administrator's telephone number 800-832-7333
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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
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5 Total number of participants at the beginning of the plan year	5	18166
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	18135
a(2) Total number of active participants at the end of the plan year	6a(2)	18753
b Retired or separated participants receiving benefits	6b	94
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	18847
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4H 4L

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG TERM DISABILITY PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG DISABILITY PL	D Employer Identification Number (EIN) 37-1739532	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

CA PUBLIC SAFETY ADMINISTRATORS

47-2562237

(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 50 15	N/A	1064134	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEINTRAUB TOBIN CHEDIAK COLEMAN GRO

68-0231351

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	N/A	69996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO CLEARING SERVICES, LLC

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 50	N/A	57785	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RISK STRATEGIES CONSULTING

04-3738148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	N/A	44989	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	44810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEROIK MEDIA

56-0891941

(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	N/A	14850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RITA KERR (MEDICAL DIRECTOR)

38-8866810

(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 49 50	N/A	14537	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERICK MATTSON

255 SCOTTSVILLE BLVD
JACKSON, CA 95642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE & PRESIDENT	12301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DENNIS CAMPANALE

255 SCOTTSVILLE BLVD
JACKSON, CA 95642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE & CFO	9183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AIMEE NEW

255 SCOTTSVILLE BLVD
JACKSON, CA 95642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE & VP	8009	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NICK FARACLAS

255 SCOTTSVILLE BLVD
JACKSON, CA 95642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 20	TRUSTEE & SECRETARY	7508	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVE SANDEFER

255 SCOTTSVILLE BLVD
JACKSON, CA 95642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE & VP	6786	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WELLS FARGO BANK, N.A.

94-1347373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	N/A	6483	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG TERM DISABILITY PLAN</u>	B Three-digit plan number (PN)	<u>503</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG DISABILITY PL</u>	D Employer Identification Number (EIN) <u>37-1739532</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

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

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

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d Entity code

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

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

c EIN-PN

d Entity code

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

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

a Plan name	CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LT DISABILITY PLAN	
b Name of plan sponsor	CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS	c EIN-PN 37-1739532-503

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>	
A Name of plan <u>CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG TERM DISABILITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>503</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS LONG DISABILITY PL</u>	D Employer Identification Number (EIN) <u>37-1739532</u>

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1115307	1034104
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	289832	197449
(3) Other	1b(3)	1880313	1907278
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1334738	1053598
(2) U.S. Government securities	1c(2)	0	185027
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7931598	9590523
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12551788	13967979
Liabilities			
g Benefit claims payable	1g	1371905	1359843
h Operating payables	1h	1113	6176
i Acquisition indebtedness	1i		
j Other liabilities	1j	51773	47908
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1424791	1413927
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11126997	12554052

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)		
(B) Participants	2a(1)(B)	6433994	
(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)		6433994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22155	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	209476	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	40019	
(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)		949164
c Other income	2c		836047
d Total income. Add all income amounts in column (b) and enter total	2d		8490855

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5641334	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	-12062	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5629272
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1030182	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	45650	
(5) Investment advisory and investment management fees	2i(5)	57785	
(6) Bank or trust company trustee/custodial fees	2i(6)	6606	
(7) Actuarial fees	2i(7)	44989	
(8) Legal fees	2i(8)	75338	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	85721	
(11) Other expenses	2i(11)	88257	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1434528
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7063800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1427055
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: **MOSS ADAMS LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....			
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.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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 _____.



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

**California Association
of Professional Firefighters
Long Term Disability Plan**

June 30, 2024 and 2023

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Report of Independent Auditors

The Board of Trustees of
California Association of Professional Firefighters Long Term Disability Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the California Association of Professional Firefighters Long Term Disability Plan, which comprise the statements of net assets available for benefits and benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the year ended June 30, 2024, 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 the benefit obligations of the California Association of Professional Firefighters Long Term Disability Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and its benefit obligations for the year ended June 30, 2024, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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 the California Association of Professional Firefighters Long Term Disability 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 the California Association of Professional Firefighters Long Term Disability Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the California Association of Professional Firefighters Long Term Disability Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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.

