

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 07/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan) TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION
2b Employer Identification Number (EIN) 85-6152252
2c Plan Sponsor's telephone number
2d Business code (see instructions) 921000

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, Date, and Name. Rows for plan administrator, 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	1657
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)	1588
	6a(2)	1581
	6b	96
	6c	
	6d	1677
	6e	
	6f	1677
	6g(1)	0
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>
(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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION	D Employer Identification Number (EIN) 85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED HEALTH CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-2739571	52411	921917	1665	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	448487
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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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 TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION	D Employer Identification Number (EIN) 85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED HEALTH CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-2739571	52411	921917	1582	01/01/2024	12/31/2024

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1050440
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION	D Employer Identification Number (EIN) 85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED HEALTHCARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-2739571	52411	921917	1096	01/01/2024	12/31/2024

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

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

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

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

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

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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	237749
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION		D Employer Identification Number (EIN) 85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
63-0202590	22276	000897-01	1665	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1086944
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION	D Employer Identification Number (EIN) 85-6152252	

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

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

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

(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)

NATIONAL EMPLOYEES BENEFIT ADMIN IN

65-0498809

(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?
13 50	NONE	287853	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BROWN & BROWN

59-0864469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	150000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SUGARMAN & SUSSKIND

59-2539792

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	78000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

LAPADULA CARLSON & CO.

65-0292391

(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	15091	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SAGE ADVISORY SERVICES LTD.

5900 SOUTHWEST PKWY
UNIT 1
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	11741	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION	D Employer Identification Number (EIN) 85-6152252

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	6041286	4047271
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	199447	
(3) Other	1b(3)	37307	398365
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	83507	160830
(2) U.S. Government securities	1c(2)	1907811	9278227
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1435596	1411255
(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)	612000	815817
(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	10316954	16111765
Liabilities			
g Benefit claims payable.....	1g		2054000
h Operating payables.....	1h	3859	5095
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1571006	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1574865	2059095
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8742089	14052670

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)	20462067	
(B) Participants.....	2a(1)(B)	7277793	
(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)		27739860
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19322	
(B) U.S. Government securities.....	2b(1)(B)	263231	
(C) Corporate debt instruments.....	2b(1)(C)	63800	
(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)		346353
(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)	13470	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13470
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	45706628	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	45684770	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		21858
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	21564	
(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		28143105

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20481659	
(2) To insurance carriers for the provision of benefits	2e(2)	1736676	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22218335
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)	286194	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)	25579	
(6) Bank or trust company trustee/custodial fees	2i(6)	2924	
(7) Actuarial fees	2i(7)	78000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	26033	
(11) Other expenses	2i(11)	180459	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		614189
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22832524

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5310581
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: LAPADULA CARLSON & CO

(2) EIN: 65-0292391

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.)		X	
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.		X	

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 _____.

**TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

LAPADULA CARLSON+CO.
CERTIFIED PUBLIC ACCOUNTANTS

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Tampa Firefighters' and Police Officers'
Employees' Health Plan
Tampa, Florida

Opinion

We have audited the financial statements of the **Tampa Firefighters' and Police Officers' Employees' Health Plan** (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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan 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 ("United States").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 these financial statements in accordance with accounting principles generally accepted in the United States, 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 that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditing standards generally accepted in the United States 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 auditing standards generally accepted in the United States, 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 audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 auditing standards generally accepted in the United States.

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

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

LaPadula, Carlson + Co.

Coral Gables, Florida
June 16, 2025

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

AS OF DECEMBER 31, 2024 AND 2023

	ASSETS	2024	2023
INVESTMENTS , at fair value			
Corporate and foreign bonds		\$ 1,411,255	\$ 1,435,596
U.S. Government securities		8,652,215	1,760,916
Government sponsored entities		626,012	146,895
Exchange-traded funds		815,817	612,000
Money market fund		160,830	83,507
Total investments		<u>11,666,129</u>	<u>4,038,914</u>
RECEIVABLES:			
Participant contributions		-	199,447
Prescription rebates		328,520	-
Stop-loss reimbursement		1,844	-
Accrued interest		55,770	25,006
Total receivables		<u>386,134</u>	<u>224,453</u>
CASH		<u>4,047,271</u>	<u>6,041,286</u>
PREPAID INSURANCE		<u>12,231</u>	<u>12,301</u>
Total assets		<u>16,111,765</u>	<u>10,316,954</u>
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS			
ACCOUNTS PAYABLE AND DEFERRED CONTRIBUTIONS		<u>5,095</u>	<u>1,574,865</u>
Net assest available for benefits		<u>16,106,670</u>	<u>8,742,089</u>
BENEFIT OBLIGATIONS			
OBLIGATION FOR CURRENT BEENFIT			
COVERAGE , at present value of estimated amounts,			
Claims payable and claims incurred but not reported		<u>2,054,000</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS			
OVER BENEFIT OBLIGATIONS		<u><u>\$ 14,052,670</u></u>	<u><u>\$ 8,742,089</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AND BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
Contributions -		
Employers	\$ 20,462,067	\$ 17,223,139
Participants and retirees	7,277,793	6,742,285
Total contributions	27,739,860	23,965,424
Investment income -		
Net appreciation in fair value of investments	43,422	109,950
Interest and dividends	359,823	113,346
Less: investment expenses	(25,579)	(15,485)
Net investment income	377,666	207,811
Total additions	28,117,526	24,173,235
DEDUCTIONS:		
Benefits paid to or for participants	20,164,335	21,929,021
Administrative expenses	588,610	544,016
Total deductions	20,752,945	22,473,037
Increase in net assets available for benefits	7,364,581	1,700,198
NET INCREASE IN OBLIGATIONS FOR CURRENT BENEFIT COVERAGE:		
Increase during the year is attributable to -		
Claims payable and claims incurred but not reported	(2,054,000)	-
NET INCREASE	5,310,581	1,700,198
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS:		
Beginning of year	8,742,089	7,041,891
End of year	\$ 14,052,670	\$ 8,742,089

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(1) DESCRIPTION OF THE PLAN

The following description of the **Tampa Firefighters' and Police Officers' Employees' Health Plan** ("Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. Copies are available from National Employee Benefits Administrators, Inc. ("NEBA"), the Plan's third-party administrator.

