

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE LODGE 28 HEALTH AND WELFARE ASSOCIATION</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>F.O.P. LOWER MERION POLICE LODGE #28</u></p> <p><u>420 ADAIR ROAD</u> <u>HOLMES, PA 19043</u></p>	<p>1c Effective date of plan <u>07/08/1987</u></p> <p>2b Employer Identification Number (EIN) <u>23-7178445</u></p> <p>2c Plan Sponsor's telephone number <u>610-247-7770</u></p> <p>2d Business code (see instructions) <u>812990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	ALEX HALSTEAD
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	246
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)	124
	6a(2)	124
	6b	128
	6c	
	6d	252
	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	

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:
4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE LODGE 28 HEALTH AND WELFARE ASSOCIATION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 F.O.P. LOWER MERION POLICE LODGE #28	D Employer Identification Number (EIN) 23-7178445	

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

THE VANGUARD GROUP

23-1945930

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

INVESCO ADVISERS INC

58-1707262

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

BLACKROCK ADVISORS LLC

23-2784752

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

ADVISORS PREFERRED LLC

36-4702719

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

VAN ECK ASSOCIATES CORPORATION

13-3210061

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

DONOGHUE FORLINES LLC

81-3873851

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

GLOBAL X MANAGEMENT COMPANY LLC

22-3978238

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

WISDOMTREE ASSET MANAGEMENT INC

13-3487784

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

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

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

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)

NOVAK FRANCELLA LLC

61-1436956

(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	20588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB

94-1737782

(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	7557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DUDA ACTUARIAL CONSULTING, INC.

20-2125805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 11	NONE	5500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE LODGE 28 HEALTH AND WELFARE ASSOCIATION	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 F.O.P. LOWER MERION POLICE LODGE #28	D Employer Identification Number (EIN) 23-7178445

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	57137	58856
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	56484	57402
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		13
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	153600	156423
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	224034	256748
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1289897	1360768
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1781152	1890210
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	20425	20968
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20425	20968
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1760727	1869242

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)	149533	
(B) Participants.....	2a(1)(B)		
(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)		149533
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4832	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4832
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	10431	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	67750	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		78181
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	295395	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	280268	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		15127
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2058	
(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)		25296
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		270911

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	122242	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		122242
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20588	
(5) Investment advisory and investment management fees	2i(5)	8294	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	5500	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3801	
(11) Other expenses.....	2i(11)	1971	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		40154
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		162396

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		108515
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

THE LODGE 28
HEALTH AND WELFARE ASSOCIATION

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8
Supplemental Information	
Schedule of Assets Held at End of Year	13

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
The Lodge 28 Health and Welfare Association

Opinion

We have audited the financial statements of The Lodge 28 Health and Welfare Association (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of The Lodge 28 Health and Welfare Association as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Lodge 28 Health and Welfare Association and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Lodge 28 Health and Welfare Association'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 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 Lodge 28 Health and Welfare Association'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 Lodge 28 Health and Welfare Association'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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year referred to as “supplemental information,” is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year represents supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 19, 2025

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	\$ 1,161,684	\$ 1,087,989
Exchange traded funds	199,084	201,908
Common stock	256,748	224,034
Money market funds	91,409	87,176
Certificate of deposit	12,097	11,659
Total investments	1,721,022	1,612,766
RECEIVABLES		
Employer contributions	57,402	56,484
Accounts receivable	13	-
Total receivables	57,415	56,484
CASH		
Total assets	1,890,210	1,781,152
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	20,968	20,425
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,869,242	\$ 1,760,727

See accompanying notes to financial statements.

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 38,365	\$ 47,044
Interest	458	212
Dividends	82,555	62,301
	121,378	109,557
Less investment expenses	(8,294)	(8,253)
Investment (loss) income - net	113,084	101,304
Contributions from F.O.P. Lodge 28	149,533	155,835
Total additions	262,617	257,139
DEDUCTIONS		
Benefits paid for participants	122,242	110,737
Administrative expenses	31,860	30,437
	154,102	141,174
Total deductions	154,102	141,174
NET INCREASE	108,515	115,965
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	1,760,727	1,644,762
End of year	\$ 1,869,242	\$ 1,760,727

See accompanying notes to financial statements.