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

Sacramento, California
April 9, 2025

Financial Statements

California Association of Professional Firefighters
Long Term Disability Plan
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair market value		
Interest-bearing cash	\$ 325,739	\$ 342,927
Certificates of deposit	727,859	991,811
Government bond	185,027	-
Exchange-traded funds	9,348,423	7,931,598
Mutual fund	242,100	-
	10,829,148	9,266,336
Total investments		
Noninterest-bearing cash	1,034,104	1,115,307
Participant contributions receivable (allowance for credit losses of \$0 at 2024 and 2023)	197,449	289,832
Recoverable claims receivable, net (allowance for credit losses of \$576,722 at 2024 and \$708,687 at 2023)	1,907,278	1,880,313
	13,967,979	12,551,788
Total assets		
LIABILITIES		
Deferred participant contributions	47,908	51,773
Administrative expenses payable	6,176	1,113
	54,084	52,886
Total liabilities		
NET ASSETS AVAILABLE FOR BENEFITS	\$ 13,913,895	\$ 12,498,902

See accompanying notes.

**California Association of Professional Firefighters
Long Term Disability Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Participant contributions	\$ 6,433,994
Investment Income	
Interest and dividends	231,631
Net appreciation in fair value of investments	989,183
Less investment expense	(57,785)
Net investment income	1,163,029
Claims recoveries	836,047
Total additions	8,433,070
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO	
Benefits paid	
Non-recoverable claims paid	4,190,977
Recoverable claims paid	1,315,357
Death benefits paid	135,000
	5,641,334
Administrative expenses	
Administration fees	1,030,182
Accounting and actuary expense	90,639
Legal expense	75,338
Board of Directors meeting expense	45,354
Executive board meeting expense	40,367
Insurance expense	35,412
Website and computer expense	25,992
Outside consultant's expense	14,862
Other operating expense	6,626
Postage and shipping expense	6,000
Printing expense	4,046
Supplies expense	1,734
Telephone expense	191
	1,376,743
Total deductions	7,018,077
NET CHANGE	1,414,993
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of the year	12,498,902
End of the year	\$ 13,913,895

See accompanying notes.

**California Association of Professional Firefighters
Long Term Disability Plan
Statements of Benefit Obligations
June 30, 2024 and 2023**

	2024	2023
Amounts currently payable		
Claims payable	\$ 1,601,200	\$ 1,515,543
Claims incurred but not reported	35,033	30,096
Estimated future recoveries on claims payable	(280,808)	(177,907)
Claim-related administrative expense	4,418	4,173
	1,359,843	1,371,905
Actuarial present value of postretirement benefit obligations		
Retired participants		
Estimated claims on a lifetime benefit period	3,733,353	3,657,151
Estimated claim-related administrative expense	10,080	9,874
	3,743,433	3,667,025
Total benefit obligations	\$ 5,103,276	\$ 5,038,930

See accompanying notes.

**California Association of Professional Firefighters
Long Term Disability Plan
Statement of Changes in Benefit Obligations
Year Ended June 30, 2024**

Amounts currently payable	
Beginning of year	\$ 1,371,905
Claims reported and approved for payment, including claims reclassified from actuarial present value of postretirement benefit obligations	5,494,272
Non-recoverable and recoverable claims paid	<u>(5,506,334)</u>
End of year	<u>1,359,843</u>
Actuarial present value of postretirement benefit obligations	
Beginning of year	3,667,025
Interest	206,453
Reduction for discontinued claims	(89,575)
Claims reclassified for payments	(876,683)
Claims reclassified from short-term	49,966
Changes in actuarial assumptions (see Note 4)	154,478
Other changes	<u>631,769</u>
End of year	<u>3,743,433</u>
Total benefit obligations at end of year	<u><u>\$ 5,103,276</u></u>

See accompanying notes.

California Association of Professional Firefighters

Long Term Disability Plan

Notes to Financial Statements

NOTE 1 – DESCRIPTION OF PLAN

The following description of the California Association of Professional Firefighters Long Term Disability Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General – The Plan was established by California Association of Professional Firefighters (the Plan Sponsor) to provide long-term disability and death benefits to participating firefighters and their beneficiaries. All plan assets are held in a voluntary employees' beneficiary association (VEBA) trust, which is governed by the Board of Trustees.

The Plan is currently administered in compliance with the Employee Retirement Income Security Act of 1974 (ERISA).

Participant contributions – Each participant is required to make a monthly contribution to the Plan in advance or have a monthly contribution made to the Plan on the participant's behalf. The monthly contribution is based on the benefit options selected and is subject to change based on the sum of estimated benefits to be provided and estimated administrative expenses to be paid, at the discretion of the Board of Trustees.