General

The Plan is a single-employer benefit plan established July 1, 2020, pursuant to a Collective Bargaining Agreement ("CBA") between the City of Tampa ("Employer") and the Tampa Professional Firefighters, Local 754, IAFF ("Local 754") and Tampa Police Benevolent Association, Inc. ("PBA"), collectively the "Union". The Plan provides health benefits to eligible participants and their dependents. It is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits

Effective January 1, 2021, medical, prescription, dental, vision, death, life and disability benefits are provided through an insurance carrier. Effective October 1, 2022, death, life and disability benefits are provided by a third party administrator, Omega Benefit Strategies.

Effective January 1, 2024, the Trustees of the Plan elected to change the method of coverage for medical and prescription benefits from insured coverage to self-insured coverage through United Health Care.

Health Reimbursement Arrangement

The Plan has a Health Reimbursement Arrangement ("HRA") account that is funded by the Employer, which is designed to reimburse participants for qualified expenses that are paid for medical expenses out-of-pocket. During the year ended December 31, 2024, the Employer reimbursed the Plan \$1,233,266. Reimbursements from the Employer are included in benefits paid for participants in the accompanying statements of changes in net assets available for benefits.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Health Reimbursement Arrangement (continued)

All unused HRA balances at the end of the year will roll over to the following year up to a maximum of \$2,000 for single coverage and \$4,000 for dependent or family coverage. Included in the accompanying statements of net assets available for benefits and benefit obligations are amounts available to reimburse participants for qualifying medical expenses. Activity and aggregate participant balances in HRA's as of and for the years ending December 31, 2024 and 2023, are as follows:

Participant balances	2024	2023
Contributions	\$ 1,310,250	\$ 1,401,750
Roll over from prior year	1,015,384	951,051
Benefit payments	(705,989)	(772,950)
End of year balance	<u>\$ 1,619,645</u>	<u>\$ 1,579,851</u>

Initial eligibility

All sworn employees of City of Tampa Fire and Police Departments and employees of employers that have entered into a Participation Agreement with the Plan are eligible to participate in the Plan.

A participant will be eligible for coverage upon completion of 30 calendar days of regular employment in a covered position.

Continuing eligibility

An employee may retain eligibility for coverage under this Plan if the employee is temporarily absent on an approved leave of absence, with the expectation of returning to work following the approved leave as determined by the employer's leave policy, provided that contributions continue to be paid on a timely basis. The employer's classification of an individual is conclusive and binding for purposes of determining eligibility under this Plan. Reclassification of a person's status, for any reason, by a third party, whether by a court, governmental agency or otherwise, without regard to whether or not the employer agrees to such reclassification, will not change a person's eligibility for benefits.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Retiree eligibility

Retiree eligibility for the Plan shall be premised on satisfying at least one of the following conditions:

- An eligible employee who is covered under this Plan, and who retires under the employer's formal retirement plan on or after October 1, 2019 will be eligible to continue participating in the Plan upon retirement, provided the individual continues to make the required contributions as set annually by the plan administrator and such employee has not had a lapse in coverage since the time of his retirement and his enrollment in this Plan.
- An eligible employee who retires on or after October 1, 2019 under an employer's formal retirement plan will be eligible for participation in the Plan, provided such retiree was enrolled in a qualified medical plan pursuant to the Patient Protection and Affordable Care Act ("ACA"), as amended, and has had no lapse in coverage for twelve (12) consecutive months immediately prior to such enrollment in this Plan.

COBRA

A participant and dependent or spouse whose coverage is terminated due to a "qualifying event" shall be eligible to elect continuation of coverage through self-contributions, as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), as amended.

Funding policy

Funding is provided through employer contributions made on behalf of employees working within the jurisdiction of the applicable CBA, contributions paid directly by employees, retirees, and income earned from Plan investments.

Effective January 1, 2023, the monthly employer contribution rate increased to \$876.64 and \$1,753.29 for single participants and married participants, respectively. Effective January 1, 2024, the monthly employer contribution rate increased to \$946.07 and \$1,892.15 for single participants and married participants, respectively.

Employee and retiree contributions vary by coverage and plan selection.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Termination

Although there is no intent to do so, the Trust agreement provides for termination of the Plan subject to the provisions of the agreement and ERISA. Should the Plan be terminated, the remaining assets would be used for the exclusive purpose of providing benefits to eligible participants.

No covered participant or dependent has a vested right in, or would receive any portion of the assets of the Plan, except in the form of benefits. A written plan exists for all medical and other benefits, and for the qualifications required to receive such benefits.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

The Plan's records are in the custody of NEBA. The administrator performs the various administrative functions necessary for the operation of the Plan, including the collection of contributions, payment of insurance premiums and administrative expenses.

Use of estimates

The preparation of these financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments which expose the Plan to concentrations of risk consist of cash and investment securities. The Plan maintains its cash in bank deposit accounts and frequently maintains balances in excess of federally insured limits of \$250,000.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risk and uncertainties (continued)

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of the investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements. The Plan's exposure to concentration risk is mitigated by the diversification of investments across a variety of financial instruments and investment strategies.

The Plan invests in certain investments that in turn invest in securities of foreign issuers in various countries. These investments may involve certain considerations and risks not typically associated with investments in the United States, as a result, among other factors, the possibility of future political and economic development and the level of government supervision and regulation of securities in the respective countries. Further, the securities market of a particular country may have capitalization and trading volume concentrated in a limited number of companies and industries. As a result, the Plan's investment portfolio may experience greater volatility and lower liquidity than a portfolio invested in equity securities of companies in the United States. Securities denominated in or expected to settle in foreign currencies are translated into United States dollars at the date of the valuation. Purchases and sales of investment securities and income and expense items denominated in foreign currencies are translated into United States dollars on the respective dates of such transactions.

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date (See Note 5).

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation in the fair value of investments. Investment transactions are recognized on a trade date basis. Interest income is recognized when earned and dividend income is recognized on the ex-dividend date.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions receivable

Contributions receivable at December 31 represent contributions earned but not received at year end as determined by subsequent collections. Since these contributions were received in the subsequent period, an allowance for doubtful accounts is unnecessary.

Benefit obligations

These obligations are determined by the Fund's consultant, Brown & Brown Insurance, and are presented in the accompanying financial statements at present value.

Claims payable – represents the estimated amount of claims reported but unpaid at year end.

Claims incurred but not reported – represents the estimated obligation for claims incurred but unreported at year end. This estimate is based on statistical information concerning the average amount of unreported claims incurred, outstanding and unpaid at year end as well as the claims payment lag.

