

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE PORAC RETIREE MEDICAL TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>503</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA</u></p> <p><u>2940 ADVANTAGE WAY</u> <u>SACRAMENTO, CA 95834-9666</u></p>	<p><b>1c</b> Effective date of plan <u>09/01/2008</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>23-7077256</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>800-937-6722</u></p> <p><b>2d</b> Business code (see instructions) <u>813930</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/09/2025	TERRY A MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BOARD OF TRUSTEES PORAC RETIREE MEDICAL TRUST</p> <p>PO BOX 6 MUKILTEO, WA 98275-0006</p>	<p><b>3b</b> Administrator's EIN 80-6049077</p> <p><b>3c</b> Administrator's telephone number 833-468-4659</p>																				
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 6830</p>																				
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits .....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> .....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....</p>	<table border="1"> <tr><td><b>6a(1)</b></td><td>5934</td></tr> <tr><td><b>6a(2)</b></td><td>7314</td></tr> <tr><td><b>6b</b></td><td>1048</td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td>8362</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td>8362</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	5934	<b>6a(2)</b>	7314	<b>6b</b>	1048	<b>6c</b>		<b>6d</b>	8362	<b>6e</b>		<b>6f</b>	8362	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(2)</b>																					
<b>6h</b>																					
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b> 55</p>																				

**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 4D 4E 4T 4U

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

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

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

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

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

**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 143933511

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

<b>A</b> Name of plan <b>MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE PORAC RETIREE MEDICAL TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>503</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7077256</b>	

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

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

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

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

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

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

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

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

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

PAYDEN & RYGEL

95-3921788

(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 OTHER THAN CONTRACT	213192	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PEACE OFFICERS RESEARCH ASSOCIATION

2940 ADVANTAGE WAY  
SACRAMENTO, CA 95834

(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	NONE OTHER THAN CONTRACT	10539	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)

TIM DAVIS CONSULTING

550 BERCUT DR  
SACRAMENTO, CA 95811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	16085	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)

MARSH & MCLENNAN AGENCY

LOCKBOX 740663  
LOS ANGELES, CA 90074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE OTHER THAN CONTRACT	11079	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)

VIMLY BENEFIT SOLUTIONS

91-1603312

(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?
14 50	NONE OTHER THAN CONTRACT	326566	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)

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE OTHER THAN CONTRACT	12500	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)

BALDWIN MOFFITT BEHM LLP

46-4370753

(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 OTHER THAN CONTRACT	15437	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)

THE WAGNER LAW GROUP

04-3323315

(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 OTHER THAN CONTRACT	192697	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE PORAC RETIREE MEDICAL TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>503</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7077256</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2749421	1025254
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	201673	328273
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	46078	133901
<b>(3)</b> Other .....	<b>1b(3)</b>	105535	21810
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	11128372	12948221
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	60353088	84419304
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	28817075	35252723

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	103401242	134129486
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		7818
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	7818
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	103401242	134121668

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	12864964	
(B) Participants .....	2a(1)(B)	5223140	
(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)		18088104
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	648522	
(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)	1094279	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		1742801
(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)	1382344	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		1382344
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	29342895	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	30159535	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		-816640
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	2424465	
(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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		11399082
<b>c</b> Other income .....	<b>2c</b>		10315
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		34230471

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2601410	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2601410
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	326066	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	15437	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	213192	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	169	
(7) Actuarial fees .....	<b>2i(7)</b>	12500	
(8) Legal fees .....	<b>2i(8)</b>	192697	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	148574	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		908635
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3510045

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		30720426
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BALDWIN MOFFITT BEHM LLP**

(2) EIN: **46-4370753**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**PORAC RETIREE MEDICAL TRUST**  
**Financial Statements and Independent Auditors' Report**  
**For the Years Ended June 30, 2024 and 2023**

**PORAC RETIREE MEDICAL TRUST**

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
PORAC Retiree Medical Trust

### **Opinion**

We have audited the accompanying financial statements of PORAC Retiree Medical Trust, 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 plan benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of PORAC Retiree Medical Trust as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis of Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of PORAC Retiree Medical Trust 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 PORAC Retiree Medical Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity 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' Responsibility for the Audit of the Financial Statements**

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

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

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

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of *Schedule of Assets (Held at End of Year)* as of June 30, 2024 and *Schedule of Reportable Transactions* for the year ended June 30, 2024, are presented for the purposes of additional analysis and are 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 the ERISA. Such information is the responsibility of the management and was derived from and relates directly to the underlying accounting and other

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

In forming our opinion on the supplemental schedules, 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.