Benefits – The Plan provides long-term disability benefits to participants, while in active service, depending on the benefit options selected. Depending on the circumstance of the disability claims and participants, long-term disability payments may be of short duration (i.e., one to three years), or may continue for the lifetime of the participants if those claims were initiated as an active participant, exceeded the short-term disability period, and satisfied other claim legibility parameters.

Certain disability income replacement payments made by the Plan are recoverable from the workers' compensation system, group insurance companies, social security, other disability or pension programs, third parties, and individual plan participants.

The Plan also provides for death benefits of either \$15,000 or \$10,000 per participant, in a single lump sum to participants who die while in active service, depending on the benefit options selected.

Funding policy – The Plan's benefits are supported by current assets, future investment income or (loss), and future participant contributions with no other source of funding.

Plan termination – Although it has not expressed any intention to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA and upon providing written notice to participants. However, the Plan Sponsor does not expect to terminate the Plan. In the event of termination of the Plan, the Plan's assets, remaining after the payment of expenses and existing claims, shall be distributed to participants and beneficiaries as specified in Section 501(c)(9) of the Internal Revenue Code (IRC).

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

California Association of Professional Firefighters

Long Term Disability Plan

Notes to Financial Statements

Estimates and assumptions – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates used in preparation of the financial statements include estimated recovery of claim receivables and estimated benefit obligations. Actual results could differ from those estimates.

Recently Adopted Accounting Pronouncements - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which introduced a new credit loss methodology, Current Expected Credit Losses (CECL), for the measurement and recognition of credit losses on most financial assets measured at amortized cost, including receivables. Since its original issuance in 2016, the FASB has issued several updates to the original ASU.

The CECL methodology utilizes a lifetime "expected credit loss" measurement objective for the recognition of credit losses at the time the financial asset is originated or acquired, based on historical experience, current conditions, and reasonable and supportable forecasts. The expected credit losses are adjusted each period for changes in expected lifetime credit losses. The methodology replaces the probable/incurred loss model for measuring and recognizing expected losses under current U.S. GAAP. The ASU also requires disclosures of information regarding how an organization developed its allowance, including changes in the factors that influenced management's estimate of expected credit losses and the reasons for those changes.

The ASU and its related clarifying updates are effective for fiscal years beginning after December 15, 2022, and interim periods within those fiscal years, with early adoption permitted. The Plan adopted the new standard on July 1, 2023, using the modified retrospective method, which did not have an impact to any line item on the statement of net assets available for benefits as of the beginning of the first period of application. The cumulative effect of the change in net assets available for benefits as of the beginning of the first period of application was zero.

Investment and investment income or (loss) recognition – Investments are held in brokerage accounts and are not insured. Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Participant contributions – Contribution income and receivable are recognized in the month it is earned. Contribution received in advance are deferred until it is earned.

Payment of benefits – Claims are recorded when paid.

California Association of Professional Firefighters
Long Term Disability Plan
Notes to Financial Statements

Claim recoveries, recoverable claims receivable, and allowance for credit losses – Certain disability payments made by the Trust are recoverable from the workers’ compensation system, pension plans, third-party claims, and individual members. Claims paid that are recoverable are recognized as recoverable claims receivable. However, the costs of litigation, collections, and other costs generally provide for less than a 100% recovery rate. Claim recoveries consist of recovered claims collected during the year, recoverable claims recognized during the year, and the adjustments to estimated nonrecoverable balance recognized during the year.

The Plan provides an allowance for amounts not expected to be recovered, with the offset being netted against claim recoveries. Under this method an allowance is recorded based on historical experience, the amount of time that has passed since the recoverable claim was paid, and management’s evaluation of, among other factors, current and reasonably supportable expected future ability to collect. Receivables are written off when they are determined to be uncollectible. Write-offs are recognized as a deduction from the allowance for credit losses. Expected recoveries of amounts previously written-off, not to exceed the aggregate of amount previously written off, are included in determining the necessary allowance at the year end. The following table presents information about activity in allowance for credit losses for the year ended June 30, 2024:

Beginning balance	\$	708,687
Provision for (benefit from) expected credit losses		(131,965)
Claim receivable write-offs charged against the allowance		-
Expected recoveries of amounts previously written-off		-
		-
Ending balance	\$	576,722

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

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

The Plan has evaluated subsequent events through April 9, 2025, which is the date the financial statements were available to be issued.