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, the Plan meets the requirements of the Internal Revenue Code ("IRC") Section 501(c)(9). The Trustees believe the Plan continues to qualify and operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Plan and have concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2023 amounts have been reclassified to conform to the 2024 presentation.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(3) BENEFITS PAID TO OR FOR PARTICIPANTS

Benefits paid to or for participants for the years ended December 31, 2024 and 2023 consisted of the following:

Description	2024	2023
Benefit claims and prescriptions	\$ 17,859,067	\$ -
Medical insurance premiums	448,487	19,898,180
Dental premiums	1,050,440	1,021,381
Vision premiums	237,749	232,067
Health Reimbursement Arrangement	705,989	759,993
Less: HRA reimbursement	(1,233,266)	-
Preventative care fees	8,925	17,400
Stop-loss premiums	1,086,944	-
Total benefits paid to or for participants	<u>\$ 20,164,335</u>	<u>\$ 21,929,021</u>

(4) INVESTMENTS

The assets of the Plan are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Plan's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index.

The Plan's investments are held by Salem Trust Company. The Trustees have established a formal investment policy.

During the years ended December 31, 2024 and 2023, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2024	2023
Corporate and foreign bonds	\$ 13,200	\$ 39,524
U.S. Government securities	(19,607)	23,826
Government sponsored entities	(8,455)	1,729
Exchange-traded funds	58,284	44,871
Net appreciation in fair value of investments	<u>\$ 43,422</u>	<u>\$ 109,950</u>

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(5) FAIR VALUE MEASUREMENT

The Plan adopted the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the 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; and
 - 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 assets’ or liabilities’ 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended December 31, 2024 and 2023.

Corporate and foreign bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

U.S. Government securities – The value is calculated using quoted market prices and documented trade history in the security.

**TAMPA FIREFIGHTERS’ AND POLICE OFFICERS’
EMPLOYEES’ HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS**

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Government, agency and state and local securities (“Government sponsored entities” or “GSEs”) – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Exchange-traded funds (“ETFs”) – An ETF is a type of security that tracks an index, sector, commodity, or other asset, but which can be purchased or sold on a stock exchange the same way a regular stock can. An ETF can be structured to track anything from the price of an individual commodity to a large and diverse collection of securities.

Money market fund – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

The preceding methods may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date and these differences could be material.

The inputs or methodology used for valuating securities are not necessarily an indication of the risk associated with these securities.

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2024 and 2023:

Description	2024			Total
	Level 1	Level 2	Level 3	
Fixed income -				
Corporate and foreign bonds	\$ -	\$ 1,411,255	\$ -	\$ 1,411,255
U.S. Government securities	8,652,215	-	-	8,652,215
Government sponsored entities	-	626,012	-	626,012
Exchange-traded funds	815,817	-	-	815,817
Money market fund	-	160,830	-	160,830
Total investments	\$ 9,468,032	\$ 2,198,097	\$ -	\$ 11,666,129

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'
EMPLOYEES' HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Description	2023			Total
	Level 1	Level 2	Level 3	
Fixed income -				
Corporate and foreign bonds	\$ -	\$ 1,435,596	\$ -	\$ 1,435,596
U.S. Government securities	1,760,916	-	-	1,760,916
Government sponsored entities	-	146,895	-	146,895
Exchange-traded funds	612,000	-	-	612,000
Money market fund	-	83,507	-	83,507
Total investments	<u>\$ 2,372,916</u>	<u>\$ 1,665,998</u>	<u>\$ -</u>	<u>\$ 4,038,914</u>

Changes in Fair Value Levels

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

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2 or 3.

(6) OTHER MATTERS

Stop-Loss Coverage

In order to mitigate the individual unlimited annual claims requirements outlined in the ACA, the Trustees elected to obtain stop-loss coverage from an insurance carrier for individual claims exceeding \$400,000 per annum.

(7) PARTY IN INTEREST TRANSACTIONS

The Plan pays various administrative expenses including accounting fees, investment management fees, attorney fees, and other administrative fees. These are party in interest transactions.

(8) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855, *Subsequent Events*, the Plan has evaluated events that occurred through June 16, 2025, which is the date these financial statements were available to be issued. There were no material events noted during this period that would impact the results reflected in these financial statements.

SUPPLEMENTAL SCHEDULES

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS:			
AIR CASTLE LTD	13,000 4.250% DUE 06/15/2026	\$ 13,226	\$ 12,862
AIR LEASE CORP	34,000 3.625% DUE 04/01/2027	33,274	32,857
AIR LEASE CORP	15,000 5.200% DUE 07/15/2031	15,004	14,821
AON NORTH AMERICA INC	13,000 5.150% DUE 03/01/2029	13,138	13,039
BANK 5 2024-5YR8	20,000 5.884% DUE 08/17/2057	20,600	20,552
BANK OF AMERICA CORP	23,000 1.734% DUE 07/22/2027	21,260	21,927
BANK OF AMERICA CORP	28,000 3.824% DUE 01/20/2028	27,466	27,436
BANK OF AMERICA CORP	11,000 3.419% DUE 12/20/2028	10,706	10,546
BANK OF AMERICA CORP	19,000 5.425% DUE 08/15/2035	18,868	18,493
BANK OF AMERICA CREDIT CARD	30,000 4.930% DUE 05/15/2029	30,091	30,290
BANK OF NEW YORK MELLON CORP	9,000 3.750% DUE 12/31/2099	8,601	8,506
BANK OF NOVA SCOTIA COCO	16,000 4.500% DUE 12/16/2025	15,936	15,916
BOEING CO	11,000 2.196% DUE 02/04/2026	10,661	10,668
BROADCOM INC	18,000 4.350% DUE 02/15/2030	17,986	17,514
CAPITAL ONE FINANCIAL CORP	11,000 1.878% DUE 11/02/2027	9,613	10,394
CAPITAL ONE FINANCIAL CORP	19,000 6.312% DUE 06/08/2029	19,722	19,619
CAPITAL ONE FINANCIAL CORP	17,000 5.817% DUE 02/01/2034	17,337	17,074
CARMAX AUTO	22,000 0.810% DUE 12/15/2026	22,034	21,781
CHARLES SCHWAB CORP	11,000 4.000% NO DUE DATE	10,681	10,639
CITIGROUP INC	25,000 1.462% DUE 06/09/2027	22,923	23,804
CITIGROUP INC	7,000 3.887% DUE 01/10/2028	6,647	6,862
CITIGROUP INC	17,000 6.125% DUE 03/09/2028	17,657	17,489
CITIGROUP INC	18,000 3.520% DUE 10/27/2028	16,291	17,324
CITIGROUP INC	18,000 3.980% DUE 03/20/2030	17,288	17,185
CITIGROUP INC	28,000 6.174% DUE 05/25/2034	29,070	28,524
CNA FINANCIAL CORP	19,000 4.500% DUE 02/24/2026	18,946	18,941
CNH INDUSTRIAL CAPITAL LLC	11,000 1.450% DUE 07/15/2026	10,451	10,460
CNO FINANCIAL GROUP INC	16,000 5.250% DUE 05/30/2029	15,964	15,887
CNO FINANCIAL GROUP INC	7,000 6.450% DUE 06/15/2034	7,331	7,232
COMM MORTGAGE TRUST	39,000 3.349% DUE 10/13/2048	37,364	38,443
CORPORATE OFFICE PPTYS	15,000 2.750% DUE 04/15/2031	12,914	12,805
CORPORATE OFFICE PPTYS	14,000 2.900% DUE 12/01/2033	11,368	11,247
DELL INTERNATIONAL LLC	8,000 4.900% DUE 10/01/2026	7,951	8,022
DELL INTERNATIONAL LLC	11,000 5.400% DUE 04/15/2034	11,131	10,973
DTE ENERGY CO	7,000 4.875% DUE 06/01/2028	6,851	6,976
DUKE ENERGY	17,000 3.400% DUE 06/15/2029	16,011	15,928
DUKE ENERGY	15,000 5.750% DUE 09/15/2033	15,636	15,379
EDISON INTERNATIONAL DTD	10,000 5.750% DUE 06/15/2027	10,028	10,167
EDISON INTERNATIONAL DTD	5,000 6.950% DUE 11/15/2029	5,382	5,340
ENERGY TRANSFER PARTNERS LP	27,000 6.400% DUE 12/01/2030	28,721	28,529
ENERGY LA LLC	8,000 5.150% DUE 09/15/2034	7,992	7,868

