

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/16/1966
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF 3460 FLETCHER AVENUE EL MONTE, CA 91731
2b	Employer Identification Number (EIN) 95-3846186
2c	Plan Sponsor's telephone number 310-639-1014
2d	Business code (see instructions) 624200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2025	TONY CARCIOPPOLO
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5177
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2918 6a(2) 2982 6b 2356 6c 0 6d 5338 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3

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

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

4A 4B 4D 4E 4F 4L 4Q

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 3
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier RSLI					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	100002	1596	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 65809	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PTW INSURANCE SERVICES P.O. BOX 27098 FRESNO, CA 93729
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65809			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	171500
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
UNUM LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	417115	560	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	(6) Total additions.....	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)		
	(5) Total deductions.....	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	175444
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
AIG					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0687550	00000	9108982	368	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
10822	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PTW INSURANCE SERVICES P.O. BOX 27098 FRESNO, CA 93729

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10822			3

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	54110
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

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

A Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186

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
	US BANK
	31-0841368

(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)

EPLAN

20-3720767

(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 16 50	NONE	1623323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50	NONE	1340191	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE CAPITAL MANAGEMENT, LLC

95-4833644

(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	594768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VISION SERVICE PLAN

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	582004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYSTONE NATIONAL GROUP

20-5150678

(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 52	NONE	547020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBRE GLOBAL INVESTORS

95-4752098

(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	377713	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CITYSCAPE IT PROS

46-1791445

(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 49 50	NONE	292654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGINALD CYRUS

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	248481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(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	240881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PACIFIC INVESTMENTS

77-0583390

(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?
27 50	NONE	200000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(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 15 49 50 55	NONE	199761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRMA ARANIBAR

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	173803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOSE MORALES

95-3846189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	167991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBBIE LINK

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	158818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROL MOORE

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	155011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARTINA MOJICA

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	145615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELLA MARTINEZ

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELANIE TALSMAN

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	114842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATALIE VASQUEZ

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	114623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MISTY LOPEZ

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	114126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL SEEGMILLER

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DANA TENEYCK

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	102999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK TIMPANI

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	102635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YADIRA CARABANTE

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DEBBIE NUNEZ

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	100225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SONIA GUERRERO

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANA CRUZ

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

L. WOODALL

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUIS CISNEROS

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEIA MASHAKA CONSULTING

9045 IRON CACTUS AVE
LAS VEGAS, NV 89148

(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 50	NONE	90591	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DONNA BEHAN

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. DAIRY

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSIE MALDONADO

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

A. HERNANDEZ

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	80385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	78053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. ENJILI

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	74616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERCER HUMAN RESOURCE

17901 VON KARMAN AVENUE, SUITE 1100
IRVINE, CA 92614

(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 49 50	NONE	70500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. ARGUIN

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLOMA PUBLIC AFFAIRS

83-0883342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	66229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

G. GILLESPIE

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS

1 EXPRESS WAY
ST. LOUIS, MO 63121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	63605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. HERRON

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSIDINE & ASSOCIATES, INC.

25401 CABOT RD #200
LAGUNA HILLS, CA 92653

(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 49 50	NONE	52990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANET HERRERA

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEA MCG HEALTH, LLC

33-1104821

(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 49 50	NONE	36383	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

J. BERNAL

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON, ELSER, NOKSKOWITZ

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	31644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAIR HEALTH INC

90-0524293

(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 49 50	NONE	28666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

E. ESTRELLA

95-3846186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRO PHARMA PHARMACEUTICAL

95-4081972

(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 50	NONE	26300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRISON ELECTRIC & SOLAR

45-3669794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARVIN PAULL

CLINTON KEITH ROAD, #114-241
WILDOMAR, CA 92585

(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	20092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLEEN SLOTHOUR, CONSULTING

56-7706501

(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 50	NONE	19750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	15471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DON LASSIG

95-3846186

(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 31 50	TRUSTEE	15074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORACLE AMERICA, INC.

94-2805249

(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 49 50	NONE	8926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XAVIER CAMPOS

95-3846186

(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 31 50	TRUSTEE	8495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LEWIS BRISBOIS BISGARRD & SMITH LLP

95-3720522

(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	6457	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRYCE HERNSDORF IVR SYSTEM

9 WOLCOTT DRIVE
GRANBY, CT 06035

(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 49 50	NONE	6300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPYING EYE SURVEILLANCE, INC

95-4479927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DAVID MORSE

95-3846186

(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 31 50	TRUSTEE	5580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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
ANTHEM BLUE CROSS 95-4331852	12 13 15 49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(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
VISION SERVICE PLAN (VSP) 94-1632821	12 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(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
BRIDGEWAY BENEFIT TECHNOLOGIES LLC 52-1796473	10 15 49 50 55	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(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
LEIA MASHAKA CONSULTING 9045 IRON CACTUS AVE LAS VEGAS, NV 89148	16 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(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
MERCER HUMAN RESOURCE 17901 VON KARMAN AVENUE SUITE 1100 IRVINE, CA 92614	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(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
HEA MCG HEALTH, LLC 33-1104821	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.

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
WILSON, ELSER, NOKSKOWITZ 22-2027092	29 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
FAIR HEALTH INC. 90-0524293	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
MARVIN PAULL CLINTON KEITH ROAD, #114-241 WILDOMAR, CA 92595	11 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
ADP 13-3036745	15 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
ORACLE AMERICA, INC 94-2805249	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
LEWIS BRISBOIS BISGARRD & SMITH LLP 95-3720522	29 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.

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
BANK OF AMERICA 101 NORTH TRYON STREET CHARLOTTE, NC 28202	18 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
BRYCE HERNSDORF IVR SYSTEM 9 WOLCOTT DRIVE GRANBY, CT 06035	15 49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
CBRE GLOBAL INVESTORS 95-4752098	28 51	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
DAVID MORSE 95-3846186	20 31 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
CAROL MOORE 95-3846186	30 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
YADIRA CARABANTE 95-3846186	30 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.

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
JANET HERRERA 95-3846186	30 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(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:	MARVIN PAULL	b EIN:	95-3846186
c Position:	ENROLLED ACTUARY		
d Address:	CLINTON KEITH ROAD, #114-241 WILDOMAR, CA 92595	e Telephone:	951-304-9696

Explanation: AFTER MANY YEARS WITH THE SAME ENROLLED ACTUARY, THE TRUSTEES CHOSE TO ENGAGE A NEW ENROLLED ACTUARY TO GAIN A NEW PERSPECTIVE.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF		
		D Employer Identification Number (EIN) 95-3846186

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	12313506	6853806
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	743069	1717838
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	157955172	101236238
(2) U.S. Government securities	1c(2)	89951	75119474
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		18589727
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	113528403	133918211
(5) Partnership/joint venture interests	1c(5)	77743243	78592613
(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)		
(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	804478	650294
f Total assets (add all amounts in lines 1a through 1e)	1f	363177822	416678201
Liabilities			
g Benefit claims payable	1g	18604000	22558000
h Operating payables	1h	741478	405566
i Acquisition indebtedness	1i		
j Other liabilities	1j	640729	473214
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19986207	23436780
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	343191615	393241421

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)	125859648	
(B) Participants	2a(1)(B)	3288087	
(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)		129147735
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6300914	
(B) U.S. Government securities	2b(1)(B)	1263326	
(C) Corporate debt instruments	2b(1)(C)	365366	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1106	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7930712
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2399894	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2399894
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	12916501	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10602925	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2313576
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13967931	
(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)		
c Other income	2c		45094
d Total income. Add all income amounts in column (b) and enter total	2d		155804942

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	93265800	
(2) To insurance carriers for the provision of benefits.....	2e(2)	850038	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		94115838
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)	2586428	
(2) Contract administrator fees.....	2i(2)	3420828	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	81051	
(5) Investment advisory and investment management fees	2i(5)	2097413	
(6) Bank or trust company trustee/custodial fees	2i(6)	2293	
(7) Actuarial fees	2i(7)	212203	
(8) Legal fees	2i(8)	47151	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	68854	
(11) Other expenses	2i(11)	3123077	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11639298
j Total expenses. Add all expense amounts in column (b) and enter total	2j		105755136

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		50049806
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUMSMITH+BROWN, PC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**LOS ANGELES COUNTY FIRE FIGHTERS
LOCAL 1014 HEALTH AND WELFARE PLAN
Financial Statements
June 30, 2024 and 2023
With Independent Auditor's Reports**

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
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June 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan:

Opinion

We have audited the financial statements of Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan (the "Plan"), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023; the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended; and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Los Angeles County Fire Fighters Local 1014 Health and Welfare 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.

Emphasis of Matter

As discussed in Note 14 to the financial statements, the 2023 financial statements have been restated to correct a material misstatement. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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, including omissions, 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 Los Angeles County Fire Fighters Local 1014 Health and Welfare 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 Los Angeles County Fire Fighters Local 1014 Health and Welfare 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.

A handwritten signature in blue ink that reads "Withum Smith & Brown, PC".

