

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.) [x] 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: [x] 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: CAHP DISABILITY PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): CAHP DISABILITY PLAN TRUST
2b Employer Identification Number (EIN): 68-6069961
2c Plan Sponsor's telephone number: 916-452-6751
2d Business code (see instructions): 813930

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

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

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

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

Form 5500 (2024) v. 240311

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	6371
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)	6021
	6a(2)	
	6b	6371
	6c	
	6d	6371
	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:
4F 4H

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

A Name of plan CAHP DISABILITY PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CAHP DISABILITY PLAN TRUST	D Employer Identification Number (EIN) 68-6069961	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GILBERT CPAS

68-0037990

(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	CONTRACTOR	17735	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)

DANIEL G. BROWN

94-3246763

(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	CONTRACTOR	7925	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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

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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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CAHP DISABILITY PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CAHP DISABILITY PLAN TRUST	D Employer Identification Number (EIN) 68-6069961

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	22299
(3) Other	1b(3)	73691
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6105623
(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)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	6433655

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	12096884	12635268
Liabilities			
g Benefit claims payable.....	1g	25600	29900
h Operating payables.....	1h	3610	9545
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	29210	39445
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12067674	12595823

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	260666	
(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)		260666
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	478510	
(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)		478510
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	11501835	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11501835	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-70207	
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		668969

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	46714	
(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)		46714
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)	62926	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17735	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7925	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	5520	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		94106
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		140820

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		528149
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: GILBERT CPAS

(2) EIN: 68-0037990

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 _____.

**CALIFORNIA ASSOCIATION OF
HIGHWAY PATROLMEN
DISABILITY TRUST**

**FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL SCHEDULE**

**YEARS ENDED
DECEMBER 31, 2024 AND 2023**

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

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DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITOR'S REPORT

**Board of Trustees
California Association of Highway Patrolmen
Disability Trust
Sacramento, California**

Opinion

We have audited the accompanying financial statements of California Association of Highway Patrolmen Disability Trust (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 benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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. 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedules Required by ERISA

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 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

Board of Trustees
California Association of Highway Patrolmen
Disability Trust
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In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

Gilbert CPAs

GILBERT CPAs
Sacramento, California

October 3, 2025

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS AND BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS:		
Cash and cash equivalents	\$ 1,853,544	\$ 3,576,012
Investments, at fair value	10,685,734	8,466,512
Receivables:		
Participant contributions	22,299	21,074
Accrued interest	69,266	27,830
Prepaid expenses	4,425	5,456
TOTAL ASSETS	12,635,268	12,096,884
LIABILITIES:		
Accounts payable	4,563	1,000
Due to affiliates	4,982	2,610
TOTAL LIABILITIES	9,545	3,610
NET ASSETS AVAILABLE FOR BENEFITS	12,625,723	12,093,274
BENEFIT OBLIGATIONS:		
Claims payable	5,600	
Claims incurred but not reported	24,300	25,600
Excess of net assets available for benefits over benefit obligations	\$ 12,595,823	\$ 12,067,674

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

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
BENEFITS AND BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Participant contributions	\$ 260,666	\$ 249,095
Investment income (loss):		
Interest and dividend income	478,510	317,824
Net realized and unrealized appreciation (depreciation) in fair value:	<u>(70,207)</u>	<u>200,934</u>
Total investment income	<u>408,303</u>	<u>518,758</u>
Total additions	<u>668,969</u>	<u>767,853</u>
DEDUCTIONS:		
Self-funded disability benefits	<u>42,414</u>	<u>1,384</u>
Professional expenses:		
Auditing	17,735	18,284
Consulting	5,520	17,040
Legal	<u>7,925</u>	<u>12,000</u>
Total professional expenses	<u>31,180</u>	<u>47,324</u>
General expenses:		
Salaries and related expenses	21,321	32,995
Insurance	9,627	10,184
Computer expenses	9,300	975
Rent	7,872	7,572
Printing and postage	7,087	5,509
Telephone	3,648	3,504
Office supplies and expenses	3,023	2,769
Meeting and continuing education	<u>1,048</u>	<u>1,007</u>
Total general expenses	<u>62,926</u>	<u>64,515</u>
Total operating expenses	<u>94,106</u>	<u>111,839</u>
Total deductions	<u>136,520</u>	<u>113,223</u>
Increase in net assets available for benefits	<u>532,449</u>	<u>654,630</u>
INCREASE IN BENEFIT OBLIGATIONS:		
Claims payable and incurred but not reported	<u>(4,300)</u>	<u> </u>
Increase in excess of net assets available for benefits over benefit obligations	<u>528,149</u>	<u>654,630</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS:		
Beginning of year	<u>12,067,674</u>	<u>11,413,044</u>
End of year	<u>\$ 12,595,823</u>	<u>\$ 12,067,674</u>