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):			
EPR PPTYS SR GLOBAL	10,000 3.75 % DUE 08/15/2027	9,304	9,265
EQUIFAX INC	10,000 5.100% DUE 12/15/2027	10,247	10,057
FORD CREDIT AUTO	40,000 4.960% DUE 05/15/2030	39,998	40,363
GENERAL MOTORS FINANCIAL CO INC	17,000 5.800% DUE 06/23/2028	17,431	17,340
GENERAL MOTORS FINANCIAL CO INC	3,000 5.750% DUE 02/08/2031	3,075	3,040
GOLDMAN SACHS GROUP INC	24,000 3.814% DUE 04/23/2029	23,189	23,083
GOLDMAN SACHS GROUP INC	28,000 3.102% DUE 02/24/2033	24,587	24,132
GOLDMAN SACHS GROUP INC	26,000 1.948% DUE 09/22/2027	23,395	24,668
HCA INC	7,000 4.500% DUE 02/15/2027	6,946	6,934
HCA INC	7,000 5.875% DUE 02/01/2029	7,180	7,144
HEWLETT PACKARD ENTERPRISE CO	9,000 4.550% DUE 10/15/2029	8,990	8,773
HUNTINGTON BANCSHARES INC	10,000 6.141% DUE 11/18/2039	10,216	9,987
INVITATION HOMES OP PARTNERS	13,000 4.875% DUE 02/01/2035	12,510	12,298
JBS USA LUX	11,000 3.625% DUE 01/15/2032	9,819	9,707
JP MORGAN CHASE BANK	7,000 3.540% DUE 05/01/2028	6,811	6,802
JP MORGAN CHASE BANK	9,000 1.470% DUE 09/22/2027	8,227	8,514
JP MORGAN CHASE COMMERCIAL	14,000 2.558% DUE 08/17/2049	13,331	13,788
JP MORGAN CHASE COMMERCIAL	3,000 2.713% DUE 08/17/2049	3,421	3,243
KIMCO REALTY CORP	12,000 4.850% DUE 03/01/2035	11,597	11,428
KYNDRYL HOLDINGS INC	10,000 3.150% DUE 10/15/2031	8,767	8,671
LPL HOLDINGS INC	9,000 5.700% DUE 05/20/2027	9,023	9,108
MICROCHIP TECHNOLOGY INC	8,000 4.900% DUE 03/15/2028	7,996	7,972
MICRON TECHNOLOGY INC	9,000 6.750% DUE 11/01/2029	9,655	9,582
MYLAN NV	8,000 3.950% DUE 06/15/2026	7,962	7,873
ORACLE CORP	7,000 2.300% DUE 03/25/2028	6,490	6,471
PNC FINANCIAL SERVICES GROUP	9,000 3.400% NO DUE DATE	8,482	8,447
PRIMERICA INC	14,000 2.800% DUE 11/19/2031	12,128	11,981
PRUDENTIAL FINANCIAL INC	10,000 5.700% DUE 09/15/2048	10,009	9,926
RADIAN GROUP INC	10,000 6.200% DUE 05/15/2029	10,326	10,262
REALTY INCOME CORP	9,000 4.000% DUE 07/15/2029	8,716	8,655
REGIONS FINANCIAL CORP	13,000 5.722% DUE 06/06/2030	13,272	13,180
SABINE PASS LIQUEFACTION LLC	9,000 4.500% DUE 05/15/2030	8,768	8,718
SER 2015-GC30 CLA-4	10,000 3.382% DUE 05/12/2050	10,836	9,940
SOUTHERN CO	20,000 3.250% DUE 07/01/2026	18,863	19,588
SOUTHERN CO	15,000 5.700% DUE 03/15/2034	15,551	15,310
T MOBILE USA	14,000 3.750% DUE 04/15/2027	13,243	13,677
T MOBILE USA	11,000 3.875% DUE 04/15/2030	10,442	10,351
T MOBILE USA	10,000 4.700% DUE 01/15/2035	9,605	9,458
TARGA RES CORP	9,000 5.500% DUE 02/15/2035	9,010	8,854
TORONTO DOMINION BANK	10,000 5.146% DUE 09/10/2034	9,864	9,784