California Association of Professional Firefighters

Long Term Disability Plan

Notes to Financial Statements

NOTE 3 – FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) Accounting Standards Codification No. 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs that are unobservable and significant to the fair value measurement.

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

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

Certificates of deposit – Fair value is estimated by discounting future cash flows at the currently offered rates for deposits of similar remaining maturities.

Government bond – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

Exchange-traded funds – Valued at the closing price on the active market on which the individual securities are traded.

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

California Association of Professional Firefighters
Long Term Disability Plan
Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's financial assets that are accounted for at fair value on a recurring basis at June 30, 2024 and 2023:

	Investment Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Certificates of deposit	\$ -	\$ 727,859	\$ -	\$ 727,859
Government bond	185,027	-	-	185,027
Exchange-traded funds	9,348,423	-	-	9,348,423
Mutual fund	242,100	-	-	242,100
Investments in the fair value hierarchy	<u>\$ 9,775,550</u>	<u>\$ 727,859</u>	<u>\$ -</u>	10,503,409
Interest-bearing cash				<u>325,739</u>
Total investments				<u>\$ 10,829,148</u>

	Investment Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Certificates of deposit	\$ -	\$ 991,811	\$ -	\$ 991,811
Exchange-traded funds	7,931,598	-	-	7,931,598
Investments in the fair value hierarchy	<u>\$ 7,931,598</u>	<u>\$ 991,811</u>	<u>\$ -</u>	8,923,409
Interest-bearing cash				<u>342,927</u>
Total investments				<u>\$ 9,266,336</u>

NOTE 4 – BENEFIT OBLIGATIONS

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

Benefit obligations represent the actuarial present value of the cost of those estimated future benefits and the cost of benefit administration that are attributed by the terms of the Plan measured as of the date of the financial statements. Benefit obligations represent the amounts that are expected to be funded from existing assets of the Plan. Benefit obligations do not include amounts for which the liability cannot be reasonably estimated.

A postemployment benefit obligation has been recognized for all claims open at the valuation date that have short-term benefit periods. Additionally, a postretirement benefit obligation has been recognized for all claims related to retired participants with a lifetime benefit period. There is no postretirement benefit obligation of active or terminated participants or for participants not yet fully eligible for benefits. There is no death benefits payable at June 30, 2024 or 2023.

California Association of Professional Firefighters

Long Term Disability Plan

Notes to Financial Statements

The following are significant assumptions used in the valuations:

Valuation dates	June 30, 2024 and 2023.
Weighted-average discount rate	6.21% and 7.02% at June 30, 2024 and 2023, respectively.
Claim-related administrative expense	0.27% at June 30, 2024 and 2023.
Disability claim termination rates	For claims indicated to have a short benefit period, monthly claim termination rates are based on plan experience on short-term claims. For claims indicated to have a lifetime benefit period, monthly termination rates are based on plan experience on lifetime claims through the first five years of claim duration as well as relevant data from the Society of Actuaries' 2019 Group Long-Term Disability (LTD) Study for claims beyond five years duration.
Mortality	A separate mortality assumption was not used for LTD claim liabilities, since claim terminations due to death are inherent in the claim termination factors.
Benefit inflation	For long-term claims only, estimated future cost-of-living adjustments are included in both the LTD benefit and the claimant's corresponding pension offset (if any). For claims that are beyond seven years claim duration, the LTD benefit increases are based on the Consumer Price Index, assumed to be 2.6% at June 30, 2024 and 2023.
Healthcare cost trend rate	The projected healthcare cost trend has no impact on the cost of the Plan, because the benefit increase rates are not directly tied to healthcare costs. Therefore, an exhibit that would demonstrate the impact on costs of an increase by 1% in the projected healthcare trend rates is not provided.

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

NOTE 5 – RISKS AND UNCERTAINTIES

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, inflation rates, and termination rates, and participant 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.

California Association of Professional Firefighters

Long Term Disability Plan

Notes to Financial Statements

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 statement of net assets available for benefits.