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

CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN DISABILITY TRUST

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following brief description is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General – The California Association of Highway Patrolmen Disability Trust (the Plan) was established September 1, 1991, for the purpose of providing disability benefits to the beneficiaries who qualify as covered individuals pursuant to the provisions of the Disability Plan of the California Association of Highway Patrolmen.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is exempt from federal and California taxes on income under the current provisions of the Internal Revenue Code and the California Revenue and Taxation Code, respectively.

Eligibility – Participants are initially eligible for coverage on the first day of work in the first calendar month of work on or after the day the completed membership application is received by the Plan Administrator.

Benefits – Participants that go on disability receive a monthly benefit equal to 70% of the first \$6,000 of covered monthly earnings. Benefits may continue for up to four years if disabled from work.

Contributions – All actively employed California Highway Patrolmen are eligible for disability benefits, which are funded by the Plan through payroll deductions from participants. During the years ended December 31, 2024 and 2023, the Plan received contributions at a monthly rate of \$3.50 per participant.

Plan termination – In the event the Plan terminates, the trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any assets remaining will be allocated in whatever manner the trustees deem fair and equitable to provide disability benefits for employees covered under the Plan.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Contributions – Contributions reported through December 1 in the financial statements relate to participants who are employed as of the first day of each month through December 31. These contributions provide coverage for participants to the last day of the month in which they are reported.

Benefits – As a result of the eligibility provisions of the Plan, a participant is eligible to receive benefits on the first day of the calendar month immediately after payroll deduction is commenced and the completed membership application is received from the Plan Administrator. Benefits are recorded when paid.

Cash and cash equivalents – For financial statement purposes, the Plan considers all deposits in banks, credit unions, and money market funds to be cash and cash equivalents.

CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN DISABILITY TRUST

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Investments consist of certificates of deposit, government asset-backed securities, and municipal bonds, and are stated at their fair values. Net appreciation (depreciation) in the fair value of investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on these investments, is shown in the statements of changes in net assets available for benefits and benefit obligations.

Use of 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. Accordingly, actual results could differ from those estimates.

Subsequent events have been evaluated for recognition and disclosure through October 3, 2025, the date the financial statements were available to be issued. Management concluded that no material subsequent events have occurred since December 31, 2024, requiring recognition or disclosure in such financial statements.

3. INVESTMENTS

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 lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs 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 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

The Plan's investments in certificates of deposit and municipal bonds are classified within Level 2 of the fair value hierarchy because they are valued by financial advisors with alternative pricing methods using observable information inputs, such as current interest rates and prices of other similar securities. All other plan investments are classified within Level 1 of the fair value hierarchy because they are measured by pricing on publicly traded markets with reasonable levels of price transparency. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Certificates of deposit		\$ 4,252,079	
Government asset-backed securities	\$ 2,375,888		
Municipal bonds		<u>4,057,767</u>	
Total	<u>\$ 2,375,888</u>	<u>\$ 8,309,846</u>	<u>\$</u>

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Certificates of deposit		\$ 3,101,017	
Government asset-backed securities	\$ 4,081,833		
Municipal bonds		<u>1,283,662</u>	
Total	<u>\$ 4,081,833</u>	<u>\$ 4,384,679</u>	<u>\$</u>

4. CONCENTRATION OF CREDIT RISK

Cash deposits consist of the following at December 31 (bank balances):

	<u>2024</u>	<u>2023</u>
Deposits in banks	\$ 660,199	\$ 540,689
Deposits in money market funds	<u>1,193,345</u>	<u>3,035,323</u>
Total	<u>\$ 1,853,544</u>	<u>\$ 3,576,012</u>

CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN DISABILITY TRUST

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

The Plan's deposits in banks are held in Insured Cash Sweep accounts and are therefore fully insured by the Federal Deposit Insurance Corporation. Deposits in money market funds may include cash insured by FDIC for up to \$250,000. The Plan also maintains funds in insured cash sweep accounts which provides additional coverage. The Plan's deposits with financial institutions in excess of federal depository insurance limits were \$1,157,271 and \$1,101,405 at December 31, 2024 and 2023, respectively. The Plan has not experienced any losses in such accounts. Management believes the Plan is not exposed to any significant credit risk related to cash.