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):			
TOYOTA AUTO	45,000 4.430% DUE 04/15/2030	44,988	44,616
TRUIST FINANCIAL CORP	18,000 7.161% DUE 10/30/2029	19,382	19,247
UBS COMM MTG TRUST	6,000 3.345% DUE 11/17/2050	6,019	5,457
US BANCORP	7,000 3.700% NO DUE DATE	6,674	6,620
US BANCORP	10,000 5.836% DUE 06/12/2034	10,371	10,194
VERIZON MASTER TRUST	25,000 4.170% DUE 08/20/2030	24,994	24,760
VERIZON MASTER TRUST	45,000 4.620% DUE 11/20/2030	44,840	44,957
VIATRIS INC	19,000 2.700% DUE 06/22/2030	16,600	16,482
VMWARE INC	23,000 3.900% DUE 08/21/2027	22,504	22,480
WELLS FARGO & CO	36,000 2.572% DUE 02/11/2031	32,118	31,748
WELLS FARGO & CO	20,000 5.574% DUE 07/25/2029	19,662	20,306
WELLS FARGO & CO	16,000 5.499% DUE 01/23/2035	16,217	15,932
WORLD OMNI AUTO	10,000 0.840% DUE 09/15/2027	9,997	9,763
	Total corporate bonds	1,413,769	1,411,255
U.S. GOVERNMENT AND GSE SECURITIES:			
U.S. GOVERNMENT -			
U.S. TREASURY BILL	910,000 0.000% DUE 02/06/2025	900,793	900,793
U.S. TREASURY BILL	910,000 0.000% DUE 02/20/2025	899,703	899,307
U.S. TREASURY BILL	920,000 0.000% DUE 03/06/2025	909,396	909,397
U.S. TREASURY BILL	920,000 0.000% DUE 03/13/2025	907,811	907,811
U. S. TREASURY BILL	990,000 0.000% DUE 04/14/2025	975,270	975,270
U.S. TREASURY BILL	944,000 0.000% DUE 04/24/2025	930,815	930,815
U.S. TREASURY BILL	945,000 0.000% DUE 05/01/2025	931,090	931,090
U.S. TREASURY BILL	947,000 0.000% DUE 05/15/2025	931,514	931,514
U.S. TREASURY NOTE	170,000 4.625% DUE 11/15/2026	171,192	171,108
U.S. TREASURY NOTE	68,000 4.125% DUE 02/15/2027	67,356	67,816
U.S. TREASURY NOTE	85,000 4.375% DUE 07/15/2027	85,226	85,218
U.S. TREASURY NOTE	122,000 3.375% DUE 09/15/2027	121,159	119,220
U.S. TREASURY NOTE	140,000 4.125% DUE 11/15/2027	139,591	139,383
U.S. TREASURY NOTE	73,000 4.375% DUE 11/30/2028	73,773	73,030
U.S. TREASURY NOTE	103,000 4.000% DUE 01/31/2029	101,733	101,589
U.S. TREASURY NOTE	187,000 4.625% DUE 04/30/2029	186,254	188,791
U.S. TREASURY NOTE	37,000 3.75 % DUE 05/31/2030	36,064	35,813
U.S. TREASURY NOTE	40,000 3.500% DUE 02/15/2033	37,650	37,212
U.S.TREASURY NOTE	86,000 3.875% DUE 08/15/2033	82,906	81,848
U.S. TREASURY NOTE	104,000 4.000% DUE 02/15/2034	100,945	99,565

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):			
U.S. GOVERNMENT (CONTINUED) -			
U.S. TREASURY NOTE	34,000 4.375% DUE 05/15/2034	33,948	33,477
U.S. TREASURY NOTE	34,000 3.875% DUE 08/15/2034	32,616	32,148
	Total U.S. Government	8,656,805	8,652,215
GSE SECURITIES -			
FEDERAL HOME LOAN MTG CORP	139,285 3.500% DUE 05/01/2052	124,835	123,428
FEDERAL HOME LOAN MTG CORP	55,578 4.000% DUE 10/01/2052	51,453	50,875
FEDERAL HOME LOAN MTG CORP	9,455 5.000% DUE 04/01/2053	9,281	9,140
FEDERAL HOME LOAN MTG CORP	78,992 5.500% DUE 08/01/2053	78,575	78,063
FEDERAL HOME LOAN MTG CORP	33,049 5.000% DUE 10/01/2053	32,184	31,957
FEDERAL HOME LOAN MTG CORP	122,670 5.000% DUE 12/01/2053	119,584	118,488
FEDERAL HOME LOAN MTG CORP	34,239 5.000% DUE 01/01/2054	33,195	33,057
FEDERAL NATL MTG ASSN	24,314 3.500% DUE 04/01/2052	24,321	21,551
FEDERAL NATL MTG ASSN	19,300 3.500% DUE 05/01/2052	17,690	17,105
FEDERAL NATL MTG ASSN	33,691 4.500% DUE 07/01/2052	32,610	31,752
FEDERAL NATL MTG ASSN	24,194 5.000% DUE 08/01/2052	24,152	23,429
FEDERAL NATL MTG ASSN	90,260 5.000% DUE 01/01/2054	88,699	87,167
	Total GSE Securities	636,579	626,012
	Total U.S. Government and GSE Securities	9,293,384	9,278,227
EXCHANGE TRADED FUNDS:			
DISTILLATE US FDMTL STABILITY	1,520 SHARES EXCHANGE TRADED FUND	78,541	83,484
ISHARES CORE MSCI EAFE	1,535 SHARES EXCHANGE TRADED FUND	105,146	107,880
ISHARES CORE MSCI EMERGING MARKET	938 SHARES EXCHANGE TRADED FUND	47,280	48,983
ISHARES CORE S&P 500	287 SHARES EXCHANGE TRADED FUND	150,403	168,951
ISHARES CORE S&P SMALL-CAP	285 SHARES EXCHANGE TRADED FUND	33,139	32,837
ISHARES MSCI CANADA	1,030 SHARES EXCHANGE TRADED FUND	36,819	41,509
ISHARES MSCI EMERGING MARKETS	352 SHARES EXCHANGE TRADED FUND	23,835	25,222
ISHARES MSCI USA	561 SHARES EXCHANGE TRADED FUND	90,142	99,903
JPMORGAN US QUALITY FACTOR	1,456 SHARES EXCHANGE TRADED FUND	72,758	83,385
PACER FUNDS	745 SHARES EXCHANGE TRADED FUND	34,238	32,787
PACER US CASH COWS	1,609 SHARES EXCHANGE TRADED FUND	86,076	90,876
	Total exchange traded funds	758,377	815,817

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
MONEY MARKET FUND, GOLDMAN SACHS FS GOVERNMENT	160,830 SHARES - MONEY MARKET FUND	160,830	160,830
	Total investments	\$ 11,626,360	\$ 11,666,129