April 2, 2025

*Baldwin Moffitt Behm LLP*

CERTIFIED PUBLIC ACCOUNTANTS  
Scottsdale, Arizona

**PORAC RETIREE MEDICAL TRUST**  
**Statements of Net Assets Available for Benefits**  
**June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value:		
Mutual funds	\$ 84,419,304	\$ 60,353,088
Exchange traded funds	35,252,723	28,817,075
Cash and equivalents	<u>12,948,221</u>	<u>11,128,372</u>
Total investments	<u>132,620,248</u>	<u>100,298,535</u>
Receivables:		
Employers' contributions	328,273	201,673
Participants' contributions	133,901	46,078
Other receivable	<u>-</u>	<u>96,465</u>
Total receivables	<u>462,174</u>	<u>344,216</u>
Prepaid expenses	<u>21,810</u>	<u>9,070</u>
Cash	<u>1,025,254</u>	<u>2,749,421</u>
Total assets	<u>134,129,486</u>	<u>103,401,242</u>
<b>LIABILITIES</b>		
Accounts payable	<u>7,818</u>	<u>-</u>
Total liabilities		
Net assets available for benefits	<u>\$ 134,121,668</u>	<u>\$ 103,401,242</u>

**PORAC RETIREE MEDICAL TRUST**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended June 30, 2024 and 2023**

	2024	2023
<b>ADDITIONS TO NET ASSETS</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 13,006,907	\$ 5,606,838
Interest, dividends, and capital gains distributions	<u>3,125,145</u>	<u>2,482,455</u>
	16,132,052	8,089,293
Less: investment expenses	<u>(213,192)</u>	<u>(149,502)</u>
Net investment income	<u>15,918,860</u>	<u>7,939,791</u>
Contributions:		
Employers'	12,864,964	8,792,519
Participants' and retirees'	<u>5,223,140</u>	<u>4,998,958</u>
Total contributions	<u>18,088,104</u>	<u>13,791,477</u>
Other income	<u>10,315</u>	<u>96,465</u>
Total additions	<u>34,017,279</u>	<u>21,827,733</u>
<b>DEDUCTIONS FROM NET ASSETS</b>		
Benefits paid to participants	2,601,410	2,154,484
Administrative expenses:		
Administrative fees	326,066	295,770
Audit fees	15,437	30,000
Bank fees	169	1,635
Consultant services	12,500	6,500
Field representative expense	26,047	37,468
Insurance	11,079	11,072
Legal fees	192,697	189,215
Meetings, conferences and training	37,588	42,902
Miscellaneous expense	65,602	450
Printing and postage	2,896	9,568
Taxes	<u>5,362</u>	<u>2,238</u>
Total administrative expenses	<u>695,443</u>	<u>626,818</u>
Total deductions	<u>3,296,853</u>	<u>2,781,302</u>
Net increase	30,720,426	19,046,431
Net assets available for benefits:		
Beginning of year	<u>103,401,242</u>	<u>84,354,811</u>
End of year	<u>\$ 134,121,668</u>	<u>\$ 103,401,242</u>

The accompanying notes are an integral part of these financial statements.

**PORAC RETIREE MEDICAL TRUST**  
**Statements of Plan Benefit Obligation**  
**For the Years Ended June 30, 2024 and 2023**

	2024	2023
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current retirees	\$ 32,256,000	\$ 27,069,000
Other participants fully eligible for benefits	22,250,000	20,776,000
Other participants not yet fully eligible for benefits	99,726,000	95,866,000
	154,232,000	143,711,000
Plan's total benefit obligations	\$ 154,232,000	\$ 143,711,000

The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan documents to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan documents specifically recognize the Board of Trustees' right to modify postretirement benefits and/or terminate the Trust at any time, for current as well as future retirees and beneficiaries.