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	\$ 2,002,604	\$ 1,886,652
Other participants fully eligible for benefits	328,060	385,767
Other participants not yet fully eligible for benefits	<u>254,036</u>	<u>247,092</u>
 TOTAL BENEFIT OBLIGATIONS	 <u><u>\$ 2,584,700</u></u>	 <u><u>\$ 2,519,511</u></u>

See accompanying notes to financial statements.

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	\$ 2,519,511	\$ 2,449,682
Increase (decrease) during the year attributable to changes in:		
Service cost	11,059	10,358
Interest cost	121,256	118,254
Assumption change	-	41,878
Unrecognized net (gain) loss	107,117	68,554
Expected benefit payments	(174,243)	(169,215)
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 2,584,700	\$ 2,519,511

See accompanying notes to financial statements.

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of The Lodge 28 Health and Welfare Association (the Plan) is provided for general information purposes only. The Plan provides health and welfare benefits for eligible retired members of the Lower Merion Lodge 28, Fraternal Order of Police, which represents police officers employed by the Township of Lower Merion and the Borough of Narberth. Participants should refer to the Summary Plan Description for more complete information.

The Plan was established by Constitution on July 8, 1987 by the Lower Merion Lodge 28, Fraternal Order of Police. The Plan is financed by voluntary contributions from the Lower Merion Lodge 28, Fraternal Order of Police.

The Plan provides monthly health and welfare benefits for its retired members. The benefit limit per retiree was \$105 per month per retiree for each of the years ended December 31, 2024 and 2023.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Investment Recognition - Investments in mutual funds, exchange traded funds, and common stock are carried at fair value as provided by the investment manager based on the quoted market prices or net asset value of the fund as of the last business day of the year. Money market funds are carried at cost which approximates fair value. The certificate of deposit is carried at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions and Contributions Receivable - Contributions are accounted for as exchange transactions. Contributions due and not paid prior to the year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Benefit Obligations - Postretirement benefits were estimated by the Plan consultant.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Payment of Benefits - Benefit payments to participants are recorded when paid.

NOTE 3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 1,161,684	\$ 1,161,684	\$ -	\$ -
Exchange traded funds	199,084	199,084	-	-
Common stock	256,748	256,748	-	-
Money market funds	91,409	91,409	-	-
Certificate of deposit	12,097	12,097	-	-
	<u>\$ 1,721,022</u>	<u>\$ 1,721,022</u>	<u>\$ -</u>	<u>\$ -</u>

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 1,087,989	\$ 1,087,989	\$ -	\$ -
Exchange traded funds	201,908	201,908	-	-
Common stock	224,034	224,034	-	-
Money market funds	87,176	87,176	-	-
Certificate of deposit	11,659	11,659	-	-
	<u>\$ 1,612,766</u>	<u>\$ 1,612,766</u>	<u>\$ -</u>	<u>\$ -</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

For the years ended December 31, 2024 and 2023 there were no transfers in or out of levels 1, 2 or 3.

NOTE 4. PRIORITIES UPON TERMINATION

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

NOTE 5. TAX STATUS

The Plan obtained a determination letter dated June 18, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 501(c)(8) of the Internal Revenue Code and was, therefore, not subject to tax under present income tax laws. The Plan has been amended since receiving the determination letters. The Plan's administrator and counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan provides certain eligible participants with monthly health and welfare benefits who were eligible after July 8, 1987.

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants' service rendered to December 31 of each year end. Postretirement benefits are future benefits expected to be paid to or for (1) current retirees and (2) active participants after their retirement from service. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historic data to estimate future payments and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment. The postretirement benefit obligations as of December 31, 2024 and 2023 was \$105 per month per benefit level.

The following were significant assumptions used in the valuations as of December 31, 2024 and 2023:

Interest:	5% for 2024 and 5% for 2023.
Mortality:	2010 Public Safety Mortality Table with MP 2020 for 2024 and 2023.
Disabled:	SOA 1987 Group LTD Table.