5. FUNDING POLICY

The Plan is funded by participant payroll deductions withheld by the State of California. Monthly deductions are remitted directly to the California Association of Highway Patrolmen, and are then transferred to the Plan.

6. INCOME TAX STATUS

The Plan has been granted tax-exempt status by the Internal Revenue Service and the California Franchise Tax Board under section 501(c)(9) of the Internal Revenue Code ("IRC") and section 23701(i) of the California Revenue and Taxation Code, respectively. The Plan obtained its latest determination letter on January 17, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

7. TRANSACTIONS WITH AFFILIATES

The Plan entered into an agreement with the California Association of Highway Patrolmen (Association) to act in the capacity of an administrative office on behalf of the Plan. Personnel costs, office space, office supplies, and legislative expenses are paid to the Association and allocated to the Plan based upon a methodology approved by the Board and the Administrative Service Agreement. At December 31, 2024 and 2023, \$4,910 and \$2,571, respectively, was due to the Association. The Plan paid the Association \$45,315 and \$52,113, respectively, during 2024 and 2023.

The California Association of Highway Patrolmen Health Benefit Trust (Health Benefit Trust) pays certain operating expenses on behalf of the California Association of Highway Patrolmen Dental and Disability Plans. Those expenses are also allocated to the Plan based upon a methodology approved by the Board. At December 31, 2024 and 2023 \$72 and \$39 was due to the Health Benefit Trust from the Plan, respectively. The Plan paid the Health Benefit Trust \$1,442 and \$1,402, respectively, during 2024 and 2023.

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

8. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL INFORMATION

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**EMPLOYER IDENTIFICATION NUMBER 68-6069961
PLAN NUMBER 501
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF
ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
Cash and cash equivalents:				
	River City Bank		\$ 660,199	\$ 660,199
	US Gov't Money Market Fund, RBC Select Class		1,193,345	1,193,345
		Cash and cash equivalents	<u>1,853,544</u>	<u>1,853,544</u>
Certificates of deposit:				
	River City Bank	4.5500% interest, maturing 07/10/2025	1,000,000	1,000,000
	CAHP Credit Union	0.4000% interest, maturing 09/30/2025	483,364	483,850
	CAHP Credit Union	0.4000% interest, maturing 09/30/2025	483,364	483,850
	CAHP Credit Union	0.4000% interest, maturing 09/30/2025	191,041	191,233
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 08/14/2026	251,514	254,562
	CAHP Credit Union	4.8200% interest, maturing 08/14/2026	251,514	254,562
	CAHP Credit Union	4.4300% interest, maturing 11/05/2025	266,377	269,451
	CAHP Credit Union	4.4300% interest, maturing 11/05/2025	<u>266,377</u>	<u>269,451</u>
		Total certificates of deposit	<u>4,226,161</u>	<u>4,252,079</u>
Government asset-backed securities:				
	FIRST NATL BK OMAHA NEB	4.550% interest, maturing 02/18/2025	250,000	250,070
	UNITED STATES TREASURY NOTE	2.750% interest, maturing 02/18/2025	61,211	62,841
	FIRST PREMIER BK SIOUX FALLS	2.700% interest, maturing 04/11/2025	100,000	99,558
	BANK OF THE WEST	0.000% interest, maturing 04/30/2025	278,248	271,000
	UNITED STATES TREASURY NOTE	0.375% interest, maturing 11/30/2025	330,745	362,119
	UNITED STATES TREASURY NOTE	4.250% interest, maturing 01/31/2026	246,813	250,000
	CALIFORNIA ST TAXABLE VAR			
	GENERAL PURPOSE	2.650% interest, maturing 04/01/2026	288,399	294,294
	GOLDMAN SACHS BK USA N Y	3.050% interest, maturing 04/06/2026	246,000	242,861
	TEMECULA VY CALIF UNI SCH PRIMARY/ SECONDARY EDUCATION REV 2011A	8.511% interest, maturing 09/01/2026	46,169	46,270
	UNITED STATES TREASURY NOTE	4.125% interest, maturing 02/29/2027	99,671	99,719
	JPMORGAN CHAS BK NA COLUMBUS OHIO	0.000% interest, maturing 04/30/2027	270,079	235,750
	TEMECULA VY CALIF UNI SCH PRIMARY/ SECONDARY EDUCATION REV 2011B	8.711% interest, maturing 09/01/2028	36,904	36,992
	FARMERS & MERCHANTS NB CD CLL	2.850% interest, maturing 06/21/2029	246,000	234,468
	UNITED STATES TREASURY BOND	0.000% interest, maturing 11/15/2038	268,059	267,502