The accompanying notes are an integral part of these financial statements.

**PORAC RETIREE MEDICAL TRUST**  
**Statements of Changes in Plan Benefit Obligations**  
**For the Years Ended June 30, 2024 and 2023**

	2024	2023
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	\$ 143,711,000	\$ 114,603,000
Increase (decrease) in post retirement benefits attributed to:		
Benefits earned	29,991,000	25,556,000
Estimated benefits paid	(2,665,000)	(2,154,000)
Changes in actuarial assumptions	(22,518,000)	-
Plan amendments	17,000	-
Passage of time	5,696,000	5,706,000
 Plan's total benefit obligations at end of year	 \$ 154,232,000	 \$ 143,711,000

The accompanying notes are an integral part of these financial statements.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE A – DESCRIPTION OF THE TRUST**

The following description of the PORAC Retiree Medical Trust (Trust) is provided for general information purposes only. Participants should refer to the trust agreement for a complete description of the Trust's provisions.

**General** – The Trust was created as of June 1, 2008, by the Peace Officers Research Association of California (PORAC) to establish an entity to which contributions from participating employers, participating labor organizations and participating employees can be paid, and through which the Trustees can create and administer one or more employee welfare benefit plans.

A five-member Board of Trustees administers the Trust. Four of the trustees are elected by PORAC membership and one Trustee is appointed by the President of PORAC. Trustees are named fiduciaries and have exclusive authority and discretion to control and manage the operation and administration of the Plan. The Plan can be changed, amended, or terminated by the Board of Trustees.

**Benefits** – The Medical Expense Reimbursement Plan (Plan) provides reimbursement for certain medical costs incurred after retirement. The amount of reimbursement payments is limited to the employee's benefit level (determined by the number of active service units accrued and the actuarial-calculated unit multiplier in effect when claims are submitted), or the balance in the employee's individual account. Effective May 18, 2010, the unit multiplier was \$0.67. The unit multiplier was increased to \$0.70 effective October 1, 2015, to \$0.74 effective October 1, 2018, and to \$0.77 effective October 1, 2021. Effective September 1, 2008, retroactive, the plan extends coverage to a surviving spouse of an employee who dies prior to age 55, but has satisfied the Active Service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Eligibility** – An employee becomes a regular beneficiary entitled to regular monthly benefits after the employee earns ten years of active service in the Plan. However, for an individual who is an employee on the date that contributions began (or an employee of a prior similar plan), for his or her association, this eligibility requirement becomes five years. If an employee has leave transfer contributions to the Plan, they can be converted to active service units. Eligibility also requires that the individual attain age 55 and ceases employment with all participating employers. An eligible retiree's benefits will terminate upon death or be suspended upon return to employment with a participating employer. A surviving spouse's benefits will terminate after 24 months of benefits have been paid after the eligible retiree's death and will resume in the month the spouse attains the eligibility age of the employee, until the spouse's death. A surviving child's benefit will terminate upon loss of child status.

An eligible retiree may also qualify as an account beneficiary with an individual account. Any eligible retiree who has an individual account with a positive balance is eligible for individual account benefits. An eligible retiree who does not meet the minimum service requirements to qualify for regular monthly benefits may have an individual account. The balance of an individual account is made up of pooled contributions for individual who do not meet the active service requirement, leave transfers, investment earnings or losses, a deduction for a proportionate share of administrative expenses, and deducted claims payments.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE A – DESCRIPTION OF THE TRUST – continued**

**Contributions** – Mandatory contributions from either an employer (Public employers) or an employee are agreed upon through a negotiated monthly rate in a collective bargaining agreement or special agreement.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of accounting** – The accompanying financial statements have been prepared using the accrual basis of accounting.