NOTE 6. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Retirement: Age 53 with 25 years of service for Township of Lower Merion and Borough of Narberth officers.

The actuary's 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 postretirement benefit obligations.

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 8. RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds and exchange traded funds managed by Vanguard Investments, shares of common stock, mutual funds, and exchange traded funds managed by Charles Schwab and mutual funds managed by Flexible Plan Investments. Vanguard Investments, Charles Schwab and Flexible Plan Investments are the Trustees, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedule of Assets Held at End of Year.

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through, September 19, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**THE LODGE 28
HEALTH AND WELFARE ASSOCIATION**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 23-7178445

Plan No. 501

(a)	(b)	(c)			(d)	(e)
Borrower, Lessor or Similar Party	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Mutual funds:</u>				
	Advisors Pref. Quant. Eckhardt (QETCX)		3,429			\$ 34,602
	Advisors Pref. Trust Quant. Common (QCGDX)		364			\$ 5,636
	Advisors Pref. Trust Quant. Global (QGBLX)		360			3,668
	Advisors Pref. Trust Quant. Gov (QGITX)		425			2,876
	Advisors Pref. Trust Quant. Managed (QBDSX)		14,693			115,935
	Advisors Pref. Trust Quant. Market (QMLFX)		4,723			53,651
	Advisors Pref. Trust Quant. Rising (QRDTX)		3,571			33,997
	Advisors Pref. Trust Quant. Tactical (QFITX)		3,909			27,917
	Advisors Pref. Trust The Gold Bullion (QGLDX)		1,023			20,937
	Donohue Forlines Dividend (PWRIX)		1,935			102,690
	Donohue Forlines Risk Managed Income (FLOTX)		4,321			51,225
	Donohue Forlines Tactical Income (PWDIX)		874			8,043
*	Vanguard Emerging Markets Stock Index Adm		386			14,203
*	Vanguard Global Wellesley Inc Adm		4,133			111,383
*	Vanguard Health Care Fund Adm		1,598			122,850
*	Vanguard International Value Fund		2,259			84,885
*	Vanguard REIT Index Fund Adm		861			108,795
*	Vanguard Short-term Investment Fund		25,062			258,391
						<u>1,161,684</u>
						<u>1,434,376</u>
		<u>Exchange traded funds:</u>				
	Global X Funds GLBX Suprinc ETF (DIV)		755			13,620
	Invesco Exchange-Traded FD TR Var Rate (VRP)		526			12,734
	Invesco Exchnng Traded FD TR II (PCY)		327			6,473
	iShares INTL SEL DIV ETF (IDV)		576			15,783
	iShares Trust EAFE Value ETF (EFV)		163			8,538
	SPDR Bloomberg (BIL)		275			25,143
	SPDR Portfolio High (SPHY)		313			7,346
	SPDR Series Trust SPDR Blmbrg BRC (CWB)		72			5,600
	Vaneck Vectors ETF (BIZD)		874			14,536
	Vaneck Vectors ETF Trust (EMLC)		120			2,785
	Vanguard Energy Index (VDE)		47			5,678
	Vanguard Comm Svc ETF (VOX)		43			6,610
	Vanguard Consum DIS ETF (VCR)		18			6,834
	Vanguard Consumer Staples VI Index (VDC)		28			5,880
	Vanguard Financials Index (VFH)		56			6,673
	Vanguard Healthcare Index (VHT)		20			5,171
	Vanguard High Div Yld ETF (VYM)		62			7,920
	Vanguard Industrial Index (VIS)		24			6,208
	Vanguard Info Tech Index (VGT)		10			6,276
	Vanguard Materials Index (VAW)		29			5,375
	Vanguard Real Estate ETF (VNQ)		64			5,711