April 10, 2025

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investment - at fair value		
Money market funds	\$ 101,236,238	\$ 157,955,172
Common stock	133,918,211	113,528,403
Corporate obligations	18,589,727	-
Limited partnerships	78,592,613	77,743,243
U.S. Government and Government Agency obligations	<u>75,119,474</u>	<u>89,951</u>
Total investments	407,456,263	349,316,769
Cash	6,853,806	12,313,506
Accrued interest and dividends	1,717,838	743,069
Right-of-use assets - operating, net	455,192	628,193
Property and equipment - net	<u>195,102</u>	<u>176,285</u>
Total assets	<u>416,678,201</u>	<u>363,177,822</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable	405,566	741,478
Current portion of lease liabilities - operating	<u>179,856</u>	<u>167,515</u>
Total current liabilities	585,422	908,993
Long-term liabilities		
Lease liabilities - operating, net of current portion	<u>293,358</u>	<u>473,214</u>
Total liabilities	<u>878,780</u>	<u>1,382,207</u>
Net assets available for benefits	<u>\$ 415,799,421</u>	<u>\$ 361,795,615</u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 16,281,507	\$ 6,581,436
Interest and dividend income	<u>10,330,606</u>	<u>7,583,391</u>
	26,612,113	14,164,827
Less: Investment expenses	<u>(2,097,413)</u>	<u>(1,582,375)</u>
Total investment income - net	<u>24,514,700</u>	<u>12,582,452</u>
Contributions		
Employer contributions		
Active participants	71,940,332	68,929,522
Retirees	53,919,316	48,242,229
Participant contributions		
Active participants	1,267,315	2,005,731
Retirees	<u>2,020,772</u>	<u>1,851,580</u>
Total contributions	<u>129,147,735</u>	<u>121,029,062</u>
Other income	<u>45,094</u>	<u>640,117</u>
Total additions	<u>153,707,529</u>	<u>134,251,631</u>
Deductions		
Cost of benefits		
Self-funded medical, vision and prescription drug claims	89,311,800	86,761,535
Nontrust-sponsored insurance premiums	<u>850,038</u>	<u>1,848,002</u>
Total cost of benefits	90,161,838	88,609,537
Administrative expenses	<u>9,541,885</u>	<u>8,699,999</u>
Total deductions	<u>99,703,723</u>	<u>97,309,536</u>
Net change in net assets available for benefits	54,003,806	36,942,095
Net assets available for benefits		
Beginning of year	<u>361,795,615</u>	<u>324,853,520</u>
End of year	<u>\$ 415,799,421</u>	<u>\$ 361,795,615</u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Benefit Obligations
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
		(As Restated)
Amounts currently payable		
Claims payable and incurred but not reported	\$ 22,558,000	\$ 18,604,000
Post-retirement benefit obligations -		
net of amounts currently payable		
Current retirees	1,116,258,700	1,457,142,472
Other participants fully eligible for benefits	480,641,500	755,657,359
Other participants not fully eligible for benefits	<u>375,859,200</u>	<u>1,920,057,364</u>
Total post-retirement benefit obligations	<u>1,972,759,400</u>	<u>4,132,857,195</u>
 Total benefit obligations	 <u>\$ 1,995,317,400</u>	 <u>\$ 4,151,461,195</u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Changes in Benefit Obligations
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
		(As Restated)
Amounts currently payable		
Balance at beginning of year	\$ 18,604,000	\$ 20,643,000
Increase (decrease) during the year attributable to		
changes in claims payable and incurred but not reported	<u>3,954,000</u>	<u>(2,039,000)</u>
Balance at end of year	<u>22,558,000</u>	<u>18,604,000</u>
 Post-retirement benefit obligations -		
Balance at beginning of year	4,132,857,195	4,239,495,135
Decrease during the year attributable to		
Benefits earned and other changes	(1,058,881,695)	(106,637,940)
Changes in actuarial assumptions and methods	<u>(1,101,216,100)</u>	<u>-</u>
Balance at end of year	<u>1,972,759,400</u>	<u>4,132,857,195</u>
 Total benefit obligations at end of year	 <u>\$ 1,995,317,400</u>	 <u>\$ 4,151,461,195</u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

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

Investment Valuation, Transactions, and Income Recognition

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

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

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

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

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

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

Money Market Funds: Money market funds are valued at cost, which approximates fair value (Level 2).

Common Stock: The fair value of common stock is generally based on quoted market prices in active markets (Level 1).

Corporate Obligations: Values are determined using discounted cash flow models that take into account the various maturity dates and stated coupon rates of the bonds (Level 2).

Limited Partnerships: The fair value of limited partnerships is determined based on net asset value (or its equivalent). The net asset value is determined based on the fair value of the underlying investments.

U.S. Government and Government Agency Obligations: The fair value of U.S. Government and Government Agency obligations is generally determined using a market-based model in which valuation consideration is given to the yield or price of comparable securities, coupon rate, maturity, credit quality and dealer-provided prices (Level 2).

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

Notes to Financial Statements

June 30, 2024 and 2023

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

Transactions and Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Major additions are capitalized, and maintenance and repairs that do not improve or extend the lives of the respective assets are currently expensed. Depreciation is computed by the straight-line method over the following estimated useful lives of the fixed assets:

<u>Description</u>	<u>Estimated Life (Years)</u>
Office furniture and equipment	5
Computer hardware and software	3
Building improvements	10

Depreciation expense for the years ended June 30, 2024 and 2023, totaled \$75,862 and \$66,494, respectively.

Cash

Cash includes amounts on deposit in demand-deposit checking accounts.

Post-Retirement Benefit Obligations

The Plan's post-retirement benefit obligations are presented at present value and were actuarially determined by the Plan's actuarial consultant based on claims experience, census data and other factors. The costs of the post-retirement benefit obligations are shared by the Plan's participating employers and retirees. In addition to the deductibles and copayments, retirees, on average, will pay 4% of the estimated post-retirement benefit costs (including expenses) during the year ended June 30, 2025.

Claims Payable and Incurred But Not Reported

Estimated claims payable and incurred but not reported includes an estimate of claims incurred prior to year-end but paid after that date. These estimates were calculated by the Plan's consultant based on claims experience subsequent to year-end.

Payment of Benefits

Medical claim payments are recorded when paid by the Plan. Medical claims received, but not yet paid and claims incurred but not yet received by the Plan are included as an amount currently payable in the accompanying statements of benefit obligations. Vision and prescription drug claim payments are recorded when submitted to the Plan by the third-party claims processors for reimbursement and paid by the Plan. Claims paid by the third-party vision and prescription drug claims processors prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

Notes to Financial Statements

June 30, 2024 and 2023

Estimates

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

Leases

The Plan categorizes leases with contractual terms longer than twelve months as either operating or finance. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases. Leases with contractual terms of twelve months or less are not recorded on the statements of net assets available for benefits. The Plan had no finance leases during the year ended June 30, 2024.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. For leases of property, the Plan does not account for these other services as a component of the lease.

Lease liabilities are recognized at the present value of the fixed lease payments using the risk-free rate as a discount rate. The weighted average remaining lease term as of June 30, 2024, was 2.11 years. The weighted average discount rate as of June 30, 2024, was 2.44%. Right-of-use assets are recognized based on the initial present value of the fixed lease payments, plus any direct cost from executing the leases. Lease assets are tested for impairment in the same manner as long-lived assets used in operations.

Options to extend lease terms, terminate leases before the contractual expiration date, or purchase the lease assets are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term of the lease.

Recently Adopted Accounting Standards

Credit Losses

In June 2016, the Financial Accounting Standards Board issued an Accounting Standards Update 2016-13, *Financial Instruments – Credit Losses (Topic 326)* amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective July 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative effect adjustment to the opening balance of net assets.

Risks and Uncertainties

The Plan invests in various investments. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

The Plan's benefit obligations are based on certain estimates and historical experience. It is reasonably possible that actual experience would materially affect the amounts reported in the statements of benefit obligations and the statements of changes in benefit obligations.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

2. DESCRIPTION OF THE PLAN

The Plan was established by Los Angeles County Fire Fighters Local 1014 Union (the “Plan Sponsor”) for the purpose of providing health and welfare benefits to eligible employees and their dependents.

Plan participation is limited to members of the Plan Sponsor and the Monterey Park Firefighters Association who are active or retired employees of certain employers of firefighting personnel in the County of Los Angeles, California, or the City of Monterey Park, California; office employees of the Plan Sponsor and the Plan; and the covered dependents of such employees or retirees. The Plan follows the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Benefits provided to participants by the Plan include medical, mental health, substance abuse, prescription drug, vision care, dental, life insurance, accidental death and dismemberment, and salary continuance. Medical benefits are self-administered by the Plan with claim pricing services (or “PPO services”) provided by Anthem Blue Cross. Prescription drug and vision care are provided through self-funded programs administered by Express Scripts, Inc., and Vision Service Plan, respectively. Life insurance, accidental death and dismemberment, long-term disability insurance and short-term disability insurance are provided through insurance and health maintenance organization contracts with UNUM Life Insurance Company, Reliance Standard Life Insurance (“RSLI”), American International Group (“AIG”), Colonial Life, and Accident Insurance Company, respectively.

The Plan’s life insurance, accidental death and dismemberment benefits, and long- and short-term disability insurances are provided through insurance policies owned by the Plan Sponsor. Any claims reserves related to the policies are maintained and assumed by the Plan Sponsor. If the Plan were to terminate its arrangement with the Plan Sponsor, any surplus or deficit of claims reserves, after paying the run-out of claims payable attributable to Plan participants at the date of termination, would be the responsibility of the Plan Sponsor. As a result, no assets or liabilities relating to these policies are reflected in the accompanying financial statements.