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
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(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
Government asset-backed securities (continued):				
	CALIFORNIA ST TAXABLE - VARIOUS GENERAL PURPOSE	6.000% interest, maturing 03/01/2033	213,264	213,268
	CALIFORNIA ST GENERAL PURPOSE	4.500% interest, maturing 04/01/2033	44,586	43,351
	CALIFORNIA ST TAXABLE - VARIOUS GENERAL PURPOSE	5.125% interest, maturing 03/01/2038	100,484	97,868
	STATE OF CALIFORNIA GENERAL PURPOSE	4.600% interest, maturing 04/01/2038	158,427	153,559
	CALIFORNIA ST TAXABLE VAR GENERAL PURPOSE	7.300% interest, maturing 10/01/2039	323,679	307,425
	CALIFORNIA ST GO BDS GENERAL PURPOSE	7.350% interest, maturing 11/01/2039	730,232	708,970
	CALIFORNIA ST GO BDS GENERAL PURPOSE	7.625% interest, maturing 03/01/2040	268,971	259,233
	CALIFORNIA ST GO BDS GENERAL PURPOSE	7.600% interest, maturing 11/01/2040	156,309	148,855
		Total government asset-backed securities	<u>4,764,250</u>	<u>4,685,973</u>
Municipal bonds:				
	TRACY CALIF OPER PARTNERSHIP J SENIOR LIEN BONDS REV 2005A	4.500% interest, maturing 08/01/2025	40,000	40,044
	PERRIS CALIF JT PWRS AUTH LOC GENERAL PURPOSE REV 2015C	3.625% interest, maturing 09/01/2025	84,903	84,765
	BERKELEY CALIF IMPT BD ACT 191 THOUSAND OAKS HGHTS REV 2004	5.100% interest, maturing 09/02/2025	5,000	5,013
	LINCOLN CALIF UNI SCH DIST CMNTY FACS DIST NO 1 REV 2005	0.000% interest, maturing 09/01/2026	44,628	46,946
	WEST SACRAMENTO CALIF FING AUT GENERAL PURPOSE REV SERIES A	5.000% interest, maturing 09/01/2026	10,094	10,215
	ESCONDIDO CALIF IMPT BD ACT 19 REASSMT DIST NO 98-1 REB 1998	5.700% interest, maturing 09/02/2026	5,000	5,018
	RANCHO MIRAGE CALIF IMPT BD AC RASSMT DIST NO R22085 G/O 2002	5.750% interest, maturing 09/02/2026	15,000	15,054
	RIVERSIDE CALIF IMPT BD ACT 19 HUNTER PARK ASSMT DIST REV	5.100% interest, maturing 09/02/2026	10,000	10,026
	RIVERSIDE CNTY CALIF IMPT BD GENERAL PURPOSE REV 2012	4.125% interest, maturing 09/02/2026	25,000	25,010
	BEAUMONT CALIF FING AUTH LOC GENERAL PURPOSE REV 2015B	3.250% interest, maturing 09/01/2027	169,570	167,816
	MANTECA CALIF UNI SCH DIST SPL CMNTY FACS 89-1 WEST RANCH REV 2001	0.000% interest, maturing 09/01/2027	26,241	27,355
	MORENO VALLEY CALIF UNI SCH PRIMARY /SECONDARY EDUCATION REV 2015	3.125% interest, maturing 09/01/2027	24,922	24,682
	CHINO CALIF PUB FING AUTH REV GENERAL PURPOSE REV 2016A	2.625% interest, maturing 09/01/2028	99,493	94,599