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Exchange traded funds (continued):</u>				
	Vanguard Short term bond fund (BSV)	0.34			\$ 26	\$ 26
	Vanguard Utilities Index (VPU)	41.00			5,443	6,645
	WisdomTree Trust US AI Enhanced Value Fund (AIVL)	108			10,391	11,519
	Total exchange traded funds				<u>187,828</u>	<u>199,084</u>
		<u>Common stock:</u>				
	AbbVie Inc (ABBV)	19			3,349	3,376
	Allison Transmission HLDGS Inc Com (ALSN)	1			50	93
	Ally Financial Inc (ALLY)	0.16			5	6
	Altria Group Inc (MO)	63			3,382	3,295
	American Tower New Corp (AMT)	18			3,329	3,301
	Ameriprise Financial Inc Com (AMP)	0.22			96	119
	Amgen Inc (AMGN)	11			3,522	2,867
	Ares Corp (ARES)	19			3,366	3,364
	AT&T (T)	146			3,304	3,324
	Bank of New York Mellon Co (BK)	43			3,341	3,304
	Best Buy Co Inc (BBY)	36			3,115	3,048
	Blackrock Muniyield Tlty FD (MQY)	489			5,962	5,631
	Blackstone Mortgage Trust (BXMT)	288			6,045	5,008
	Bristol-Myers Squibb Co. (BMY)	59			3,334	3,331
	Caterpillar Inc (CAT)	0.27			80	98
	Chevron Corp (CVX)	45			6,580	6,550
	Cisco Systems Inc (CSCO)	170			8,577	10,051
	Citigroup Inc (C)	48			3,353	3,379
	Citizens Financial Group (CFG)	78			3,384	3,413
	Coca-Cola Co (KO)	0.07			4	4
	Cognizant Technolo (CTSH)	0.18			14	14
	Comcast Corp (CMCSA)	88			3,358	3,303
	Conagra Brands (CAG)	123			3,325	3,413
	Constellation Energy Corp (CEG)	15			3,458	3,356
	Coterra Energy Inc (CTRA)	140			3,327	3,587
	CVS Health Corp (CVS)	75			3,350	3,367
	Darden Restaurants Inc (DRI)	0.43			74	79
	Discover Financial Services (DFS)	0.89			100	154
	eBay Inc (EBAY)	0.20			9	12
	Ellington Residential Mtg Reit (EARN)	636			3,952	4,209
	EOG Resources Inc (EOG)	0.60			72	73
	Exxon Mobil Corp (XOM)	32			3,220	3,450
	Fifth Third Bancorp (FITB)	79			3,392	3,340
	Forf Motor Credit (F)	338			3,350	3,346
	Genpact Limited (G)	0.15			5	6
	Gilead Sciences Inc (GILD)	55			4,193	5,042
	Haleon PLC (HLN)	564			4,639	5,378
	HP Inc (HPQ)	102			3,341	3,328
	Huntington Bancshares Inc (HBAN)	208			3,403	3,384
	Illinois Tool Works Inc (ITW)	0.91			220	232
	International Bus Mach Corp (IBM)	23			3,851	5,142
	Iron Mountain Inc (IRM)	47			3,345	4,989
	Johnson & Johnson (JNJ)	0.89			139	128
	Kinder Morgan Inc Del (KMI)	126			3,381	3,452
	Kyndryl Hldgs Inc (KD)	4			83	138
	Lamar Advertising CO (LAMR)	0.38			45	46
	Leggett & Platt Inc	0.03			1	1
	LyondellBasell Industries N V (LYB)	0.74			71	55