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

For more complete information, participants should refer to the Summary Plan Description.

3. PRIORITIES UPON TERMINATION

It is the intent of the Plan Sponsor to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Plan Sponsor. In the event of termination, the Plan Sponsor shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be applied toward the continuation of the type of benefits sponsored by the Plan until such assets are exhausted. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

4. TAX STATUS

The Plan obtained its latest determination letter, dated December 17, 1993, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”) under Section 501(c)(9). The Plan has been amended since receiving the determination letter. However, the Plan’s administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan’s administrator believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

The Plan is funded by employer contributions for both active participants and retirees and by participant contributions. Employer contributions for retirees are received from the Los Angeles County Employees Retirement Association. Participant contributions are received from active employees and retirees. Active participants' contributions are contributed on a pre-tax basis. Retired participants' contributions remitted by LACERA have been authorized and designated to the Plan by retired participants. The funding levels for LACERA contributions and participant contributions are specified in the collective bargaining agreements or participant agreements under the terms established by the Board of Trustees and as required by applicable law.

Active employees receive a monthly dollar allowance from which to purchase benefits. Premium amounts that exceed the monthly dollar allowance are funded from the employees' wages on a pre-tax basis. Retired participants are eligible for contributions up to 100% of the Plan rates, depending on the participants' years of service and the terms of the applicable memorandum of understanding. Retirees pay the difference between the premium and the earned contribution.

6. CONCENTRATION

The Plan maintains all of its cash balances with Bank of America, N.A., which throughout the year regularly exceed the Federal Deposit Insurance Corporation ("FDIC") limit of \$250,000. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition and operations.

The Plan has one major contributing employer (the County of Los Angeles), which accounted for approximately 96% of total contributions for the years ended June 30, 2024 and 2023. In the event this employer suspends contributions, the Plan would terminate coverage to the employers' participants and retirees, as required under the Plan document. The Plan would retain the risk of current fixed administrative expenses.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

7. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on the fair value hierarchy at June 30, 2024 and 2023, are as follows:

Description	June 30, 2024	Fair Value Measurements at Reporting Date Using	
		Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market funds	\$ 101,236,238	\$ -	\$ 101,236,238
Common stock	133,918,211	133,918,211	-
Corporate obligations	18,589,727	-	18,589,727
U.S. Government and Government Agency obligations	75,119,474	-	75,119,474
Total assets in the fair value hierarchy	328,863,650	\$ 133,918,211	\$ 194,945,439
Investments measured at net asset value			
Limited partnerships	78,592,613		
Total investments at fair value	\$ 407,456,263		

Description	June 30, 2023	Fair Value Measurements at Reporting Date Using	
		Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market funds	\$ 157,955,172	\$ -	\$ 157,955,172
Common stock	113,528,403	113,528,403	-
U.S. Government and Government Agency obligations	89,951	-	89,951
Total assets in the fair value hierarchy	271,573,526	\$ 113,528,403	\$ 158,045,123
Investments measured at net asset value			
Limited partnerships	77,743,243		
Total investments at fair value	\$ 349,316,769		

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

8. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

FASB ASC 820 allows entities to use net asset value (“NAV”) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the NAV is calculated in a manner consistent with investment company accounting. The Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance.

Investment Type	Fair Value as of June 30,		Unfunded Commitments		Redemption Frequency (If Currently Eligible)	Redemption Notice Period
	2024	2023	2024	2023		
Limited partnerships						
American Strategic						
Value Realty Fund, LP	\$ 20,164,865	\$ 20,996,334 {a}	\$ 10,120,000	\$ 11,480,000	Daily	30 days
CBRE Strategic Partners						
U.S. Value 7, LP	1,150	6,039 {b}	-	-	Not permitted	N/A
CBRE Strategic Partners						
U.S. Value 8, LP	12,119,182	14,160,075 {c}	597,897	822,328	Not permitted	N/A
CBRE Strategic Partners						
U.S. Value 9, LP	12,738,526	11,252,125 {d}	4,942,814	8,134,670	Not permitted	N/A
Keystone Real Estate						
Lending Fund LP	33,568,890	31,328,670 {e}	-	-	Monthly	90 days
	<u>\$ 78,592,613</u>	<u>\$ 77,743,243</u>	<u>\$ 15,660,711</u>	<u>\$ 20,436,998</u>		

- a. This fund is an open-ended, value-added commingled fund that invests in private real estate and is structured as a Delaware limited partnership. The fund targets enhanced yield and value-added return opportunities, with a secondary goal of diversification to reduce overall investment risk. The fund originates investments through a variety of structures including, but not limited to, direct property ownership, joint ventures, and senior and subordinate debt structures. Investors may redeem their shares in the fund at any time, with 30 days’ written notification.
- b. This partnership is structured as a Delaware limited partnership and its consolidated subsidiary, CBRE Strategic Partners U.S. Value 7 Holdings, LLC, is structured as a real estate investment trust. The partnership and consolidated real estate investment trust were formed to purchase, reposition, lease and sell institutional-quality real estate assets in the United States. The fund does not allow for redemptions. The partnership was scheduled to terminate on April 11, 2022. The partnership may be extended for up to two additional one-year periods upon consent of 2/3 vote of the limited partners.
- c. This partnership is structured as a Delaware limited partnership and its consolidated subsidiary, CBRE Strategic Partners U.S. Value 8 Holdings, LLC, is structured as a real estate investment trust. The partnership and consolidated real estate investment trust were formed to purchase, reposition, lease and sell institutional-quality real estate assets in the United States. The fund does not allow for redemptions. The partnership is scheduled to terminate on November 17, 2025. The partnership may be extended for up to two additional one-year periods upon consent of 2/3 vote of the limited partners.
- d. This partnership is structured as a Delaware limited partnership and its consolidated subsidiary, CBRE Strategic Partners U.S. Value 9 Holdings, LLC, is structured as a real estate investment trust. The partnership and consolidated real estate investment trust were formed to purchase, reposition, lease and sell institutional-quality real estate assets in the United States. The fund does not allow for redemptions. The partnership is scheduled to terminate on July 30, 2029. The partnership may be extended for up to two additional one-year periods upon consent of 2/3 vote of the limited partners.
- e. This partnership is a Delaware limited partnership investing in first lien, senior real estate loans secured by real estate properties of various types and with a primary focus on capital preservation and generating attractive risk-adjusted returns. Withdrawals are made on the last day of each calendar month after 90 days’ written notice, subject to the discretion of the general partner.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

9. POST-RETIREMENT BENEFIT OBLIGATIONS

The post-retirement benefit obligations information disclosed in the Plan’s financial statements is included at the specific request of the United States Department of Labor based on a 2006 review of the Plan by that agency.

Post-retirement benefit obligations include future benefits expected to be paid to or 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 the participating employers. Prior to an active employee’s full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee’s service in the industry rendered to the valuation date.

Some of the more significant actuarial assumptions used to calculate the post-retirement health benefit obligations at June 30, 2024 and 2023, are as follows:

Interest:	2024:	5.50%
	2023:	3.70%
Mortality rates:	2024:	PubS-2010 Mortality Table with MP-2021 ultimate improvement rates.
	2023:	RP-2014 Mortality Table (Blended Male 58%, Female 42%).
Medical trend rate:	2024:	7.0% for the year ended June 30, 2025, then graded down 0.25% to 6.75% for the year ended June 30, 2026, then graded down 0.25% to 6.5% for the year ended June 30, 2027, then graded down 0.25% to 6.25% for the year ended June 30, 2028, then graded down 0.25% to 6.0% for the year ended June 30, 2029 and then graded down 0.25% to 5.75% for the year ended June 30, 2030 and decreasing 0.25% each year thereafter.
	2023:	8.5% for the year ended June 30, 2024, then graded down 1.0% to 7.5% for the year ended June 30, 2025, then graded down 1.0% to 6.5% for the year ended June 30, 2026, then graded down 0.5% to 6.0% for the year ended June 30, 2027, then graded down 0.5% to 5.5% for the year ended June 30, 2028 and then graded down 0.5% to 5.0% for the year ended June 30, 2029 and thereafter.

The actuarial present value of the expected post-retirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims and premium cost data to estimate future annual incurred claims and premium 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 foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligations.

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the post-retirement obligation as of June 30, 2024 and 2023, by approximately \$404,170,900 and \$454,600,000, respectively.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

10. PENSION AND OTHER POST-RETIREMENT BENEFITS

Multiemployer Defined Benefit Pension Plan - The Plan's office and clerical employees are covered by a multiemployer defined benefit pension plan, OPEIU Locals 30 & 537 Retirement Fund (the "Retirement Fund"). Contributions to the multiemployer defined benefit pension plan are made monthly under the terms of a collective bargaining agreement. The risks of participating in a multiemployer plan are different from a single-employer plan in the following respects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to the employees of other participating employers;
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and
- If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in the Retirement Fund for the annual periods ended June 30, 2024 and 2023, is outlined in the table below.

Pension Fund	EIN/Pension Plan Number	PPA Zone Status		Funding Improvement/ Rehabilitation Plan Status	Contributions Made by the Plan for the Years Ended			Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2023	2022		2024	2023	2022		
OPEIU Locals 30 & 537 Retirement Fund	95-6072309 {a} 001	Green	Green	N/A	\$ 252,075	\$ 194,020	\$ 171,640	No	May 31, 2025

{a} The Retirement Fund's fiscal year ends on January 31, and the PPA Zone Status for the years ended June 30, 2024 and 2023, were for the plan's year ends at January 31, 2024 and 2023, respectively.