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Goldman Sachs FS Government	Money Market Fund	\$ 21,666,595	\$ -	\$ -	\$ 21,666,595	\$ 21,666,595	\$ -
Goldman Sachs FS Government	Money Market Fund	-	1,651,557	-	1,651,557	1,651,557	-
U.S. Treasury Bill 02/20/2025	U.S. Government	899,307	-	-	899,307	899,307	-
U.S. Treasury Bill 08/22/2024	U.S. Government	3,507,495	-	-	3,507,495	3,507,495	-
U.S. Treasury Bill 06/21/2024	U.S. Government	2,389,472	-	-	2,389,472	2,389,472	-
U.S. Treasury Bill 05/15/2025	U.S. Government	931,514	-	-	931,514	931,514	-
U.S. Treasury Bill 11/14/2024	U.S. Government	1,779,140	-	-	1,779,140	1,779,140	-
U.S. Treasury Bill 12/05/24	U.S. Government	1,784,551	-	-	1,784,551	1,784,551	-
U.S. Treasury Bill 12/19/2024	U.S. Government	2,423,060	-	-	2,423,060	2,423,060	-
U.S. Treasury Bill 03/06/2025	U.S. Government	909,396	-	-	909,396	909,396	-
U.S. Treasury Bill 3/13/2025	U.S. Government	907,811	-	-	907,811	907,811	-
U.S. Treasury Bill 04/10/2025	U.S. Government	975,270	-	-	975,270	975,270	-
U.S. Treasury Bill 04/24/2025	U.S. Government	930,815	-	-	930,815	930,815	-
U.S. Treasury Bill 05/01/2025	U.S. Government	931,090	-	-	931,090	931,090	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> 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 _____ and ending _____		
A	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) _____
B	This return/report is:	<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 type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <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 Tampa Firefighters and Police Officers Employees Helath Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td>501</td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td>7/1/2020</td> </tr> <tr> <td>2b</td> <td>Employer Identification Number (EIN)</td> <td>85-6152252</td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td>921000</td> </tr> </table>	1b	Three-digit plan number (PN) ▶	501	1c	Effective date of plan	7/1/2020	2b	Employer Identification Number (EIN)	85-6152252	2c	Plan Sponsor's telephone number		2d	Business code (see instructions)	921000
1b	Three-digit plan number (PN) ▶	501															
1c	Effective date of plan	7/1/2020															
2b	Employer Identification Number (EIN)	85-6152252															
2c	Plan Sponsor's telephone number																
2d	Business code (see instructions)	921000															
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) TRUSTEES OF LOCAL 754 AND TAMPA POLICE BENEVOLENT ASSOCIATION 2010 NW 150th Avenue, Suite 200 Pembroke Pines FL 33028																

Electronic Filing Only

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	Digitally signed by: 	10/02/2025	Andrew Carter
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input 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	1,657
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)	1,588
	6a(2)	
	6b	
	6c	
	6d	0
	6e	
	6f	0
	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:
4A, 4B, 4D, 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u></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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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 _____

Electronic Filing Only

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Goldman Sachs FS Government	Money Market Fund	\$ 21,666,595	\$ -	\$ -	\$ 21,666,595	\$ 21,666,595	\$ -
Goldman Sachs FS Government	Money Market Fund	-	1,651,557	-	1,651,557	1,651,557	-
U.S. Treasury Bill 02/20/2025	U.S. Government	899,307	-	-	899,307	899,307	-
U.S. Treasury Bill 08/22/2024	U.S. Government	3,507,495	-	-	3,507,495	3,507,495	-
U.S. Treasury Bill 06/21/2024	U.S. Government	2,389,472	-	-	2,389,472	2,389,472	-
U.S. Treasury Bill 05/15/2025	U.S. Government	931,514	-	-	931,514	931,514	-
U.S. Treasury Bill 11/14/2024	U.S. Government	1,779,140	-	-	1,779,140	1,779,140	-
U.S. Treasury Bill 12/05/24	U.S. Government	1,784,551	-	-	1,784,551	1,784,551	-
U.S. Treasury Bill 12/19/2024	U.S. Government	2,423,060	-	-	2,423,060	2,423,060	-
U.S. Treasury Bill 03/06/2025	U.S. Government	909,396	-	-	909,396	909,396	-
U.S. Treasury Bill 3/13/2025	U.S. Government	907,811	-	-	907,811	907,811	-
U.S. Treasury Bill 04/10/2025	U.S. Government	975,270	-	-	975,270	975,270	-
U.S. Treasury Bill 04/24/2025	U.S. Government	930,815	-	-	930,815	930,815	-
U.S. Treasury Bill 05/01/2025	U.S. Government	931,090	-	-	931,090	931,090	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS:			
AIR CASTLE LTD	13,000 4.250% DUE 06/15/2026	\$ 13,226	\$ 12,862
AIR LEASE CORP	34,000 3.625% DUE 04/01/2027	33,274	32,857
AIR LEASE CORP	15,000 5.200% DUE 07/15/2031	15,004	14,821
AON NORTH AMERICA INC	13,000 5.150% DUE 03/01/2029	13,138	13,039
BANK 5 2024-5YR8	20,000 5.884% DUE 08/17/2057	20,600	20,552
BANK OF AMERICA CORP	23,000 1.734% DUE 07/22/2027	21,260	21,927
BANK OF AMERICA CORP	28,000 3.824% DUE 01/20/2028	27,466	27,436
BANK OF AMERICA CORP	11,000 3.419% DUE 12/20/2028	10,706	10,546
BANK OF AMERICA CORP	19,000 5.425% DUE 08/15/2035	18,868	18,493
BANK OF AMERICA CREDIT CARD	30,000 4.930% DUE 05/15/2029	30,091	30,290
BANK OF NEW YORK MELLON CORP	9,000 3.750% DUE 12/31/2099	8,601	8,506
BANK OF NOVA SCOTIA COCO	16,000 4.500% DUE 12/16/2025	15,936	15,916
BOEING CO	11,000 2.196% DUE 02/04/2026	10,661	10,668
BROADCOM INC	18,000 4.350% DUE 02/15/2030	17,986	17,514
CAPITAL ONE FINANCIAL CORP	11,000 1.878% DUE 11/02/2027	9,613	10,394
CAPITAL ONE FINANCIAL CORP	19,000 6.312% DUE 06/08/2029	19,722	19,619
CAPITAL ONE FINANCIAL CORP	17,000 5.817% DUE 02/01/2034	17,337	17,074
CARMAX AUTO	22,000 0.810% DUE 12/15/2026	22,034	21,781
CHARLES SCHWAB CORP	11,000 4.000% NO DUE DATE	10,681	10,639
CITIGROUP INC	25,000 1.462% DUE 06/09/2027	22,923	23,804
CITIGROUP INC	7,000 3.887% DUE 01/10/2028	6,647	6,862
CITIGROUP INC	17,000 6.125% DUE 03/09/2028	17,657	17,489
CITIGROUP INC	18,000 3.520% DUE 10/27/2028	16,291	17,324
CITIGROUP INC	18,000 3.980% DUE 03/20/2030	17,288	17,185
CITIGROUP INC	28,000 6.174% DUE 05/25/2034	29,070	28,524
CNA FINANCIAL CORP	19,000 4.500% DUE 02/24/2026	18,946	18,941
CNH INDUSTRIAL CAPITAL LLC	11,000 1.450% DUE 07/15/2026	10,451	10,460
CNO FINANCIAL GROUP INC	16,000 5.250% DUE 05/30/2029	15,964	15,887
CNO FINANCIAL GROUP INC	7,000 6.450% DUE 06/15/2034	7,331	7,232
COMM MORTGAGE TRUST	39,000 3.349% DUE 10/13/2048	37,364	38,443
CORPORATE OFFICE PPTYS	15,000 2.750% DUE 04/15/2031	12,914	12,805
CORPORATE OFFICE PPTYS	14,000 2.900% DUE 12/01/2033	11,368	11,247
DELL INTERNATIONAL LLC	8,000 4.900% DUE 10/01/2026	7,951	8,022
DELL INTERNATIONAL LLC	11,000 5.400% DUE 04/15/2034	11,131	10,973
DTE ENERGY CO	7,000 4.875% DUE 06/01/2028	6,851	6,976
DUKE ENERGY	17,000 3.400% DUE 06/15/2029	16,011	15,928
DUKE ENERGY	15,000 5.750% DUE 09/15/2033	15,636	15,379
EDISON INTERNATIONAL DTD	10,000 5.750% DUE 06/15/2027	10,028	10,167
EDISON INTERNATIONAL DTD	5,000 6.950% DUE 11/15/2029	5,382	5,340
ENERGY TRANSFER PARTNERS LP	27,000 6.400% DUE 12/01/2030	28,721	28,529
ENERGY LA LLC	8,000 5.150% DUE 09/15/2034	7,992	7,868