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

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ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
Municipal bonds (continued):				
	PERRIS CALIF JT PWRS AUTH LOC CFD NO 2004-2 REFUNDING REV 2004 D	3.750% interest, maturing 09/01/2028	44,911	44,838
	CHINO CALIF PUB FING AUTH REV GENERAL PURPOSE REV 2016A	3.000% interest, maturing 09/01/2029	25,001	23,882
	CALIFORNIA ST WIDE CMNTYS GENERAL PURPOSE REV 2015 R1	4.125% interest, maturing 09/02/2029	89,526	90,233
	WEST SACRAMENTO CALIF SP TAX GENERAL PURPOSE REV 2013	4.250% interest, maturing 09/01/2030	30,000	30,008
	PALMDALE CALI ELEM SCH DIST S CMNTY FACS DIST MO 90-1 REV 1999	0.000% interest, maturing 08/01/2031	31,492	31,628
	SAN DIEGO CALIF COMNTY FACS GENERAL PURPOSE REV 2013	5.000% interest, maturing 09/01/2031	100,000	100,101
	SAN BERNARDINO CNTY CALIF SPL LYTLE CREEK NORTH REV 2015	4.000% interest, maturing 09/01/2035	77,883	78,198
	FOLSOM RANCH FING AUTH CALIF GENERAL PURPOSE REV 2017	5.000% interest, maturing 09/01/2037	106,964	107,788
	MURRIETA CALIF CMNTY FACS GENERAL PURPOSE REV 2017	4.375% interest, maturing 09/01/2037	24,457	25,072
	TUSTIN CALIF CMNTY FACS DIST GENERAL PURPOSE REV A	5.000% interest, maturing 09/01/2037	201,315	201,172
	CALIFORNIA ST WIDE CMNTYS FACS DIST NO 2018 02 REV 2023	5.000% interest, maturing 09/01/2038	314,658	316,338
	ROSEVILLE CALF SPL TAX GENERAL PURPOSE REV 2023	4.250% interest, maturing 09/01/2038	144,997	141,881
		Total municipal bonds	<u>1,751,055</u>	<u>1,747,682</u>
	TOTAL CASH AND INVESTMENTS		<u>\$ 12,595,010</u>	<u>\$ 12,539,278</u>

Column (a) - No parties in interest.

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**EMPLOYER IDENTIFICATION NUMBER 68-6069961
PLAN NUMBER 501
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF
ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
Cash and cash equivalents:				
	River City Bank		\$ 660,199	\$ 660,199
	US Gov't Money Market Fund, RBC Select Class		1,193,345	1,193,345
		Cash and cash equivalents	<u>1,853,544</u>	<u>1,853,544</u>
Certificates of deposit:				
	River City Bank	4.5500% interest, maturing 07/10/2025	1,000,000	1,000,000
	CAHP Credit Union	0.4000% interest, maturing 09/30/2025	483,364	483,850
	CAHP Credit Union	0.4000% interest, maturing 09/30/2025	483,364	483,850
	CAHP Credit Union	0.4000% interest, maturing 09/30/2025	191,041	191,233
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 01/27/2026	206,522	209,024
	CAHP Credit Union	4.8200% interest, maturing 08/14/2026	251,514	254,562
	CAHP Credit Union	4.8200% interest, maturing 08/14/2026	251,514	254,562
	CAHP Credit Union	4.4300% interest, maturing 11/05/2025	266,377	269,451
	CAHP Credit Union	4.4300% interest, maturing 11/05/2025	<u>266,377</u>	<u>269,451</u>
		Total certificates of deposit	<u>4,226,161</u>	<u>4,252,079</u>
Government asset-backed securities:				
	FIRST NATL BK OMAHA NEB	4.550% interest, maturing 02/18/2025	250,000	250,070
	UNITED STATES TREASURY NOTE	2.750% interest, maturing 02/18/2025	61,211	62,841
	FIRST PREMIER BK SIOUX FALLS	2.700% interest, maturing 04/11/2025	100,000	99,558
	BANK OF THE WEST	0.000% interest, maturing 04/30/2025	278,248	271,000
	UNITED STATES TREASURY NOTE	0.375% interest, maturing 11/30/2025	330,745	362,119
	UNITED STATES TREASURY NOTE	4.250% interest, maturing 01/31/2026	246,813	250,000
	CALIFORNIA ST TAXABLE VAR			
	GENERAL PURPOSE	2.650% interest, maturing 04/01/2026	288,399	294,294
	GOLDMAN SACHS BK USA N Y	3.050% interest, maturing 04/06/2026	246,000	242,861
	TEMECULA VY CALIF UNI SCH PRIMARY/ SECONDARY EDUCATION REV 2011A	8.511% interest, maturing 09/01/2026	46,169	46,270
	UNITED STATES TREASURY NOTE	4.125% interest, maturing 02/29/2027	99,671	99,719
	JPMORGAN CHAS BK NA COLUMBUS OHIO	0.000% interest, maturing 04/30/2027	270,079	235,750
	TEMECULA VY CALIF UNI SCH PRIMARY/ SECONDARY EDUCATION REV 2011B	8.711% interest, maturing 09/01/2028	36,904	36,992
	FARMERS & MERCHANTS NB CD CLL	2.850% interest, maturing 06/21/2029	246,000	234,468
	UNITED STATES TREASURY BOND	0.000% interest, maturing 11/15/2038	268,059	267,502