An explanation of each item in the above table follows:

- The "EIN/Pension Plan Number" column provides the Employee Identification Number ("EIN") and the three-digit plan number, if applicable.
- The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary.
- Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded.
- The "Funding Improvement/Rehabilitation Plan Status" indicates plans for which a financial improvement plan or a rehabilitation plan is either pending or has been implemented.
- The expiration date indicates the date of the collective bargaining agreement to which the Plan is subject.

The Plan's contributions did not exceed 5% of total contributions per the Retirement Fund's most recently available annual report. There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

For employees not covered by the above multiemployer plan, the Plan contributes to Charles Schwab's Simplified Employee Pension Individual Retirement Arrangement ("SEP-IRA") Plan. Contributions for the years ended June 30, 2024 and 2023, totaled approximately \$100,600 and \$81,300, respectively.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

11. OBLIGATION UNDER OPERATING LEASE - RELATED-PARTY TRANSACTION

The Plan rents office space at 3460 Fletcher Avenue, El Monte, California, from Los Angeles County Firefighters Local 1014 (the "Local"), a related party, under a five-year lease agreement that expired on December 31, 2021, and under a new five-year agreement expiring on December 31, 2026. The lease requires the Plan to reimburse the Local a ratable portion of certain building and occupancy expenses (common area maintenance).

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities for years subsequent to June 30, 2024:

2025	\$ 190,692
2026	198,324
2027	<u>101,106</u>
	490,122
Less: Imputed interest	<u>(16,908)</u>
Lease liability at June 30, 2024	<u>\$ 473,214</u>

Total lease expense is comprised of the following for the year ended June 30, 2024:

	<u>2024</u>	<u>2023</u>
Operating lease expense		
Operating lease expense	\$ 188,840	\$ 188,840
Short-term leases	<u>38,887</u>	<u>34,222</u>
Total operating lease expense	<u>\$ 227,727</u>	<u>\$ 223,062</u>

In addition to the above office rental expenses, the Plan reimburses the Local for a portion of rental expense for equipment subject to various operating leases held by the Local. Equipment lease reimbursements totaled \$38,887 and \$34,222 for the years ended June 30, 2024 and 2023, respectively.

12. RELATED-PARTY TRANSACTIONS

The Plan shares certain administrative expenses with Los Angeles County Fire Fighters Local 1014. The Plan reimburses the Plan Sponsor for costs it incurs for shared general and administrative expenses. General and administrative expenses reimbursed to the Plan Sponsor for the years ended June 30, 2024 and 2023, totaled \$761,165 and \$614,816, respectively.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 415,799,421	\$ 361,795,615
Benefit obligations currently payable	<u>(22,558,000)</u>	<u>(18,604,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 393,241,421</u>	<u>\$ 343,191,615</u>

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2024 and 2023

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500:

Benefits paid to or for participants per the financial statements	\$ 90,161,838
Add: Amounts currently payable at end of year	22,558,000
Less: Amounts currently payable at beginning of year	<u>(18,604,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 94,115,838</u>

14. RESTATEMENT OF BENEFIT OBLIGATIONS

The Plan's financial statements as of June 30, 2023, previously issued on July 25, 2024, excluded the post-retirement benefit obligations on the statement of benefit obligations, which was stated as the obligation of the County of Los Angeles and the Plan participants. The post-retirement benefit obligations was based on the benefit obligations referenced in Note 9 and the statement of benefit obligations of the financial statements.

The Plan has determined that the statement of benefit obligations and the statement of changes in benefit obligations should be restated by including the post-retirement benefit obligations on the statement of benefit obligations as the obligations of the Plan. The beginning-of-the year post-retirement benefit obligations has been adjusted to reflect this change. As a result, the change in post-retirement benefit obligations was adjusted in the statement of changes in benefit obligations for the year ended June 30, 2023.

The post-retirement benefit obligations as of June 30, 2023, have been restated as follows:

	<u>As of June 30, 2023</u>		
	<u>As Previously Reported</u>	<u>As Restated</u>	<u>Effect of Change</u>
Post-retirement benefit obligations	\$ -	\$ 4,132,857,195	\$ 4,132,857,195

The changes in post-retirement benefit obligations as of June 30, 2023, have been restated as follows:

	<u>For the Year Ended June 30, 2023</u>		
	<u>As Previously Reported</u>	<u>As Restated</u>	<u>Effect of Change</u>
Post-retirement benefit obligations			
Balance at beginning of year	\$ -	\$ 4,239,495,135	\$ 4,239,495,135
Decrease during the year attributable to:			
Benefits earned and other changes	-	(106,637,940)	(106,637,940)
Total post-retirement benefit obligations	<u>\$ -</u>	<u>\$ 4,132,857,195</u>	<u>\$ 4,132,857,195</u>

15. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 10, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan:

We have audited the financial statements of Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan (the "Plan") as of and for the years ended June 30, 2024 and 2023, and have issued our report thereon dated April 10, 2025, which expressed an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplementary information, which appears on page 19 and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America.

In forming an 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 aspects 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 blue ink that reads "Withum Smith + Brown, PC".

April 10, 2025

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Schedules of Administrative Expenses
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial and consulting fees	\$ 212,203	\$ 73,716
Administrative fees	3,420,828	3,476,795
Audit and accounting fees	81,051	69,196
Depreciation	75,862	66,494
Employee benefits	1,037,977	881,225
Information technology consulting fee	608,027	498,112
Insurance expense	131,670	73,701
Legal fees	47,151	11,492
Office expense	210,727	181,026
Payroll taxes	203,100	178,050
Printing, postage and others	290,730	257,533
Regulatory administrative fee	39,761	33,687
Occupancy	433,966	390,117
Salaries	2,586,428	2,367,705
Telephone	93,550	91,921
Trustee meeting and travel expenses	<u>68,854</u>	<u>49,229</u>
 Total administrative expenses	 <u>\$ 9,541,885</u>	 <u>\$ 8,699,999</u>

See Independent Auditor's Report on Supplementary Information.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-3846186, Plan #501
June 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Interest-Bearing Cash</u>			
		Cash and equivalents per attached US Bank custodian statements	\$ 98,913,445	\$ 98,913,445
		Blackrock Liquidity Funds - held in Bank of America - Merrill Lynch acct.	2,321,864	2,322,793
		Total interest-bearing cash	101,235,309	101,236,238
	<u>U.S. Government Securities</u>			
		US Government issues per attached US Bank custodian statements	74,347,259	75,119,474
	<u>Corporate Stocks</u>			
		Domestic common stocks per attached US Bank custodian statements	69,186,165	118,213,808
		Foreign stocks per attached US Bank custodian statements	11,979,118	15,704,403
		Total corporate stocks	81,165,283	133,918,211
	<u>Corporate Obligations</u>			
		Corporate obligations per attached US Bank custodian statements	18,286,482	18,589,727
	<u>Partnership/Joint Venture Interest</u>			
		Partnership/joint ventures per attached US Bank custodian statements	76,815,706	78,592,613
		Total investments	\$ 351,850,039	\$ 407,456,263

See Independent Auditor's Report on Supplementary Information.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-3846186, Plan #501
Year Ended June 30, 2024

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
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See attached

See Independent Auditor's Report on Supplementary Information.

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					347,934,302.60		
COMPARATIVE VALUE (5%)					17,396,715.13		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V450 - First Am US Treas Mm Cl Z							
11/20/2023 6745049800	S	- 92,000,000.000	1.0000		92,000,000 *	92,000,000	
11/20/2023 6745049802	B	92,000,137.450	1.0000		- 92,000,137 *	92,000,137	
11/22/2023 6745049802	S	- 69,645,522.900	1.0000		69,645,523 *	69,645,523	
GRAND TOTAL				0	253,645,660	253,645,660	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Goldman Sachs & Co. LLC							
Issue: 29472R108 - Equity Lifestyle Pptys Inc							
07/03/2023 6745049801	B	43.000	67.1191	2	- 2,888	2,888	
Issue: 29472R108 - Equity Lifestyle Pptys Inc							
07/05/2023 6745049801	B	523.000	66.6302	21	- 34,869	34,869	
Issue: 29472R108 - Equity Lifestyle Pptys Inc							
07/07/2023 6745049801	B	387.000	65.8440	15	- 25,497	25,497	
Issue: 29472R108 - Equity Lifestyle Pptys Inc							
07/10/2023 6745049801	B	367.000	65.8260	15	- 24,173	24,173	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/11/2023 6745049801	Issue: 29472R108 - Equity Lifestyle Pptys Inc B	458.000	66.1557	18	- 30,318	30,318	
07/12/2023 6745049801	Issue: 29472R108 - Equity Lifestyle Pptys Inc B	288.000	67.2472	12	- 19,379	19,379	
07/13/2023 6745049801	Issue: 29472R108 - Equity Lifestyle Pptys Inc B	204.000	67.2490	8	- 13,727	13,727	
07/17/2023 6745049801	Issue: 29472R108 - Equity Lifestyle Pptys Inc B	1,126.000	67.1492	45	- 75,655	75,655	
08/08/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 506.000	91.5968	10	46,337	39,046	7,292
08/09/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	227.000	383.2539	9	- 87,008	87,008	
08/09/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 901.000	91.5506	18	82,468	69,526	12,942
08/10/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	139.000	383.1548	6	- 53,264	53,264	
08/10/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 788.000	91.4442	16	72,042	60,807	11,235
08/11/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	180.000	382.9169	7	- 68,932	68,932	
08/11/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 720.000	91.1461	14	65,610	55,559	10,051