(a)	(b) Identity of Issuer, 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	
		Type	Shares/ Principal	Interest Rate			Maturity Date
			<u>Common stock (continued):</u>				
	Medtronic Plc (MDT)		41		\$ 3,326	\$ 3,275	
	Merck & Co Inc (MRK)		0.30		33	30	
	MetLife Inc (MET)		41		3,359	3,357	
	Microchip Technology (MCHP)		0.53		47	30	
	Midcap Financial Investment Corp (MFIC)		538		392	7,253	
	Morgan Stanley (MS)		27		3,347	3,394	
	MSC Industrial Direct Co (MSM)		0.03		3	2	
	NetApp Inc (NTAP)		51		4,535	5,946	
	New Mont Group (NEM)		89		3,418	3,313	
	Nexstar Media Group Inc Com (NXST)		0.57		89	90	
	Northern TR Group (NTRS)		33		3,380	3,383	
	NRG Energy Inc (NRG)		41		3,175	3,699	
	Onemain Hldgs Inc (OMF)		0.96		47	50	
	OneOK Inc (OKE)		33		3,321	3,352	
	Paccar Inc (PCAR)		32		3,391	3,329	
	Packaging Corp Amer (PKG)		15		3,415	3,377	
	Paychex Inc (PAYX)		27		3,496	3,786	
	Pennantpark Floating Rate (PFLT)		790		9,502	8,632	
	PepsiCo Inc (PEP)		0.58		98	88	
	Pfizer Inc (PFE)		0.36		10	10	
	Phillip Morris International (PM)		27		3,354	3,249	
	Phillips 66 (PSX)		30		3,309	3,418	
	PNC Financial Services (PNC)		17		3,269	3,279	
	Popular Inc. (BPOP)		0.60		49	56	
	Principal Financial Group (PFG)		0.06		5	5	
	Prudential Financial Inc (PRU)		29		3,424	3,437	
	Regions Financial Corp (RF)		143		3,403	3,363	
	Royalty Pharma PLC (RPRX)		0.70		20	18	
	Simon Property Group Inc (SPG)		23		3,381	3,919	
	Skyworks Solutions Inc (SWKS)		0.34		34	30	
	Snap On Inc (SNA)		10		3,439	3,395	
	Southern Copper Corp (SCCO)		0.53		46	48	
	State STR Corp (STT)		35		3,437	3,435	
	Synchrony Financial Com (SYF)		0.02		1	2	
	T Rowe Price Group (TROW)		27		3,147	3,053	
	Taiwan Semiconductor Manu. (TSM)		45		4,671	8,870	
	Texas Instruments Inc Com (TXN)		0.02		4	4	
	The Cigna Group (CI)		0.24		73	67	
	Union Pacific Corp (UNP)		14		3,473	3,193	
	United Parcel Service Inc (UPS)		0.22		34	27	
	UnitedHealth Group Inc		0.07		35	37	
	US Bancorp Del (USB)		70		3,377	3,348	
	Verizon Communications VZ		83		3,131	3,303	
	Virtu Financial Inc (VIRT)		215		4,408	7,681	
	Vistra Energy Corp		24		1,509	3,309	
	Welltower Inc Com (WELL)		69		6,235	8,678	
	Williams Cos Inc (WMB)		84		3,075	4,542	
			Total common stock		<u>230,623</u>	<u>256,748</u>	
			<u>Money market funds:</u>				
	PSECU Dividend Share account		176		176	176	
*	Vanguard Federal Money Market Fund		87,989		87,989	87,989	
	WSFS Trust Money Market		3,244		3,244	3,244	
			Total money market funds		<u>91,409</u>	<u>91,409</u>	

(a)	(b)	(c)			(d)	(e)
Borrower, Lessor or Similar Party	Identity of Issuer,	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Certificate of deposit:</u>				
PFFCU Certificate of Deposit		CD				
					\$ 12,097	\$ 12,097
		Total investments			<u>\$ 1,956,333</u>	<u>\$ 1,721,022</u>

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan THE LODGE 28 HEALTH AND WELFARE ASSOCIATION	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	07/08/1987
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) F.O.P. LOWER MERION POLICE LODGE #28 420 ADAIR ROAD HOLMES PA 19043	2b Employer Identification Number (EIN)	23-7178445
	2c Plan Sponsor's telephone number	610-247-7770
	2d Business code (see instructions)	812990

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	<input checked="" type="checkbox"/> <i>Alex Halstead</i>	9/23/24	ALEX HALSTEAD
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	246
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	124
a(2) Total number of active participants at the end of the plan year	6a(2)	113
b Retired or separated participants receiving benefits	6b	126
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	239
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

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

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

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

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

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

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

Receipt Confirmation Code _____