The Trust maintains its financial records using the modified cash basis of accounting, under which additions and deductions to net assets available for benefits are recognized when measurable and available to finance expenditures of the current period. Expenditures are generally recorded when the liability is paid. Adjustments are prepared at each year-end to adjust the financial records to the accrual method of accounting.

**Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US 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. Actual results could differ from those estimates.

**Employers' contributions and related receivables** – Employers' contributions receivable is based upon actual contributions received subsequent to June 30, for hours worked prior to June 30; therefore, there is no allowance for uncollectible receivables. No provision has been made for subsequent receipt of additional delinquent monies covering hours worked during June or prior months, as the financial effect is expected to be immaterial.

**Investment valuation and income recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. 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 (depreciation) in fair value of investments includes the Trust's gains and losses on investments bought and sold as well as held during the year.

**Payment of benefits** – Benefit payments to participants are recorded when paid.

**Subsequent events** – Management has evaluated subsequent events through April 2, 2025, the date the financial statements were available to be issued.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE C – POSTRETIREMENT BENEFIT OBLIGATIONS**

A postretirement benefit obligation has been recognized for future benefits expected to be paid for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. These benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from participating employers, from existing assets of the Trust, and from participant contributions.

The actuarial present value of the expected postretirement benefit obligation 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 payment.

The following are significant assumptions used to determine the postretirement benefit obligations as of June 30, 2024 and 2023:

Discount rate	2024--4.75%; 2023--4.00%
Average retirement age rates	Various rates ranging from 4.3% at age 50 to 100% at age 65.
Mortality and disability:	2024 -- CalPERS experience study dated November 2021
	2023 -- CalPERS experience study dated November 2021
	Seattle POG - Washington Office experience study

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. However, for this plan, 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, the trend +1% exhibit has not been shown.

During the year ended Jun 30, 2024, the actuary changed the discount rate from 4.00% to 4.75% and updated some demographic assumptions. Additionally, the plan provisions were updated with amendment 27 which clarified that a qualified surviving spouse is eligible for survivor benefits if the members dies before attaining age 55, subject to meeting the other requirements for eligibility for benefits. The effect of these changes decreased plan benefit obligations by \$22,501,000 and are included in the statements of plan benefit obligations and changes in plan benefit obligations for the year ended June 30, 2024.

The foregoing assumptions are based on the assumption that the Trust will continue. Were the Trust to terminate, different actuarial assumptions, and other factors might not be applicable in determining the actuarial present value of the postretirement benefit obligation.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE C – POSTRETIREMENT BENEFIT OBLIGATIONS - continued**

The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan document to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan documents specifically recognizes the Trustees' right to modify or terminate postretirement benefits at any time for current and/or future retirees (Note F) and the Plan's benefits (Note A) are not vested.

**NOTE D – FAIR VALUE MEASUREMENTS**

The framework for measuring fair value 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 to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Trust has the ability to access.
- Level 2     Inputs to the valuation methodology include
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other meansIf the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3     Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

- *Mutual funds* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Trust are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded.
- *Exchange traded funds* – Valued at the closing price reported by the fund. Exchange traded funds (ETF) held by the Trust are open-ended management investment companies that are registered with the Securities and Exchange Commission. The shares are traded throughout the day at the market price.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE D – FAIR VALUE MEASUREMENTS – continued**

- *Cash and equivalents* – Valued at the closing price reported in the active market in which the individual security is traded.

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

The following table sets forth by level, within the fair value hierarchy, the Trust’s assets at fair value as of June 30, 2024 and 2023:

	Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 84,419,304	\$ -	\$ -	\$ 84,419,304
Exchange traded funds	35,252,723	-	-	35,252,723
Cash and equivalents	12,948,221	-	-	12,948,221
Total investments, at fair value	\$ 132,620,248	\$ -	\$ -	\$ 132,620,248
	Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 60,353,088	\$ -	\$ -	\$ 60,353,088
Exchange traded funds	28,817,075	-	-	28,817,075
Cash and equivalents	11,128,372	-	-	11,128,372
Total investments, at fair value	\$ 100,298,535	\$ -	\$ -	\$ 100,298,535