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/14/2023	Issue: 879360105 - Teledyne Technologies Inc B	178.000	402.1768	7	- 71,595	71,595	
6745049801							
08/14/2023	Issue: 00507V109 - Activision Blizzard Inc S	- 901.000	90.7943	18	81,787	69,526	12,261
6745049801							
08/15/2023	Issue: 879360105 - Teledyne Technologies Inc B	225.000	399.6736	9	- 89,936	89,936	
6745049801							
08/15/2023	Issue: 00507V109 - Activision Blizzard Inc S	- 1,126.000	90.9392	23	102,374	86,889	15,485
6745049801							
08/16/2023	Issue: 879360105 - Teledyne Technologies Inc B	195.000	401.0837	8	- 78,219	78,219	
6745049801							
08/16/2023	Issue: 00507V109 - Activision Blizzard Inc S	- 675.000	90.8755	14	61,327	52,087	9,240
6745049801							
08/17/2023	Issue: 879360105 - Teledyne Technologies Inc B	180.000	401.2015	7	- 72,223	72,223	
6745049801							
08/17/2023	Issue: 00507V109 - Activision Blizzard Inc S	- 675.000	90.4523	14	61,041	52,087	8,954
6745049801							
08/18/2023	Issue: 879360105 - Teledyne Technologies Inc B	137.000	403.2172	5	- 55,246	55,246	
6745049801							
08/18/2023	Issue: 00507V109 - Activision Blizzard Inc S	- 1,013.000	90.5525	20	91,709	78,169	13,540
6745049801							
08/21/2023	Issue: 879360105 - Teledyne Technologies Inc B	114.000	404.2110	5	- 46,085	46,085	
6745049801							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/21/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 563.000	90.7517	11	51,082	43,444	7,637
08/22/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	114.000	406.2689	5	- 46,319	46,319	
08/22/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 563.000	91.6394	11	51,581	43,444	8,137
08/23/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	114.000	411.3637	5	- 46,900	46,900	
08/23/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 675.000	91.7044	14	61,886	52,087	9,799
08/24/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	183.000	407.0921	7	- 74,505	74,505	
08/24/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 901.000	91.5346	18	82,454	69,526	12,928
08/25/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	190.000	406.9944	8	- 77,337	77,337	
08/25/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 1,065.000	91.6906	21	97,628	82,182	15,447
08/28/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	92.000	415.9118	4	- 38,268	38,268	
08/28/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 450.000	91.8318	9	41,315	34,725	6,590

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/29/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	183.000	416.4528	7	- 76,218	76,218	
08/29/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 1,777.000	92.0116	71	163,432	137,124	26,308
08/30/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	70.000	419.6251	3	- 29,377	29,377	
08/30/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 67.000	92.0034	3	6,162	5,170	991
08/31/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	160.000	419.4905	6	- 67,125	67,125	
08/31/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 450.000	92.0039	18	41,383	34,725	6,659
09/01/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	160.000	420.4794	6	- 67,283	67,283	
09/01/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 1,801.000	92.0458	72	165,701	138,976	26,725
09/05/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	137.000	414.6853	5	- 56,817	56,817	
09/05/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 2,026.000	92.0572	81	186,425	156,338	30,087
09/06/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	114.000	413.7430	5	- 47,171	47,171	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/06/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 2,251.000	92.0672	90	207,152	173,700	33,451
09/07/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	114.000	410.1676	5	- 46,764	46,764	
09/07/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 1,936.000	92.0478	77	178,126	149,393	28,732
09/08/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	160.000	409.1934	6	- 65,477	65,477	
09/08/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 866.000	92.1365	17	79,772	66,826	12,947
09/11/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	160.000	407.7642	6	- 65,249	65,249	
09/11/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 789.000	92.2494	16	72,768	60,884	11,885
09/12/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	114.000	409.4508	5	- 46,682	46,682	
09/12/2023 6745049801	Issue: 00507V109 - Activision Blizzard Inc S	- 1,383.000	92.1921	55	127,445	106,720	20,725
09/13/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	183.000	408.5337	7	- 74,769	74,769	
09/14/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	138.000	415.6855	6	- 57,370	57,370	

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09/15/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	183.000	416.5555	7	- 76,237	76,237	
09/18/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	164.000	417.5281	7	- 68,481	68,481	
09/19/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	290.000	419.5524	12	- 121,682	121,682	
09/20/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	138.000	419.2624	6	- 57,864	57,864	
09/21/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	429.000	414.4393	17	- 177,812	177,812	
09/22/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	321.000	417.7024	13	- 134,095	134,095	
09/25/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	238.000	415.6886	10	- 98,943	98,943	
09/26/2023 6745049801	Issue: 879360105 - Teledyne Technologies Inc B	233.000	411.7747	9	- 95,953	95,953	
11/21/2023 6745049802	Issue: 91282CGV7 - U S Treasury Nt 3.750% 4/15/26 B	2,190,000.000	.9783		- 2,142,436	2,142,436	
11/21/2023 6745049802	Issue: 91282CEH0 - U S Treasury Nt 2.625% 4/15/25 B	4,120,000.000	.9671		- 3,984,652	3,984,652	
11/21/2023 6745049802	Issue: 9128285J5 - U S Treasury Nt 3.000% 10/31/25 B	4,130,000.000	.9657		- 3,988,193	3,988,193	

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11/21/2023 6745049802	Issue: 912828V98 - U S Treasury Nt B	2.250% 2/15/27 4,260,000.000	.9314		- 3,967,957	3,967,957	
11/21/2023 6745049802	Issue: 91282CEN7 - U S Treasury Nt B	2.750% 4/30/27 4,220,000.000	.9438		- 3,982,955	3,982,955	
11/21/2023 6745049802	Issue: 91282CBZ3 - U S Treasury Nt B	1.250% 4/30/28 2,470,000.000	.8719		- 2,153,531	2,153,531	
11/21/2023 6745049802	Issue: 91282CFU0 - U S Treasury Nt B	4.125% 10/31/27 2,180,000.000	.9868		- 2,151,132	2,151,132	
11/21/2023 6745049802	Issue: 91282CDG3 - U S Treasury Nt B	1.125% 10/31/26 4,410,000.000	.9055		- 3,993,462	3,993,462	
11/21/2023 6745049802	Issue: 91282CGA3 - U S Treasury Nt B	4.000% 12/15/25 3,990,000.000	.9838		- 3,925,163	3,925,163	
11/21/2023 6745049802	Issue: 91282CHU8 - U S Treasury Nt B	4.375% 8/15/26 3,970,000.000	.9929		- 3,941,776	3,941,776	
11/21/2023 6745049802	Issue: 91282CDF5 - U S Treasury Nt B	1.375% 10/31/28 2,490,000.000	.8650		- 2,153,850	2,153,850	
11/21/2023 6745049802	Issue: 9128282R0 - U S Treasury Nt B	2.250% 8/15/27 2,320,000.000	.9232		- 2,141,741	2,141,741	
11/21/2023 6745049802	Issue: 91282CGC9 - U S Treasury Nt B	3.875% 12/31/27 4,020,000.000	.9773		- 3,928,765	3,928,765	
11/21/2023 6745049802	Issue: 91282CEU1 - U S Treasury Nt B	2.875% 6/15/25 4,070,000.000	.9678		- 3,938,838	3,938,838	

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11/21/2023 6745049802	Issue: 9128283W8 - U S Treasury Nt B	2.750% 2/15/28 4,240,000.000	.9340		- 3,960,259	3,960,259	
11/21/2023 6745049802	Issue: 912828ZV5 - U S Treasury Nt B	0.500% 6/30/27 2,480,000.000	.8675		- 2,151,497	2,151,497	
11/21/2023 6745049802	Issue: 91282CHH7 - U S Treasury Nt B	4.125% 6/15/26 2,330,000.000	.9866		- 2,298,782	2,298,782	
11/21/2023 6745049802	Issue: 91282CCH2 - U S Treasury Nt B	1.250% 6/30/28 4,570,000.000	.8679		- 3,966,082	3,966,082	
11/21/2023 6745049802	Issue: 912828K74 - U S Treasury Nt B	2.000% 8/15/25 2,250,000.000	.9515		- 2,140,928	2,140,928	
11/21/2023 6745049802	Issue: 91282CGL9 - U S Treasury Nt B	4.000% 2/15/26 4,020,000.000	.9839		- 3,955,146	3,955,146	
11/27/2023 6745049802	Issue: 06051GJG5 - Bk Of America Mtn B	0.981% 9/25/25 1,920,000.000	.9564		- 1,836,269	1,836,269	
02/08/2024 6745049801	Issue: 89151E109 - Totalenergies SE A D R B	5,168.000	63.7794	207	- 330,808	330,808	
02/09/2024 6745049801	Issue: 89151E109 - Totalenergies SE A D R B	7,350.000	64.2362	294	- 473,846	473,846	
02/12/2024 6745049801	Issue: 89151E109 - Totalenergies SE A D R B	6,068.000	64.5268	243	- 392,966	392,966	
02/13/2024 6745049801	Issue: 89151E109 - Totalenergies SE A D R B	7,236.000	64.5129	289	- 468,505	468,505	