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):			
EPR PPTYS SR GLOBAL	10,000 3.75 % DUE 08/15/2027	9,304	9,265
EQUIFAX INC	10,000 5.100% DUE 12/15/2027	10,247	10,057
FORD CREDIT AUTO	40,000 4.960% DUE 05/15/2030	39,998	40,363
GENERAL MOTORS FINANCIAL CO INC	17,000 5.800% DUE 06/23/2028	17,431	17,340
GENERAL MOTORS FINANCIAL CO INC	3,000 5.750% DUE 02/08/2031	3,075	3,040
GOLDMAN SACHS GROUP INC	24,000 3.814% DUE 04/23/2029	23,189	23,083
GOLDMAN SACHS GROUP INC	28,000 3.102% DUE 02/24/2033	24,587	24,132
GOLDMAN SACHS GROUP INC	26,000 1.948% DUE 09/22/2027	23,395	24,668
HCA INC	7,000 4.500% DUE 02/15/2027	6,946	6,934
HCA INC	7,000 5.875% DUE 02/01/2029	7,180	7,144
HEWLETT PACKARD ENTERPRISE CO	9,000 4.550% DUE 10/15/2029	8,990	8,773
HUNTINGTON BANCSHARES INC	10,000 6.141% DUE 11/18/2039	10,216	9,987
INVITATION HOMES OP PARTNERS	13,000 4.875% DUE 02/01/2035	12,510	12,298
JBS USA LUX	11,000 3.625% DUE 01/15/2032	9,819	9,707
JP MORGAN CHASE BANK	7,000 3.540% DUE 05/01/2028	6,811	6,802
JP MORGAN CHASE BANK	9,000 1.470% DUE 09/22/2027	8,227	8,514
JP MORGAN CHASE COMMERCIAL	14,000 2.558% DUE 08/17/2049	13,331	13,788
JP MORGAN CHASE COMMERCIAL	3,000 2.713% DUE 08/17/2049	3,421	3,243
KIMCO REALTY CORP	12,000 4.850% DUE 03/01/2035	11,597	11,428
KYNDRYL HOLDINGS INC	10,000 3.150% DUE 10/15/2031	8,767	8,671
LPL HOLDINGS INC	9,000 5.700% DUE 05/20/2027	9,023	9,108
MICROCHIP TECHNOLOGY INC	8,000 4.900% DUE 03/15/2028	7,996	7,972
MICRON TECHNOLOGY INC	9,000 6.750% DUE 11/01/2029	9,655	9,582
MYLAN NV	8,000 3.950% DUE 06/15/2026	7,962	7,873
ORACLE CORP	7,000 2.300% DUE 03/25/2028	6,490	6,471
PNC FINANCIAL SERVICES GROUP	9,000 3.400% NO DUE DATE	8,482	8,447
PRIMERICA INC	14,000 2.800% DUE 11/19/2031	12,128	11,981
PRUDENTIAL FINANCIAL INC	10,000 5.700% DUE 09/15/2048	10,009	9,926
RADIAN GROUP INC	10,000 6.200% DUE 05/15/2029	10,326	10,262
REALTY INCOME CORP	9,000 4.000% DUE 07/15/2029	8,716	8,655
REGIONS FINANCIAL CORP	13,000 5.722% DUE 06/06/2030	13,272	13,180
SABINE PASS LIQUEFACTION LLC	9,000 4.500% DUE 05/15/2030	8,768	8,718
SER 2015-GC30 CLA-4	10,000 3.382% DUE 05/12/2050	10,836	9,940
SOUTHERN CO	20,000 3.250% DUE 07/01/2026	18,863	19,588
SOUTHERN CO	15,000 5.700% DUE 03/15/2034	15,551	15,310
T MOBILE USA	14,000 3.750% DUE 04/15/2027	13,243	13,677
T MOBILE USA	11,000 3.875% DUE 04/15/2030	10,442	10,351
T MOBILE USA	10,000 4.700% DUE 01/15/2035	9,605	9,458
TARGA RES CORP	9,000 5.500% DUE 02/15/2035	9,010	8,854
TORONTO DOMINION BANK	10,000 5.146% DUE 09/10/2034	9,864	9,784