**Transfers between levels** – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Trust evaluates the significant transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE E – TAX STATUS**

The Trust received an exemption letter from the Internal Revenue Service (IRS) dated March 18, 2010, stating that the Trust is tax exempt under the provisions of section 501(c)(9) of the Internal Revenue Code (IRC). In addition, the Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Trust has been amended since receiving its original determination letter from the Internal Revenue Service. However, Plan Management believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Plan and the related trust was exempt from income taxes as of the financial statement date. No federal or state income taxes have been recorded in June 30, 2024 and 2023 for unrelated business taxable income.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE F – PRIORITIES UPON TERMINATION**

Although the Board of Trustees has not expressed any intent to discontinue the Trust, they may do so at any time subject to the provisions of ERISA and the Internal Revenue Code. In the event of termination of the Trust, the remaining assets would be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Trust may revert to the Board or the participating employers or be used for purposes other than for the exclusive benefit of the Trust's participants.

The Trust does not have an obligation under prevailing law, collective bargaining agreements, or the Plan documents to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan documents specifically recognize the Board of Trustees' right to modify postretirement benefits and/or terminate the Trust at any time, for current as well as future retirees and beneficiaries.

**NOTE G – PARTY IN INTEREST TRANSACTIONS**

Certain Trust investments are shares of mutual funds, exchange traded funds, and cash and equivalents managed by Charles Schwab Trust Bank and Payden & Rygel, the broker and investment manager as defined by the Trust. The Trust paid certain expenses related to Trust operations and investment activity to various service providers. These transactions are considered exempt party in interest transactions under ERISA.

**PORAC RETIREE MEDICAL TRUST**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2024 and 2023**

**NOTE H – RISKS AND UNCERTAINTIES**

The Trust 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.

Financial instruments that potentially subject the Trust to credit risk consist primarily of cash and equivalents. The Trust places its cash and equivalents with high credit quality institutions, and at times, such amounts may be in excess of the FDIC insurance limits.

The actuarial present value of postretirement benefit obligations is 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.

**NOTE I – MERGER**

The Manhattan Beach Police Officers Association (MBPOA) established the Manhattan Beach Police Association Retiree Medical Reimbursement Plan and Trust (MBPA Trust). On December 23, 2021, the MBPA Trust merged with PORAC Retiree Medical Trust. The amount of \$2,116,302 was transferred to PORAC Retiree Medical Trust; \$1,996,302 was allocated to MBPA Plan Members at an actuarial-adjusted Active Service Unit amount; \$20,000 was set aside as an Operational Account to be applied to the initial administrative costs of implementing the Merger Agreement; and \$100,000 was set aside as a Damages Reserve for attorneys' fees, damages, penalties, etc. to be available in case of a claim of any sort against the MBPA Trust or the PORAC Retiree Medical Trust in regard to the dissolution of the MBPA Trust and/or this merger. After completion of all merger tasks, and after 12 months have passed since the date of transfer of assets, the balance of the Operational Account will be transferred into the Damages Reserve, which occurred subsequent to the plan year end on June 30, 2022. After completion of all merger tasks, and after 36 months have passed since the date of transfer of assets, the PORAC Trust Office will allocate any funds left over in the Damages Reserve to Active Service Units for the former MBPA Plan Members. The balance in the Operational Account and Damages Reserve as of June 30, 2024 was \$0 and \$100,000, respectively.