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02/14/2024	Issue: 89151E109 - Totalenergies SE A D R B	10,389.000	64.8869	208	- 676,340	676,340	
04/19/2024	Issue: 030420103 - American Water Works Co Inc B	1,013.000	118.6015	20	- 120,164	120,164	
04/22/2024	Issue: 030420103 - American Water Works Co Inc B	851.000	119.3276	17	- 101,565	101,565	
04/23/2024	Issue: 030420103 - American Water Works Co Inc B	848.000	119.9762	17	- 101,757	101,757	
04/24/2024	Issue: 030420103 - American Water Works Co Inc B	856.000	121.4185	17	- 103,951	103,951	
Total For Goldman Sachs & Co. LLC				2,419	74,416,035	74,055,988	360,048
GRAND TOTAL				2,419	74,416,035	74,055,988	360,048

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

07/03/2023	Issue: 31846V450 - First Am US Treas Mm Cl Z B	6,611.930	1.0000		- 6,612	6,612	
07/05/2023	B	609,027.190	1.0000		- 609,027	609,027	
07/05/2023	B	16.330	1.0000		- 16	16	
07/10/2023	B	10,150.570	1.0000		- 10,151	10,151	

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07/13/2023 6745049801	B	20,420.590	1.0000		- 20,421	20,421	
07/14/2023 6745049801	B	6,301.100	1.0000		- 6,301	6,301	
07/17/2023 6745049801	B	3,341.270	1.0000		- 3,341	3,341	
07/17/2023 6745049802	B	1,344.760	1.0000		- 1,345	1,345	
07/18/2023 6745049809	B	523,255.000	1.0000		- 523,255	523,255	
07/20/2023 6745049801	B	19,159.170	1.0000		- 19,159	19,159	
07/20/2023 6745049802	B	465.060	1.0000		- 465	465	
07/21/2023 6745049801	B	38,122.630	1.0000		- 38,123	38,123	
07/24/2023 6745049801	B	105,054.580	1.0000		- 105,055	105,055	
07/25/2023 6745049801	B	24,629.130	1.0000		- 24,629	24,629	
07/26/2023 6745049801	B	32,119.240	1.0000		- 32,119	32,119	
07/27/2023 6745049801	B	14,640.160	1.0000		- 14,640	14,640	
07/28/2023 6745049801	B	74,232.100	1.0000		- 74,232	74,232	
07/31/2023 6745049801	B	46,333.160	1.0000		- 46,333	46,333	

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08/01/2023 6745049801	B	55,419.670	1.0000		- 55,420	55,420	
08/02/2023 6745049800	B	652,726.200	1.0000		- 652,726	652,726	
08/02/2023 6745049802	B	23.080	1.0000		- 23	23	
08/02/2023 6745049809	B	1,016.730	1.0000		- 1,017	1,017	
08/03/2023 6745049801	B	11,925.870	1.0000		- 11,926	11,926	
08/07/2023 6745049801	B	15,504.820	1.0000		- 15,505	15,505	
08/15/2023 6745049800	B	4,000,000.000	1.0000		- 4,000,000	4,000,000	
08/15/2023 6745049802	B	697.680	1.0000		- 698	698	
08/16/2023 6745049800	B	4,000,000.000	1.0000		- 4,000,000	4,000,000	
08/16/2023 6745049801	B	9,637.410	1.0000		- 9,637	9,637	
08/17/2023 6745049800	B	4,000,000.000	1.0000		- 4,000,000	4,000,000	
08/17/2023 6745049801	B	30,784.070	1.0000		- 30,784	30,784	
08/18/2023 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
08/18/2023 6745049801	B	18,919.610	1.0000		- 18,920	18,920	

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08/21/2023 6745049802	B	137.290	1.0000		- 137	137	
08/22/2023 6745049801	B	39,342.490	1.0000		- 39,342	39,342	
08/24/2023 6745049801	B	7,138.390	1.0000		- 7,138	7,138	
08/25/2023 6745049801	B	25,426.650	1.0000		- 25,427	25,427	
08/28/2023 6745049801	B	12,389.690	1.0000		- 12,390	12,390	
08/29/2023 6745049801	B	28,366.270	1.0000		- 28,366	28,366	
08/30/2023 6745049801	B	3,641.930	1.0000		- 3,642	3,642	
08/31/2023 6745049801	B	116,055.940	1.0000		- 116,056	116,056	
09/01/2023 6745049801	B	13,858.390	1.0000		- 13,858	13,858	
09/05/2023 6745049800	B	704,834.830	1.0000		- 704,835	704,835	
09/05/2023 6745049801	B	28,627.830	1.0000		- 28,628	28,628	
09/05/2023 6745049802	B	30.000	1.0000		- 30	30	
09/05/2023 6745049809	B	2,298.170	1.0000		- 2,298	2,298	
09/06/2023 6745049801	B	152,887.540	1.0000		- 152,888	152,888	

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09/07/2023 6745049801	B	196,386.350	1.0000		- 196,386	196,386	
09/08/2023 6745049801	B	266,903.760	1.0000		- 266,904	266,904	
09/11/2023 6745049801	B	138,879.680	1.0000		- 138,880	138,880	
09/12/2023 6745049801	B	109,545.810	1.0000		- 109,546	109,546	
09/14/2023 6745049801	B	20,286.910	1.0000		- 20,287	20,287	
09/15/2023 6745049802	B	832.390	1.0000		- 832	832	
09/20/2023 6745049802	B	137.340	1.0000		- 137	137	
09/29/2023 6745049801	B	34,811.100	1.0000		- 34,811	34,811	
10/02/2023 6745049801	B	21,804.000	1.0000		- 21,804	21,804	
10/03/2023 6745049800	B	717,446.940	1.0000		- 717,447	717,447	
10/03/2023 6745049801	B	16,654.860	1.0000		- 16,655	16,655	
10/03/2023 6745049802	B	33.150	1.0000		- 33	33	
10/03/2023 6745049809	B	2,245.860	1.0000		- 2,246	2,246	
10/06/2023 6745049801	B	19,712.920	1.0000		- 19,713	19,713	

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10/13/2023 6745049801	B	14,051.500	1.0000		- 14,052	14,052	
10/16/2023 6745049801	B	56,041.000	1.0000		- 56,041	56,041	
10/16/2023 6745049802	B	1,497.560	1.0000		- 1,498	1,498	
10/20/2023 6745049801	B	21,219.640	1.0000		- 21,220	21,220	
10/20/2023 6745049802	B	137.390	1.0000		- 137	137	
10/26/2023 6745049801	B	11,513.250	1.0000		- 11,513	11,513	
10/27/2023 6745049801	B	17,392.500	1.0000		- 17,393	17,393	
10/31/2023 6745049801	B	13,156.000	1.0000		- 13,156	13,156	
11/02/2023 6745049800	B	746,802.270	1.0000		- 746,802	746,802	
11/02/2023 6745049801	B	15,757.610	1.0000		- 15,758	15,758	
11/02/2023 6745049802	B	40.380	1.0000		- 40	40	
11/02/2023 6745049809	B	2,344.810	1.0000		- 2,345	2,345	
11/06/2023 6745049801	B	42,205.800	1.0000		- 42,206	42,206	
11/10/2023 6745049801	B	13,596.000	1.0000		- 13,596	13,596	

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11/15/2023 6745049801	B	17,591.090	1.0000		- 17,591	17,591	
11/15/2023 6745049802	B	1,098.410	1.0000		- 1,098	1,098	
11/17/2023 6745049801	B	21,550.940	1.0000		- 21,551	21,551	
11/20/2023 6745049802	B	92,000,137.450	1.0000		- 92,000,137 *	92,000,137	
11/24/2023 6745049801	B	13,500.000	1.0000		- 13,500	13,500	
11/27/2023 6745049801	B	7,210.260	1.0000		- 7,210	7,210	
11/29/2023 6745049800	B	133,000.000	1.0000		- 133,000	133,000	
11/30/2023 6745049801	B	18,540.000	1.0000		- 18,540	18,540	
12/01/2023 6745049801	B	53,673.000	1.0000		- 53,673	53,673	
12/01/2023 6745049802	B	92,027.500	1.0000		- 92,028	92,028	
12/04/2023 6745049800	B	582,617.630	1.0000		- 582,618	582,618	
12/04/2023 6745049801	B	16,025.850	1.0000		- 16,026	16,026	
12/04/2023 6745049802	B	39,340.200	1.0000		- 39,340	39,340	
12/04/2023 6745049809	B	2,285.540	1.0000		- 2,286	2,286	