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):			
TOYOTA AUTO	45,000 4.430% DUE 04/15/2030	44,988	44,616
TRUIST FINANCIAL CORP	18,000 7.161% DUE 10/30/2029	19,382	19,247
UBS COMM MTG TRUST	6,000 3.345% DUE 11/17/2050	6,019	5,457
US BANCORP	7,000 3.700% NO DUE DATE	6,674	6,620
US BANCORP	10,000 5.836% DUE 06/12/2034	10,371	10,194
VERIZON MASTER TRUST	25,000 4.170% DUE 08/20/2030	24,994	24,760
VERIZON MASTER TRUST	45,000 4.620% DUE 11/20/2030	44,840	44,957
VIATRIS INC	19,000 2.700% DUE 06/22/2030	16,600	16,482
VMWARE INC	23,000 3.900% DUE 08/21/2027	22,504	22,480
WELLS FARGO & CO	36,000 2.572% DUE 02/11/2031	32,118	31,748
WELLS FARGO & CO	20,000 5.574% DUE 07/25/2029	19,662	20,306
WELLS FARGO & CO	16,000 5.499% DUE 01/23/2035	16,217	15,932
WORLD OMNI AUTO	10,000 0.840% DUE 09/15/2027	9,997	9,763
	Total corporate bonds	1,413,769	1,411,255
U.S. GOVERNMENT AND GSE SECURITIES:			
U.S. GOVERNMENT -			
U.S. TREASURY BILL	910,000 0.000% DUE 02/06/2025	900,793	900,793
U.S. TREASURY BILL	910,000 0.000% DUE 02/20/2025	899,703	899,307
U.S. TREASURY BILL	920,000 0.000% DUE 03/06/2025	909,396	909,397
U.S. TREASURY BILL	920,000 0.000% DUE 03/13/2025	907,811	907,811
U. S. TREASURY BILL	990,000 0.000% DUE 04/14/2025	975,270	975,270
U.S. TREASURY BILL	944,000 0.000% DUE 04/24/2025	930,815	930,815
U.S. TREASURY BILL	945,000 0.000% DUE 05/01/2025	931,090	931,090
U.S. TREASURY BILL	947,000 0.000% DUE 05/15/2025	931,514	931,514
U.S. TREASURY NOTE	170,000 4.625% DUE 11/15/2026	171,192	171,108
U.S. TREASURY NOTE	68,000 4.125% DUE 02/15/2027	67,356	67,816
U.S. TREASURY NOTE	85,000 4.375% DUE 07/15/2027	85,226	85,218
U.S. TREASURY NOTE	122,000 3.375% DUE 09/15/2027	121,159	119,220
U.S. TREASURY NOTE	140,000 4.125% DUE 11/15/2027	139,591	139,383
U.S. TREASURY NOTE	73,000 4.375% DUE 11/30/2028	73,773	73,030
U.S. TREASURY NOTE	103,000 4.000% DUE 01/31/2029	101,733	101,589
U.S. TREASURY NOTE	187,000 4.625% DUE 04/30/2029	186,254	188,791
U.S. TREASURY NOTE	37,000 3.75 % DUE 05/31/2030	36,064	35,813
U.S. TREASURY NOTE	40,000 3.500% DUE 02/15/2033	37,650	37,212
U.S.TREASURY NOTE	86,000 3.875% DUE 08/15/2033	82,906	81,848
U.S. TREASURY NOTE	104,000 4.000% DUE 02/15/2034	100,945	99,565

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):			
U.S. GOVERNMENT (CONTINUED) -			
U.S. TREASURY NOTE	34,000 4.375% DUE 05/15/2034	33,948	33,477
U.S. TREASURY NOTE	34,000 3.875% DUE 08/15/2034	32,616	32,148
	Total U.S. Government	<u>8,656,805</u>	<u>8,652,215</u>
GSE SECURITIES -			
FEDERAL HOME LOAN MTG CORP	139,285 3.500% DUE 05/01/2052	124,835	123,428
FEDERAL HOME LOAN MTG CORP	55,578 4.000% DUE 10/01/2052	51,453	50,875
FEDERAL HOME LOAN MTG CORP	9,455 5.000% DUE 04/01/2053	9,281	9,140
FEDERAL HOME LOAN MTG CORP	78,992 5.500% DUE 08/01/2053	78,575	78,063
FEDERAL HOME LOAN MTG CORP	33,049 5.000% DUE 10/01/2053	32,184	31,957
FEDERAL HOME LOAN MTG CORP	122,670 5.000% DUE 12/01/2053	119,584	118,488
FEDERAL HOME LOAN MTG CORP	34,239 5.000% DUE 01/01/2054	33,195	33,057
FEDERAL NATL MTG ASSN	24,314 3.500% DUE 04/01/2052	24,321	21,551
FEDERAL NATL MTG ASSN	19,300 3.500% DUE 05/01/2052	17,690	17,105
FEDERAL NATL MTG ASSN	33,691 4.500% DUE 07/01/2052	32,610	31,752
FEDERAL NATL MTG ASSN	24,194 5.000% DUE 08/01/2052	24,152	23,429
FEDERAL NATL MTG ASSN	90,260 5.000% DUE 01/01/2054	88,699	87,167
	Total GSE Securities	<u>636,579</u>	<u>626,012</u>
	Total U.S. Government and GSE Securities	<u>9,293,384</u>	<u>9,278,227</u>
EXCHANGE TRADED FUNDS:			
DISTILLATE US FDMTL STABILITY	1,520 SHARES EXCHANGE TRADED FUND	78,541	83,484
ISHARES CORE MSCI EAFE	1,535 SHARES EXCHANGE TRADED FUND	105,146	107,880
ISHARES CORE MSCI EMERGING MARKET	938 SHARES EXCHANGE TRADED FUND	47,280	48,983
ISHARES CORE S&P 500	287 SHARES EXCHANGE TRADED FUND	150,403	168,951
ISHARES CORE S&P SMALL-CAP	285 SHARES EXCHANGE TRADED FUND	33,139	32,837
ISHARES MSCI CANADA	1,030 SHARES EXCHANGE TRADED FUND	36,819	41,509
ISHARES MSCI EMERGING MARKETS	352 SHARES EXCHANGE TRADED FUND	23,835	25,222
ISHARES MSCI USA	561 SHARES EXCHANGE TRADED FUND	90,142	99,903
JPMORGAN US QUALITY FACTOR	1,456 SHARES EXCHANGE TRADED FUND	72,758	83,385
PACER FUNDS	745 SHARES EXCHANGE TRADED FUND	34,238	32,787
PACER US CASH COWS	1,609 SHARES EXCHANGE TRADED FUND	86,076	90,876
	Total exchange traded funds	<u>758,377</u>	<u>815,817</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2024

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
MONEY MARKET FUND, GOLDMAN SACHS FS GOVERNMENT	160,830 SHARES - MONEY MARKET FUND	160,830	160,830
	Total investments	\$ 11,626,360	\$ 11,666,129

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.