## **SUPPLEMENTAL INFORMATION**

**PORAC RETIREE MEDICAL TRUST**  
**Supplemental Information**  
**Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

EIN 23-7077256 - Plan 503

Form 5500 Schedule H - Line 4i:

(A)	(B)	(C)		(D)	(E)
Description	Maturity Date	Interest Rate	Units or Par Value	Ending Balance - Cost	Current Value
<b>CASH AND EQUIVALENTS:</b>					
* Schwab US Treasury Money Fund	N/A	N/A	9,890	\$ 9,890	\$ 9,890
* Payden Cash Reserves Money Market Fund	N/A	N/A	12,934,372	12,934,372	12,934,372
* Charles Schwab Bank Cash	N/A	N/A	1,791 2,168	1,791 2,168	1,791 2,168
<b>Total Cash and Equivalents</b>				<u>12,948,221</u>	<u>12,948,221</u>
<b>MUTUAL FUNDS</b>					
* Payden High Income Fund	N/A	N/A	16,152	103,623	101,111
* Payden Strategic Income Fund	N/A	N/A	1,434,613	14,529,806	13,614,477
* Schwab S&P 500 Index Fund	N/A	N/A	839,114	55,022,289	70,703,716
<b>Total Mutual Funds</b>				<u>69,655,718</u>	<u>84,419,304</u>
<b>EXCHANGE TRADED FUNDS</b>					
Invesco NASDAQ 100 ETF	N/A	N/A	29,811	4,543,738	5,876,044
Ishares Iboxx Invt Grade ETF	N/A	N/A	70,129	8,409,008	7,512,230
Ishares MBS	N/A	N/A	140,384	12,758,874	12,888,637
Ishares US Treasury Bond ETF	N/A	N/A	17,633	423,421	397,966
Ishares TR 1-5 Year ETF	N/A	N/A	6,019	303,803	308,419
Ishares 7-10 Year Treasury	N/A	N/A	50,024	4,671,686	4,684,784
Ishares 10-20 Year Treasury	N/A	N/A	34,904	4,097,935	3,584,643
<b>Total Exchange Traded Funds</b>				<u>35,208,465</u>	<u>35,252,723</u>
<b>TOTAL INVESTMENTS</b>				<u>\$ 117,812,404</u>	<u>\$ 132,620,248</u>

\* Indicates party-in-interest

**PORAC RETIREE MEDICAL TRUST**  
**Supplemental Information**  
**Schedule of Reportable Transactions**  
**For the Year Ended June 30, 2024**

**EIN 23-7077256 - Plan 503**  
**Form 5500 Schedule H - Line 4j:**

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Value on Date of Transaction	Net Gain or (Loss)
Charles Schwab Money Fund	Cash and equivalent	\$ 11,203,614	\$ -	\$ -	\$ -	\$ 11,203,614	\$ 11,203,614	\$ -
Charles Schwab Money Fund	Cash and equivalent	\$ -	\$ 11,201,823	\$ -	\$ -	\$ 11,201,823	\$ 11,201,823	\$ -
Schwab S&P 500 Index Fund	Mutual Fund	\$ 15,333,201	\$ -	\$ -	\$ -	\$ 15,333,201	\$ 15,333,201	\$ -
Schwab S&P 500 Index Fund	Mutual Fund	\$ -	\$ 5,824,000	\$ -	\$ -	\$ 5,043,826	\$ 5,824,000	\$ 780,174
Ishares Tr Is 1-5 Yr In	Exchange Traded Fund	\$ 480,015	\$ -	\$ -	\$ -	\$ 480,015	\$ 480,015	\$ -
Ishares Tr Is 1-5 Yr In	Exchange Traded Fund	\$ -	\$ 6,248,116	\$ -	\$ -	\$ 6,295,092	\$ 6,248,116	\$ (46,976)
Ishares US Treasury Bond ETF	Exchange Traded Fund	\$ 854,883	\$ -	\$ -	\$ -	\$ 854,883	\$ 854,883	\$ -
Ishares US Treasury Bond ETF	Exchange Traded Fund	\$ -	\$ 8,075,492	\$ -	\$ -	\$ 9,030,983	\$ 8,075,492	\$ (955,491)
Ishares Core S&P Small Cap	Exchange Traded Fund	\$ 5,490,053	\$ -	\$ -	\$ -	\$ 5,490,053	\$ 5,490,053	\$ -
Ishares Core S&P Small Cap	Exchange Traded Fund	\$ -	\$ 5,682,350	\$ -	\$ -	\$ 5,490,053	\$ 5,682,350	\$ 192,297