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12/06/2023 6745049801	B	17,647.800	1.0000		- 17,648	17,648	
12/08/2023 6745049801	B	26,199.000	1.0000		- 26,199	26,199	
12/11/2023 6745049801	B	19,561.500	1.0000		- 19,562	19,562	
12/12/2023 6745049801	B	6,941.840	1.0000		- 6,942	6,942	
12/13/2023 6745049803	B	4,794.000	1.0000		- 4,794	4,794	
12/14/2023 6745049801	B	29,739.250	1.0000		- 29,739	29,739	
12/15/2023 6745049801	B	48,548.000	1.0000		- 48,548	48,548	
12/15/2023 6745049801	B	26,182.160	1.0000		- 26,182	26,182	
12/15/2023 6745049802	B	187,176.370	1.0000		- 187,176	187,176	
12/18/2023 6745049801	B	6,489.180	1.0000		- 6,489	6,489	
12/19/2023 6745049801	B	7,821.000	1.0000		- 7,821	7,821	
12/21/2023 6745049802	B	137.490	1.0000		- 137	137	
12/29/2023 6745049801	B	34,811.100	1.0000		- 34,811	34,811	
01/02/2024 6745049802	B	150,275.000	1.0000		- 150,275	150,275	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/03/2024 6745049800	B	343,048.050	1.0000		- 343,048	343,048	
01/03/2024 6745049801	B	17,598.220	1.0000		- 17,598	17,598	
01/03/2024 6745049802	B	2,033.280	1.0000		- 2,033	2,033	
01/03/2024 6745049803	B	12.990	1.0000		- 13	13	
01/03/2024 6745049809	B	2,358.640	1.0000		- 2,359	2,359	
01/08/2024 6745049801	B	20,793.080	1.0000		- 20,793	20,793	
01/12/2024 6745049801	B	14,051.500	1.0000		- 14,052	14,052	
01/16/2024 6745049801	B	57,263.000	1.0000		- 57,263	57,263	
01/16/2024 6745049802	B	892.930	1.0000		- 893	893	
01/22/2024 6745049801	B	21,219.640	1.0000		- 21,220	21,220	
01/22/2024 6745049802	B	137.530	1.0000		- 138	138	
01/26/2024 6745049801	B	17,047.210	1.0000		- 17,047	17,047	
01/31/2024 6745049801	B	13,538.500	1.0000		- 13,539	13,539	
02/01/2024 6745049802	B	47,039.600	1.0000		- 47,040	47,040	

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02/02/2024 6745049800	B	339,129.990	1.0000		- 339,130	339,130	
02/02/2024 6745049801	B	18,318.210	1.0000		- 18,318	18,318	
02/02/2024 6745049802	B	3,060.820	1.0000		- 3,061	3,061	
02/02/2024 6745049803	B	21.140	1.0000		- 21	21	
02/02/2024 6745049809	B	2,355.820	1.0000		- 2,356	2,356	
02/05/2024 6745049801	B	22,165.000	1.0000		- 22,165	22,165	
02/07/2024 6745049801	B	15,351.000	1.0000		- 15,351	15,351	
02/12/2024 6745049801	B	519,479.160	1.0000		- 519,479	519,479	
02/14/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
02/14/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
02/20/2024 6745049801	B	92,904.530	1.0000		- 92,905	92,905	
02/20/2024 6745049802	B	87.290	1.0000		- 87	87	
02/20/2024 6745049802	B	510.300	1.0000		- 510	510	
02/21/2024 6745049801	B	1,104,147.900	1.0000		- 1,104,148	1,104,148	

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02/28/2024 6745049800	B	974.330	1.0000		- 974	974	
03/04/2024 6745049800	B	325,418.390	1.0000		- 325,418	325,418	
03/04/2024 6745049801	B	18,907.130	1.0000		- 18,907	18,907	
03/04/2024 6745049802	B	2,420.040	1.0000		- 2,420	2,420	
03/04/2024 6745049803	B	19.810	1.0000		- 20	20	
03/04/2024 6745049809	B	2,207.840	1.0000		- 2,208	2,208	
03/11/2024 6745049801	B	19,561.500	1.0000		- 19,562	19,562	
03/14/2024 6745049801	B	11,579.250	1.0000		- 11,579	11,579	
03/15/2024 6745049801	B	41,648.000	1.0000		- 41,648	41,648	
03/15/2024 6745049802	B	12,041.630	1.0000		- 12,042	12,042	
03/20/2024 6745049801	B	8,532.000	1.0000		- 8,532	8,532	
03/20/2024 6745049802	B	87.360	1.0000		- 87	87	
03/21/2024 6745049801	B	18,160.000	1.0000		- 18,160	18,160	
03/21/2024 6745049802	B	41,341.950	1.0000		- 41,342	41,342	

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03/25/2024 6745049801	B	6,813.450	1.0000		- 6,813	6,813	
03/26/2024 6745049802	B	36,425.000	1.0000		- 36,425	36,425	
03/28/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
03/28/2024 6745049801	B	56,999.700	1.0000		- 57,000	57,000	
04/01/2024 6745049800	B	4,000,000.000	1.0000		- 4,000,000	4,000,000	
04/01/2024 6745049801	B	22,989.000	1.0000		- 22,989	22,989	
04/02/2024 6745049800	B	356,913.510	1.0000		- 356,914	356,914	
04/02/2024 6745049801	B	13,754.060	1.0000		- 13,754	13,754	
04/02/2024 6745049802	B	1,598.820	1.0000		- 1,599	1,599	
04/02/2024 6745049803	B	21.220	1.0000		- 21	21	
04/02/2024 6745049809	B	2,365.370	1.0000		- 2,365	2,365	
04/03/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
04/04/2024 6745049801	B	45,181.390	1.0000		- 45,181	45,181	
04/05/2024 6745049801	B	124,867.520	1.0000		- 124,868	124,868	

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04/09/2024 6745049801	B	118,403.060	1.0000		- 118,403	118,403	
04/10/2024 6745049801	B	42,099.320	1.0000		- 42,099	42,099	
04/11/2024 6745049801	B	75,358.280	1.0000		- 75,358	75,358	
04/12/2024 6745049801	B	15,594.000	1.0000		- 15,594	15,594	
04/15/2024 6745049802	B	96,163.250	1.0000		- 96,163	96,163	
04/16/2024 6745049801	B	774.390	1.0000		- 774	774	
04/18/2024 6745049802	B	56,349.200	1.0000		- 56,349	56,349	
04/19/2024 6745049801	B	67,285.340	1.0000		- 67,285	67,285	
04/22/2024 6745049802	B	87.390	1.0000		- 87	87	
04/30/2024 6745049801	B	13,538.500	1.0000		- 13,539	13,539	
04/30/2024 6745049802	B	222,300.000	1.0000		- 222,300	222,300	
05/01/2024 6745049802	B	34,692.000	1.0000		- 34,692	34,692	
05/02/2024 6745049800	B	376,522.630	1.0000		- 376,523	376,523	
05/02/2024 6745049801	B	11,658.290	1.0000		- 11,658	11,658	

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05/02/2024 6745049802	B	460.080	1.0000		- 460	460	
05/02/2024 6745049803	B	7.540	1.0000		- 8	8	
05/02/2024 6745049809	B	840.680	1.0000		- 841	841	
05/06/2024 6745049801	B	42,957.330	1.0000		- 42,957	42,957	
05/08/2024 6745049801	B	28,664.300	1.0000		- 28,664	28,664	
05/10/2024 6745049801	B	14,626.000	1.0000		- 14,626	14,626	
05/15/2024 6745049801	B	50,769.580	1.0000		- 50,770	50,770	
05/15/2024 6745049802	B	983.180	1.0000		- 983	983	
05/16/2024 6745049801	B	109,927.500	1.0000		- 109,928	109,928	
05/16/2024 6745049801	B	5,515.290	1.0000		- 5,515	5,515	
05/17/2024 6745049801	B	190,951.570	1.0000		- 190,952	190,952	
05/20/2024 6745049801	B	84,550.080	1.0000		- 84,550	84,550	
05/20/2024 6745049802	B	87.410	1.0000		- 87	87	
05/21/2024 6745049801	B	22,417.430	1.0000		- 22,417	22,417	

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05/23/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
05/23/2024 6745049800	B	1,058,141.000	1.0000		- 1,058,141	1,058,141	
05/24/2024 6745049801	B	13,500.000	1.0000		- 13,500	13,500	
05/28/2024 6745049801	B	8,089.560	1.0000		- 8,090	8,090	
05/30/2024 6745049801	B	22,188.600	1.0000		- 22,189	22,189	
06/03/2024 6745049801	B	16,654.050	1.0000		- 16,654	16,654	
06/03/2024 6745049802	B	92,027.500	1.0000		- 92,028	92,028	
06/04/2024 6745049800	B	390,725.130	1.0000		- 390,725	390,725	
06/04/2024 6745049801	B	11,351.840	1.0000		- 11,352	11,352	
06/04/2024 6745049802	B	1,404.970	1.0000		- 1,405	1,405	
06/04/2024 6745049803	B	.030	1.0000				
06/04/2024 6745049809	B	3.570	1.0000		- 4	4	
06/05/2024 6745049801	B	18,170.400	1.0000		- 18,170	18,170	
06/07/2024 6745049801	B	60,183.000	1.0000		- 60,183	60,183	

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06/10/2024 6745049801	B	19,561.500	1.0000		- 19,562	19,562	
06/11/2024 6745049801	B	72,831.720	1.0000		- 72,832	72,832	
06/13/2024 6745049801	B	11,579.250	1.0000		- 11,579	11,579	
06/14/2024 6745049801	B	15,272.000	1.0000		- 15,272	15,272	
06/17/2024 6745049801	B	8,835.190	1.0000		- 8,835	8,835	
06/17/2024 6745049802	B	187,402.210	1.0000		- 187,402	187,402	
06/17/2024 6745049802	B	5.450	1.0000		- 5	5	
06/18/2024 6745049801	B	18,285.450	1.0000		- 18,285	18,285	
06/20/2024 6745049801	B	49,016.040	1.0000		- 49,016	49,016	
06/20/2024 6745049802	B	87.460	1.0000		- 87	87	
06/21/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
06/21/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
06/27/2024 6745049801	B	8,532.000	1.0000		- 8,532	8,532	
06/28/2024 6745049801	B	6,171.600	1.0000		- 6,172	6,172	

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Total For Buys				0	139,152,271	139,152,271	0
07/05/2023 6745049801	S	- 49,053.670	1.0000		49,054	49,054	
07/06/2023 6745049801	S	- 4,889.150	1.0000		4,889	4,889	
07/07/2023 6745049801	S	- 55,932.820	1.0000		55,933	55,933	
07/11/2023 6745049801	S	- 40,035.260	1.0000		40,035	40,035	
07/12/2023 6745049801	S	- 46,633.200	1.0000		46,633	46,633	
07/13/2023 6745049801	S	- 56,624.780	1.0000		56,625	56,625	
07/18/2023 6745049801	S	- 9,045.900	1.0000		9,046	9,046	
07/19/2023 6745049800	S	- 224,431.000	1.0000		224,431	224,431	
07/19/2023 6745049801	S	- 77,969.800	1.0000		77,970	77,970	
07/26/2023 6745049800	S	- 5,183.500	1.0000		5,184	5,184	
08/02/2023 6745049801	S	- 40,894.380	1.0000		40,894	40,894	
08/04/2023 6745049801	S	- 46,614.840	1.0000		46,615	46,615	
08/08/2023 6745049801	S	- 9,595.670	1.0000		9,596	9,596	

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08/09/2023 6745049801	S	- 3,990.920	1.0000		3,991	3,991	
08/10/2023 6745049801	S	- 2,045.360	1.0000		2,045	2,045	
08/11/2023 6745049801	S	- 28,032.920	1.0000		28,033	28,033	
08/14/2023 6745049801	S	- 22,232.270	1.0000		22,232	22,232	
08/15/2023 6745049801	S	- 5,569.280	1.0000		5,569	5,569	
08/21/2023 6745049801	S	- 13,325.480	1.0000		13,325	13,325	
08/22/2023 6745049800	S	- 135,654.550	1.0000		135,655	135,655	
08/23/2023 6745049801	S	- 7,106.150	1.0000		7,106	7,106	
08/28/2023 6745049800	S	- 5,248.750	1.0000		5,249	5,249	
09/13/2023 6745049801	S	- 28,601.660	1.0000		28,602	28,602	
09/15/2023 6745049801	S	- 48,024.990	1.0000		48,025	48,025	
09/18/2023 6745049801	S	- 57,370.120	1.0000		57,370	57,370	
09/19/2023 6745049801	S	- 95,343.080	1.0000		95,343	95,343	
09/20/2023 6745049801	S	- 68,481.170	1.0000		68,481	68,481	

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09/21/2023 6745049801	S	- 103,521.800	1.0000		103,522	103,522	
09/22/2023 6745049801	S	- 57,863.730	1.0000		57,864	57,864	
09/25/2023 6745049801	S	- 199,931.680	1.0000		199,932	199,932	
09/26/2023 6745049800	S	- 5,324.950	1.0000		5,325	5,325	
09/26/2023 6745049801	S	- 134,095.310	1.0000		134,095	134,095	
09/27/2023 6745049800	S	- 575,581.000	1.0000		575,581	575,581	
09/27/2023 6745049801	S	- 98,943.410	1.0000		98,943	98,943	
09/28/2023 6745049801	S	- 88,131.830	1.0000		88,132	88,132	
10/26/2023 6745049800	S	- 5,393.510	1.0000		5,394	5,394	
11/20/2023 6745049800	S	- 92,000,000.000	1.0000		92,000,000 *	92,000,000	
11/22/2023 6745049802	S	- 69,645,522.900	1.0000		69,645,523 *	69,645,523	
11/24/2023 6745049802	S	- 13,412,524.160	1.0000		13,412,524	13,412,524	
11/28/2023 6745049800	S	- 5,336.040	1.0000		5,336	5,336	
11/28/2023 6745049800	S	- 265,295.740	1.0000		265,296	265,296	

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11/29/2023 6745049802	S	- 8,723,682.940	1.0000		8,723,683	8,723,683	
12/27/2023 6745049800	S	- 5,482.220	1.0000		5,482	5,482	
01/10/2024 6745049800	S	- 1,151,161.000	1.0000		1,151,161	1,151,161	
01/29/2024 6745049800	S	- 5,546.770	1.0000		5,547	5,547	
02/09/2024 6745049801	S	- 126,760.790	1.0000		126,761	126,761	
02/13/2024 6745049801	S	- 12,955.770	1.0000		12,956	12,956	
02/14/2024 6745049801	S	- 47,503.230	1.0000		47,503	47,503	
02/15/2024 6745049801	S	- 123,611.280	1.0000		123,611	123,611	
02/15/2024 6745049802	S	- 312,796.210	1.0000		312,796	312,796	
02/16/2024 6745049801	S	- 83,407.880	1.0000		83,408	83,408	
02/22/2024 6745049801	S	- 285,102.210	1.0000		285,102	285,102	
02/23/2024 6745049801	S	- 189,802.470	1.0000		189,802	189,802	
02/26/2024 6745049800	S	- 5,602.140	1.0000		5,602	5,602	
02/26/2024 6745049801	S	- 71,659.410	1.0000		71,659	71,659	

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02/27/2024 6745049800	S	- 173,000.000	1.0000		173,000	173,000	
02/27/2024 6745049801	S	- 46,737.290	1.0000		46,737	46,737	
02/28/2024 6745049801	S	- 168,732.200	1.0000		168,732	168,732	
02/29/2024 6745049801	S	- 76,992.410	1.0000		76,992	76,992	
03/01/2024 6745049801	S	- 30,484.130	1.0000		30,484	30,484	
03/05/2024 6745049801	S	- 57,008.340	1.0000		57,008	57,008	
03/06/2024 6745049801	S	- 202,968.850	1.0000		202,969	202,969	
03/07/2024 6745049801	S	- 1,720,179.740	1.0000		1,720,180	1,720,180	
03/08/2024 6745049801	S	- 108,229.270	1.0000		108,229	108,229	
03/25/2024 6745049802	S	- 463,816.950	1.0000		463,817	463,817	
03/26/2024 6745049800	S	- 5,638.720	1.0000		5,639	5,639	
04/08/2024 6745049801	S	- 10,594.500	1.0000		10,595	10,595	
04/12/2024 6745049800	S	- 429,426.300	1.0000		429,426	429,426	
04/12/2024 6745049801	S	- 407,410.970	1.0000		407,411	407,411	

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
ACCOUNT 6745049899

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Period from July 1, 2023 to June 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/12/2024 6745049802	S	- 69,480.760	1.0000		69,481	69,481	
04/12/2024 6745049803	S	- 4,869.160	1.0000		4,869	4,869	
04/12/2024 6745049809	S	- 542,733.780	1.0000		542,734	542,734	
04/15/2024 6745049801	S	- 103,861.690	1.0000		103,862	103,862	
04/17/2024 6745049801	S	- 37,777.000	1.0000		37,777	37,777	
04/18/2024 6745049801	S	- 97,768.570	1.0000		97,769	97,769	
04/22/2024 6745049801	S	- 26,485.800	1.0000		26,486	26,486	
04/23/2024 6745049801	S	- 120,163.580	1.0000		120,164	120,164	
04/24/2024 6745049801	S	- 101,564.810	1.0000		101,565	101,565	
04/25/2024 6745049800	S	- 1,360,000.000	1.0000		1,360,000	1,360,000	
04/25/2024 6745049801	S	- 101,756.780	1.0000		101,757	101,757	
04/26/2024 6745049800	S	- 5,770.450	1.0000		5,770	5,770	
04/26/2024 6745049801	S	- 100,508.860	1.0000		100,509	100,509	
05/20/2024 6745049800	S	- 209,879.320	1.0000		209,879	209,879	

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
ACCOUNT 6745049899

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Period from July 1, 2023 to June 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/23/2024 6745049802	S	- 311,433.330	1.0000		311,433	311,433	
05/28/2024 6745049800	S	- 5,772.070	1.0000		5,772	5,772	
06/25/2024 6745049801	S	- 29,721.040	1.0000		29,721	29,721	
06/26/2024 6745049800	S	- 5,843.600	1.0000		5,844	5,844	
Total For Sells				0	196,067,082	196,067,082	0
Total First Am US Treas Mm Cl Z				0	335,219,353	335,219,353	0
GRAND TOTAL				0	335,219,353	335,219,353	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

EIN 95-3846186

Plan No. 501

Plan Year Ended June 30, 2024

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

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

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

EIN 95-3846186

Plan No. 501

Plan Year Ended June 30, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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			
1a Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN		1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan	10/16/1966
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF 3460 FLETCHER AVENUE EL MONTE CA 91731		2b Employer Identification Number (EIN) 95-3846186	
		2c Plan Sponsor's telephone number (310) 639-1014	
		2d Business code (see instructions) 624200	

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		04/15/2025	TONY CARCIOPPOLO
	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

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5,177
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2,918 6a(2) 2,982 6b 2,356 6c 0 6d 5,338 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3

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

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

4A 4B 4D 4E 4F 4L 4Q

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 3
- (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 _____

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

EIN 95-3846186

Plan No. 501

Plan Year Ended June 30, 2024

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

Schedule of Assets (Held at Year End)

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