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**EMPLOYER IDENTIFICATION NUMBER 68-6069961
PLAN NUMBER 501
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF
ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
Government asset-backed securities (continued):				
	CALIFORNIA ST TAXABLE - VARIOUS GENERAL PURPOSE	6.000% interest, maturing 03/01/2033	213,264	213,268
	CALIFORNIA ST GENERAL PURPOSE	4.500% interest, maturing 04/01/2033	44,586	43,351
	CALIFORNIA ST TAXABLE - VARIOUS GENERAL PURPOSE	5.125% interest, maturing 03/01/2038	100,484	97,868
	STATE OF CALIFORNIA GENERAL PURPOSE	4.600% interest, maturing 04/01/2038	158,427	153,559
	CALIFORNIA ST TAXABLE VAR GENERAL PURPOSE	7.300% interest, maturing 10/01/2039	323,679	307,425
	CALIFORNIA ST GO BDS GENERAL PURPOSE	7.350% interest, maturing 11/01/2039	730,232	708,970
	CALIFORNIA ST GO BDS GENERAL PURPOSE	7.625% interest, maturing 03/01/2040	268,971	259,233
	CALIFORNIA ST GO BDS GENERAL PURPOSE	7.600% interest, maturing 11/01/2040	156,309	148,855
		Total government asset-backed securities	<u>4,764,250</u>	<u>4,685,973</u>
Municipal bonds:				
	TRACY CALIF OPER PARTNERSHIP J SENIOR LIEN BONDS REV 2005A	4.500% interest, maturing 08/01/2025	40,000	40,044
	PERRIS CALIF JT PWRS AUTH LOC GENERAL PURPOSE REV 2015C	3.625% interest, maturing 09/01/2025	84,903	84,765
	BERKELEY CALIF IMPT BD ACT 191 THOUSAND OAKS HGHTS REV 2004	5.100% interest, maturing 09/02/2025	5,000	5,013
	LINCOLN CALIF UNI SCH DIST CMNTY FACS DIST NO 1 REV 2005	0.000% interest, maturing 09/01/2026	44,628	46,946
	WEST SACRAMENTO CALIF FING AUT GENERAL PURPOSE REV SERIES A	5.000% interest, maturing 09/01/2026	10,094	10,215
	ESCONDIDO CALIF IMPT BD ACT 19 REASSMT DIST NO 98-1 REB 1998	5.700% interest, maturing 09/02/2026	5,000	5,018
	RANCHO MIRAGE CALIF IMPT BD AC RASSMT DIST NO R22085 G/O 2002	5.750% interest, maturing 09/02/2026	15,000	15,054
	RIVERSIDE CALIF IMPT BD ACT 19 HUNTER PARK ASSMT DIST REV	5.100% interest, maturing 09/02/2026	10,000	10,026
	RIVERSIDE CNTY CALIF IMPT BD GENERAL PURPOSE REV 2012	4.125% interest, maturing 09/02/2026	25,000	25,010
	BEAUMONT CALIF FING AUTH LOC GENERAL PURPOSE REV 2015B	3.250% interest, maturing 09/01/2027	169,570	167,816
	MANTECA CALIF UNI SCH DIST SPL CMNTY FACS 89-1 WEST RANCH REV 2001	0.000% interest, maturing 09/01/2027	26,241	27,355
	MORENO VALLEY CALIF UNI SCH PRIMARY /SECONDARY EDUCATION REV 2015	3.125% interest, maturing 09/01/2027	24,922	24,682
	CHINO CALIF PUB FING AUTH REV GENERAL PURPOSE REV 2016A	2.625% interest, maturing 09/01/2028	99,493	94,599

**CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN
DISABILITY TRUST**

**EMPLOYER IDENTIFICATION NUMBER 68-6069961
PLAN NUMBER 501
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF
ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
Municipal bonds (continued):				
	PERRIS CALIF JT PWRS AUTH LOC CFD NO 2004-2 REFUNDING REV 2004 D	3.750% interest, maturing 09/01/2028	44,911	44,838
	CHINO CALIF PUB FING AUTH REV GENERAL PURPOSE REV 2016A	3.000% interest, maturing 09/01/2029	25,001	23,882
	CALIFORNIA ST WIDE CMNTYS GENERAL PURPOSE REV 2015 R1	4.125% interest, maturing 09/02/2029	89,526	90,233
	WEST SACRAMENTO CALIF SP TAX GENERAL PURPOSE REV 2013	4.250% interest, maturing 09/01/2030	30,000	30,008
	PALMDALE CALI ELEM SCH DIST S CMNTY FACS DIST MO 90-1 REV 1999	0.000% interest, maturing 08/01/2031	31,492	31,628
	SAN DIEGO CALIF COMNTY FACS GENERAL PURPOSE REV 2013	5.000% interest, maturing 09/01/2031	100,000	100,101
	SAN BERNARDINO CNTY CALIF SPL LYTLE CREEK NORTH REV 2015	4.000% interest, maturing 09/01/2035	77,883	78,198
	FOLSOM RANCH FING AUTH CALIF GENERAL PURPOSE REV 2017	5.000% interest, maturing 09/01/2037	106,964	107,788
	MURRIETA CALIF CMNTY FACS GENERAL PURPOSE REV 2017	4.375% interest, maturing 09/01/2037	24,457	25,072
	TUSTIN CALIF CMNTY FACS DIST GENERAL PURPOSE REV A	5.000% interest, maturing 09/01/2037	201,315	201,172
	CALIFORNIA ST WIDE CMNTYS FACS DIST NO 2018 02 REV 2023	5.000% interest, maturing 09/01/2038	314,658	316,338
	ROSEVILLE CALF SPL TAX GENERAL PURPOSE REV 2023	4.250% interest, maturing 09/01/2038	144,997	141,881
		Total municipal bonds	<u>1,751,055</u>	<u>1,747,682</u>
	TOTAL CASH AND INVESTMENTS		<u>\$ 12,595,010</u>	<u>\$ 12,539,278</u>

Column (a) - No parties in interest.

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information							
1a Name of plan CAHP DISABILITY PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN)</td> <td style="width:30%; text-align: center;">▶ 501</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/1991</td> </tr> </table>	1b Three-digit plan number (PN)	▶ 501	1c Effective date of plan 09/01/1991			
1b Three-digit plan number (PN)	▶ 501						
1c Effective date of plan 09/01/1991							
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) CAHP DISABILITY PLAN TRUST 2030 V STREET SACRAMENTO CA 95818	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 68-6069961</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 916-452-6751</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813930</td> </tr> </table>	2b Employer Identification Number (EIN) 68-6069961		2c Plan Sponsor's telephone number 916-452-6751		2d Business code (see instructions) 813930	
2b Employer Identification Number (EIN) 68-6069961							
2c Plan Sponsor's telephone number 916-452-6751							
2d Business code (see instructions) 813930							

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		09/30/2025	AMY ZENTI
	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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	6,371
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)	6,021
a (2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits	6b	6,371
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	6,371
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:

4F 4H

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)

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