NOTE 6 – CASH

The Plan maintains interest-bearing and noninterest-bearing cash accounts at banks that, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

NOTE 7 – INCOME TAX STATUS

The VEBA trust funding the benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) effective May 22, 2013, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has determined that as of June 30, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held by Wells Fargo (the custodian) and managed by a third-party investment manager that is affiliated with the custodian. Fees for investment advisory services are paid by the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Administration fees, as shown in the statement of changes in net assets available for benefits, are paid to California Public Safety Administrators, Inc. (CPSA), which are based on an administrative contract with the Plan Sponsor and the Board of Trustees. Under terms of the administrative agreement, CPSA provides all administrative services to the Plan.

Trustees are reimbursed for expenses incurred in relation to performing their duties.

**California Association of Professional Firefighters
Long Term Disability Plan
Notes to Financial Statements**

NOTE 9 – RECONCILIATION TO FORM 5500

The following is a reconciliation of amounts reported in the financial statements to the Form 5500 as of June 30, 2024 and 2023, and for the year ended June 30, 2024:

	2024	2023
Net assets available for benefits, per the financial statements	\$ 13,913,895	\$ 12,498,902
Less claims currently payable	(1,359,843)	(1,371,905)
Net assets per Schedule H of Form 5500	\$ 12,554,052	\$ 11,126,997
	2024	
Benefits paid per the financial statements	\$ 5,641,334	
Adjustment for claims currently payable		
Beginning of year	(1,371,905)	
End of year	1,359,843	
Benefits paid per Schedule H of Form 5500	\$ 5,629,272	

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

**California Association of Professional Firefighters
Long Term Disability Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024**

Sponsor Name: California Association of Professional Firefighters

Employer Identification Number: 37-1739532

Plan Number: 503

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Interest-bearing cash, FDIC insured			
	Citizens Bank N.A.	Interest at 0.500%	\$ 406	\$ 406
	Citizens Bank N.A.	Interest at 4.725%	76,397	76,398
	U.S. Bank N.A.	Interest at 4.725%	248,935	248,935
				<u>325,739</u>
	Certificates of deposits, FDIC Insured			
	Enerbank	Interest 0.500% Due 10/21/26	181,726	165,507
	Goldman Sachs Bank	Interest 2.800% Due 02/04/25	101,430	98,514
	Sallie Mae Bank	Interest 1.500% Due 02/18/25	50,000	48,823
	Texas Exchange Bank	Interest 0.600% Due 11/25/25	240,000	224,955
	Toyota Financial Savings Bank	Interest 0.650% Due 08/21/25	200,000	190,060
				<u>727,859</u>
	Government bond			
	U.S. Treasury Bill	Zero Coupon Due 08/06/24	183,673	185,027
	Exchange-traded funds			
	Energy Select Sector SPDR Fund	2,172 shares held	191,800	197,978
	First Trust Global Tactical Commodity Strategy Fund	6,289 shares held	162,497	150,370
	Goldman Sachs ActiveBeta International Equity	6,221 shares held	211,504	209,337
	Goldman Sachs ActiveBeta U.S. Large Cap Equity	8,356 shares held	623,324	893,674
	Invesco Optimum Yield Div Comm Strategy	17,949 shares held	277,299	252,183
	iShares Russell 2000	963 shares held	207,587	195,383
	iShares Core MSCI EAFE	11,389 shares held	785,185	827,297
	iShares Core S&P Small-Cap	1,607 shares held	178,232	171,403
	iShares Core S&P Total U.S. Stock Market	21,665 shares held	1,949,786	2,573,369
	iShares Core U.S. Aggregate Bond	11,631 shares held	1,198,698	1,129,021
	iShares Core MSCI Emerging Markets	13,689 shares held	850,502	732,772
	PIMCO Enhanced Short Maturity Active	3,162 shares held	313,425	318,255
	Vanguard Dividend Appreciation Index Fund	1,603 shares held	242,466	292,628
	Vanguard FTSE Developed Markets Index Fund	7,110 shares held	313,741	351,376
	Vanguard Mid-Cap Index Fund	4,351 shares held	1,046,963	1,053,377
				<u>9,348,423</u>
	Mutual fund			
	Fidelity Inv MM Treasury Only Instl	242,100 shares held	242,100	242,100
				<u>\$ 10,829,148</u>

* Party-in-interest.

**California Association of Professional Firefighters
Long Term Disability Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024**

Sponsor Name: California Association of Professional Firefighters

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* Party-in-interest.