**PORAC RETIREE MEDICAL TRUST**  
**Supplemental Information**  
**Schedule of Reportable Transactions**  
**For the Year Ended June 30, 2024**

**EIN 23-7077256 - Plan 503**  
**Form 5500 Schedule H - Line 4j:**

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Value on Date of Transaction	Net Gain or (Loss)
Charles Schwab Money Fund	Cash and equivalent	\$ 11,203,614	\$ -	\$ -	\$ -	\$ 11,203,614	\$ 11,203,614	\$ -
Charles Schwab Money Fund	Cash and equivalent	\$ -	\$ 11,201,823	\$ -	\$ -	\$ 11,201,823	\$ 11,201,823	\$ -
Schwab S&P 500 Index Fund	Mutual Fund	\$ 15,333,201	\$ -	\$ -	\$ -	\$ 15,333,201	\$ 15,333,201	\$ -
Schwab S&P 500 Index Fund	Mutual Fund	\$ -	\$ 5,824,000	\$ -	\$ -	\$ 5,043,826	\$ 5,824,000	\$ 780,174
Ishares Tr Is 1-5 Yr In	Exchange Traded Fund	\$ 480,015	\$ -	\$ -	\$ -	\$ 480,015	\$ 480,015	\$ -
Ishares Tr Is 1-5 Yr In	Exchange Traded Fund	\$ -	\$ 6,248,116	\$ -	\$ -	\$ 6,295,092	\$ 6,248,116	\$ (46,976)
Ishares US Treasury Bond ETF	Exchange Traded Fund	\$ 854,883	\$ -	\$ -	\$ -	\$ 854,883	\$ 854,883	\$ -
Ishares US Treasury Bond ETF	Exchange Traded Fund	\$ -	\$ 8,075,492	\$ -	\$ -	\$ 9,030,983	\$ 8,075,492	\$ (955,491)
Ishares Core S&P Small Cap	Exchange Traded Fund	\$ 5,490,053	\$ -	\$ -	\$ -	\$ 5,490,053	\$ 5,490,053	\$ -
Ishares Core S&P Small Cap	Exchange Traded Fund	\$ -	\$ 5,682,350	\$ -	\$ -	\$ 5,490,053	\$ 5,682,350	\$ 192,297

**PORAC RETIREE MEDICAL TRUST**  
**Supplemental Information**  
**Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

EIN 23-7077256 - Plan 503

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* Payden Cash Reserves Money Market Fund	N/A	N/A	12,934,372	12,934,372	12,934,372
* Charles Schwab Bank Cash	N/A	N/A	1,791 2,168	1,791 2,168	1,791 2,168
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<b>MUTUAL FUNDS</b>					
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<b>EXCHANGE TRADED FUNDS</b>					
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Ishares MBS	N/A	N/A	140,384	12,758,874	12,888,637
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Ishares TR 1-5 Year ETF	N/A	N/A	6,019	303,803	308,419
Ishares 7-10 Year Treasury	N/A	N/A	50,024	4,671,686	4,684,784
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<b>Total Exchange Traded Funds</b>				<u>35,208,465</u>	<u>35,252,723</u>
<b>TOTAL INVESTMENTS</b>				<u>\$ 117,812,404</u>	<u>\$ 132,620,248</u>

\* Indicates party-in-interest

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

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

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

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

<b>1a</b> Name of plan <u>MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE PORAC RETIREE MEDICAL TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>503</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA</u>  <u>2940 ADVANTAGE WAY</u> <u>SACRAMENTO, CA 95834-9666</u>	<b>1c</b> Effective date of plan <u>09/01/2008</u>	<b>2b</b> Employer Identification Number (EIN) <u>23-7077256</u>
<u>2940 ADVANTAGE WAY</u> <u>SACRAMENTO, CA 95834-9666</u>	<b>2c</b> Plan Sponsor's telephone number <u>800-937-6722</u>	<b>2d</b> Business code (see instructions) <u>813930</u>

**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	<u>T Moore</u>	<u>4-9-25</u>	<u>TERRY A MOORE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE