

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: EMPLOYEE WELFARE BENEFIT PLAN OF THE FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/2001
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) FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST WILLIAM C. EARHART CO., INC. PO BOX 4148 PORTLAND, OR 97208 3140 NE BROADWAY PORTLAND, OR 97208
2b Employer Identification Number (EIN) 91-6532370
2c Plan Sponsor's telephone number 503-282-5581
2d Business code (see instructions) 525100

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 include 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 type="checkbox"/> Same as Plan Sponsor FRATERNAL ORDER OF POLICE - MEMBER BEEFITS TRUST WILLIAM C. EARHART CO., INC. PO BOX 4148 PORTLAND, OR 97208	3b Administrator's EIN 91-6532370 3c Administrator's telephone number 800-547-1314
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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
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5 Total number of participants at the beginning of the plan year	5	1048
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1048
a(2) Total number of active participants at the end of the plan year	6a(2)	988
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	988
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	36
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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 4F 4H 4Q 4T 4U

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan EMPLOYEE WELFARE BENEFIT PLAN OF THE FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 91-6532370</p>	

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
RELIANCE STANDARD LIFE 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
36-0883760	68381	GL 156688	964	08/01/2024	07/31/2025

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.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">14929</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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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

COORDINATED BENEFITS DBA BASIN PACI 6917 W GRANDRIGE BLD, STE C
KENNEWICK, WA 99336

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14929			3

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

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	103224
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EMPLOYEE WELFARE BENEFIT PLAN OF THE FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 91-6532370</p>	

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
RELIANCE STANDARD LIFE 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
36-0883760	68381	LTD 128092	964	08/01/2024	07/31/2025

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.

<p>(a) Total amount of commissions paid 52960</p>	<p>(b) Total amount of fees paid 0</p>
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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
COORDINATED BENEFITS DBA BASIN PACI 6917 W GRANDRIGE BLD, STE C KENNEWICK, WA 99336

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52960			3

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

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

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

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

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

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

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

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

(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)	0	
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	366177
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EMPLOYEE WELFARE BENEFIT PLAN OF THE FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 91-6532370</p>	

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
RELIANCE STANDARD LIFE 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
36-0883760	68381	G 165181	964	08/01/2024	07/31/2025

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.

<p>(a) Total amount of commissions paid 22418</p>	<p>(b) Total amount of fees paid 0</p>
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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
COORDINATED BENEFITS DBA BASIN PACI 6917 W GRANDRIGE BLD, STE C KENNEWICK, WA 99336

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22418			3

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

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

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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)			
	(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)	0	
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	155001
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 EMPLOYEE WELFARE BENEFIT PLAN OF THE FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST	D Employer Identification Number (EIN) 91-6532370	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

CHURCHILL MANAGEMENT GROUP

5900 WILSHIRE BOULEVARD, SUITE 400
LOS ANGELES, CA 90036-5006

(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 28 50	NONE	51820	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM C EARHART COMPANY, INC.

12029 NE GLENN WIDING DR
PORTLAND, OR 97220

93-0509592

(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 12 13 15 36 38 50 64	NONE	43800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHOEDEL & SCHOEDEL, CPAS, PLLC

422 W RIVERSIDE, SUITE 1420
SPOKANE, WA 99201

91-0614823

(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	13750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BASIN PACIFIC INSURANCE

6816 W RIO GRANDE AVE, C120
KENNEWICK, WA 99336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50 53 70	NONE	6274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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.	OMB No. 1210-0110 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 EMPLOYEE WELFARE BENEFIT PLAN OF THE FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST	D Employer Identification Number (EIN) 91-6532370

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	430700	526380
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	71204	115214
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34676	45997
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	165778	105411
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2321070	2949475
(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)	3710924	4569772
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	189290	90909

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	6923642	8403158
Liabilities			
g Benefit claims payable.....	1g	9607	9315
h Operating payables.....	1h	6000	2288
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10005	62094
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	25612	73697
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6898030	8329461

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)	2184465	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2184465
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	124048	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	5012	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		129060
(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)	64112	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	649536	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	592494	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	713008	
(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		3147687

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	909553	
(2) To insurance carriers for the provision of benefits	2e(2)	652967	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1562520
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	43800	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13750	
(5) Investment advisory and investment management fees	2i(5)	51820	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4040	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	40326	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		153736
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1716256

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1431431
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: **SCHOEDEL & SCHOEDEL, CPAS PLLC**

(2) EIN: **91-0614823**

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		200000
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 _____.

**EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST**

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITOR'S REPORT**

December 31, 2024 and 2023

**EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST**

AUDITED FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Employee Welfare Benefit Plan of the
Fraternal Order of Police - Member Benefits Trust

Opinion

We have audited the accompanying financial statements of the Employee Welfare Benefit Plan of the Fraternal Order of Police - Member Benefits Trust, and employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of Plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and Plan benefit obligations of the Employee Welfare Benefit Plan of the Fraternal Order of Police - Member Benefits Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, which raise substantial doubt about the Employee Welfare Benefit Plan of the Fraternal Order of Police - Member Benefits Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

INDEPENDENT AUDITOR'S REPORT (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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Employee Welfare Benefit Plan of the Fraternal Order of Police - Member Benefits Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, which raise substantial doubt about the Employee Welfare Benefit Plan of the Fraternal Order of Police - Member Benefits Trust's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Transactions as of and 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 supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

Schoedel & Schoedel CPAs PLLC

Spokane, Washington
October 10, 2025

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2024 and 2023

	2024	2023
ASSETS:		
Non-interest bearing cash	\$ 526,379	\$ 430,700
Marketable securities, at fair value	7,715,568	6,387,063
Accrued bond interest	32,004	23,158
Employer contributions receivable	115,214	71,204
Prepaid expenses	13,993	11,517
Total assets	8,403,158	6,923,642
LIABILITIES:		
Accounts payable and accrued expenses	2,288	6,000
Unearned employer contributions	62,094	10,005
Total liabilities	64,382	16,005
NET ASSETS AVAILABLE FOR BENEFITS:		
Allocated for health reimbursement arrangement	7,810,145	6,416,977
Unallocated	528,631	490,660
TOTAL NET ASSETS AVAILABLE FOR BENEFITS	\$ 8,338,776	\$ 6,907,637

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

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions, net	\$ 2,184,465	\$ 1,854,720
Appreciation (depreciation) in fair value of investments, net	770,050	379,570
Other net investment income	193,172	188,104
Total additions	3,147,687	2,422,394
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Insurance premiums paid, net	653,259	610,071
Benefits paid to or for participants, net	909,553	801,063
Costs of administration:		
Administrative fees	43,800	43,800
Auditing and accounting fees	13,750	12,750
Bank service charges	6,704	6,501
Consulting fees	6,274	6,000
Debit card (replacement and additional) fees	551	-
Insurance and bonding	2,736	3,311
Investment management fees	51,820	43,925
Legal fees	4,040	6,552
PCORI fee	2,805	2,157
Printing, postage and mailing	87	1,749
Trust promotion and member education	17,135	-
Trustee meetings	4,034	2,346
Total deductions	1,716,548	1,540,225
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	1,431,139	882,169
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year	6,907,637	6,025,468
End of the year	\$ 8,338,776	\$ 6,907,637

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

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

STATEMENTS OF PLAN BENEFIT OBLIGATIONS
As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Premiums due to insurer	\$ 9,315	\$ 9,607
POSTRETIREMENT BENEFIT OBLIGATIONS	<u>-</u>	<u>-</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 9,315</u>	<u>\$ 9,607</u>

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

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

For the years ended December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Balance at the beginning of the year	\$ 9,607	\$ 23,354
Insurance premiums approved for payment	652,967	596,324
Insurance premiums paid	(653,259)	(610,071)
Benefits approved for payment	909,553	801,063
Benefits paid	(909,553)	(801,063)
Balance at the end of the year	9,315	9,607
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Balance at the beginning of the year	-	-
Net change during the year	-	-
Balance at the end of the year	-	-
TOTAL PLAN BENEFIT OBLIGATIONS	\$ 9,315	\$ 9,607

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

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the Employee Welfare Benefit Plan of the Fraternal Order of Police - Member Benefits Trust (the Plan) provides only general information. Participants should refer to the plan documents, summaries, and other descriptive plan literature for a more complete description of the provisions of the plan.

General - The Plan was originally established effective January 1, 2001 by the Washington Council of Police and Sheriffs to provide health benefits to retired members of bargaining units participating in the Plan. The Plan and related trust have been amended, restated, merged and renamed multiple times since. The most recent change was effective January 1, 2023 at which time the name of the trust was changed from the Western States Police Medical Trust to the Fraternal Order of Police - Member Benefits Trust (the Trust).

Plan Organization - The Plan is organized into two separate welfare benefit programs: the Life and Disability program and the Health Care Reimbursement Account (HRA) program.

Life and Disability - The Life and Disability program is an insured plan offering life, accidental death and dismemberment, short term disability, long term disability, and loss of sight insurance coverage.

HRA - The Health Care Reimbursement Account program is an employer funded plan that provides for reimbursement to eligible account beneficiaries and their surviving spouses or dependents of health insurance premiums, eligible medical expenses, and costs of long-term care insurance. See also Note 10.

Eligibility - Participation in the Plan or its programs is limited to members of the Washington State Lodge of the Fraternal Order of Police (or an affiliated local lodge) or any other police or corrections officer working throughout the United States. Qualified participants are those covered under a Participation Agreement with the Board of Trustees, either on behalf of themselves or through a participating police lodge or labor organization. The only individuals who are entitled to participate in and to receive benefits from the Plan are those employees and beneficiaries identified by Participation Agreements for individual participants or for police guilds and labor organizations.

Contributions - Employer contributions for the Life and Disability program are received and held by the Plan pending payment of approved insurance premiums. Employer contributions in the name of a participant for the HRA program are accounted for by the Plan in a participant's individual account. Such contributions are determined pursuant to rules adopted by the Board of Trustees.

Under the trust document, the Board of Trustees has all necessary authority to receive the contributions to pay welfare benefits and premiums on the group insurance policy(ies) owned by the Plan and to pay reasonable expenses of the Plan. Each employer agrees to pay to the Plan the amount of contributions required to maintain welfare benefits coverage for each of its

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

participants in the amounts and at times described in the Participation Agreement. In the event an employer fails or refuses to remit the contributions due to the Plan on a timely basis, the Board of Trustees will cancel and terminate the coverage afforded the employer's participants, and the employer will be notified accordingly by the insurer and/or the Board of Trustees. In the event eligibility is provided in spite of a delinquent contribution from a participating employer, lodge, or labor organization, the Board of Trustees has authority to enforce procedures to collect amounts owed to the Plan.

Participant Accounts - Under the HRA program, a separate account is established for each participant. A participant account reflects the participant's employer contributions; any mandatory transfer of individual leave accumulations; any mandatory rollovers or transfers from a tax-favored welfare plan; and an allocation of the plan's investment earnings and losses, minus administrative expenses and benefit payments. Contributions are allocated to participant accounts when received; investment earnings and expenses are allocated monthly; and benefits are allocated as paid.

Benefits - Under the HRA program, an eligible participant is entitled to reimbursement of qualified medical expenses at any time up to the balance in the participant's individual account. Upon death, any balance remaining in a participant's account can be used for qualified benefits by a spouse or other qualified dependent(s) until the account is fully depleted.

Administration of the Plan - The sponsor of the Plan is the Washington State Lodge of the Fraternal Order of Police. The Plan is administered by the Board of Trustees, with the assistance of William C. Earhart Co., Inc., a contract administration organization; Erven, Bong & Associates, LLC and Basin Pacific Insurance, benefits consulting services firms; Churchill Management Group, an investment management company; and Barlow Coughran Morales & Josephson, P.S., a legal services firm. Financial statement accounting and auditing services are provided by SCHOEDEL & SCHOEDEL, Certified Public Accountants, PLLC.

Right to Change or Terminate the Plan - The Board of Trustees may amend the provisions of the trust agreement, except for any amendments concerning (a) a change in attendance fee per diem or anything of personal benefit to the Trustees, or (b) a change in the terms of office, election, or removal procedures of the trust agreement requires the written approval of the sponsor.

The Plan Agreement may be terminated at any time, by action of the Board of Trustees, provided that any such action requires the written approval of the sponsor. In any event, the Plan Agreement will be automatically terminated upon the expiration of all participation agreements requiring the payment of contributions to the Plan. Upon the termination of the Plan Agreement, the Board of Trustees will wind up the affairs of the Plan. In the event of a merger, any and all monies and assets remaining in the Plan, after payment of expenses, will be transferred to the trust fund with which the merger has been negotiated. With respect to any other termination, any

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

and all monies and assets remaining in the Plan, after the payment of expenses, will be used for the continuance of the benefits provided by the then existing benefit Plan(s), until such monies and assets have been exhausted, unless some other disposition is required in regulations of the Secretary of Labor. In no event shall any of the remaining monies or assets be paid to or be recoverable by any participating employer, guild or labor organization.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The 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 the representations of the Board of Trustees, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States and have been consistently applied in the preparation of the financial statements.

Basis of Presentation - The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Board of Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Non-interest Bearing Cash - Non-interest bearing cash includes cash on hand and non-interest bearing demand deposits held at financial institutions. See also Note 5.

Investment Valuation - The Plan's investments in marketable securities are reported at fair value. For a further discussion of fair value measurements, see Note 7.

Valuation of Other Financial Instruments - The Plan recognizes other financial instruments at historical cost, which approximates fair value due to the short maturities of those instruments.

Contributions Recognition - Employer and participant contributions to the life and disability program are recognized as the Plan becomes obligated for the payment of insurance premiums and benefits. Therefore, contributions received after December 31 for premiums paid and benefits provided before the beginning of the subsequent year are recognized as contributions receivable. On the other hand, contributions received before December 31 for premiums paid and benefits provided in the subsequent year are recognized as unearned.

The Plan recognizes as receivable employer contributions to the HRA program based upon compensation paid prior to January 1 of the subsequent year.

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Investment Income Recognition - Investment transactions are recorded on a trade-date basis. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses. Realized gains and losses from security transactions are determined by the average cost method. Realized gains and losses on investments sold during the year and unrealized gains and losses on investments held during the year are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Income from investments is included in other net investment income in the Statements of Changes in Net Assets Available for Benefits.

Payments of Benefit Distributions - Benefit distributions to or for participants are recognized when paid.

Premiums Due to Insurer - Plan obligations for premiums due to insurer are premiums due for insurance coverage prior to plan year end but not remitted to the insurer until after plan year end.

Net Asset Restrictions - All net assets are restricted to providing benefits and related administrative support.

NOTE 3 - INCOME TAX STATUS:

The trust established under the Plan to hold the Plan's assets was established to qualify as a tax-exempt organization under Section 501(c)(9) of the Internal Revenue Code (IRC). The Trust obtained its latest tax determination letter dated January 16, 2003, with an effective date of exemption of January 1, 2001. In the letter, the Internal Revenue Service (IRS) stated that the Trust, as then designed, was in compliance with the applicable requirements of the IRC. The Plan and Trust have been amended and restated since receiving the determination letter. However, the Board of Trustees and legal counsel believe that the Trust and related Plan are designed and have been operated through December 31, 2024, in accordance with applicable provisions of the IRC.

The Plan is subject to audit or examination by various regulatory jurisdictions. As of October 10, 2025, there were no audits or examinations in progress.

NOTE 4 - RISKS AND UNCERTAINTIES:

In determining the fair value of financial instruments, the Board of Trustees uses a variety of methods and assumptions that are based on market conditions and risks existing at the date of the

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - RISKS AND UNCERTAINTIES (Continued):

Statement of Net Assets Available for Benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

As of the audit report date, the U.S. Federal Deposit Insurance Corporation (FDIC) provides coverage up to \$250,000 per depositor per ownership category on deposit accounts at FDIC-insured institutions. As of December 31, 2024, the Plan maintained account balances totaling \$584,549 at U.S. Bank.

The Plan holds mutual and exchange-traded funds which in turn hold various investment securities. Investment securities are exposed to various risks including interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The Plan and related insurance carrier face an increasingly challenging regulatory environment. Certain interpretations of laws, rules and regulations could potentially result in adverse effects to the Plan. However, it is not expected that the Plan will significantly change operations or terminate prior to December 31, 2024.

NOTE 5 - NON-INTEREST BEARING CASH:

As of December 31, 2024 and 2023, the Plan's non-interest bearing cash consisted of \$526,379 and \$430,700, respectively, in its checking accounts at U.S. Bank.

NOTE 6 - MARKETABLE SECURITIES, AT FAIR VALUE:

As of December 31, 2024 and 2023, the Plan's investments in marketable securities consisted of the following:

	2024	2023
Interest bearing cash:		
Fidelity Government Cash Reserves ¹	\$ 105,411	\$ 165,778
Corporate debt obligations:		
Adobe Inc., 50,000, 3.250%, due 02/01/2025	49,932	49,123
Amgen Inc., 100,000, 2.200%, due 02/21/2027	94,819	92,983
AT&T Inc., 75,000, 2.300%, due 06/01/2027	70,789	69,614
Bank of America Corp., 50,000, 3.248%, due 10/21/2027	48,188	47,572
Biogen Inc., 35,000, 4.050%, due 09/15/2025	34,803	34,430
Broadcom Corp, 75,000, 3.500%, due 01/15/2028	72,211	71,925
Brookfield Fin Inc., 75,000, 3.900%, due 01/25/2028	72,964	72,232

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 - MARKETABLE SECURITIES, AT FAIR VALUE (Continued):

	<u>2024</u>	<u>2023</u>
Corporate debt obligations (continued):		
Brookfield Fin Inc., 16,000, 4.000%, due 04/01/2024	\$ -	\$ 15,926
Caterpillar Inc., 55,000, 3.400%, due 05/15/2024	-	54,589
Cisco Systems Inc., 50,000, 2.500%, due 09/20/2026	48,454	47,674
Coca Cola Inc., 200,000, 5.250%, due 06/01/2029	202,786	-
Comcast Corp., 50,000, 3.375%, due 08/15/2025	49,571	48,826
Dominion Energy Corp., 180,000, 5.375%, due 1/15/2032	180,378	-
Duke Energy Corp, 50,000, 2.650%, due 09/01/2026	48,398	47,445
Energy Transfer Corp, 250,000, 5.500%, due 12/01/2026	255,352	257,023
Extra Space Storage Inc., 170,000, 6.050%, due 05/01/2030	172,958	-
Gilead Sciences Inc., 95,000, 3.650%, due 03/01/2026	93,862	93,072
Hewlett Packard Enter Co., 50,000, 1.450%, due 04/01/2024	-	49,452
Hewlett Packard Enter Co., 50,000, 6.102%, due 04/01/2026	-	50,083
Invesco Finance PLC, 35,000, 3.750%, due 01/15/2026	34,634	34,077
JPMorgan Chase & Co., 50,000, 2.182%, due 06/01/2028	46,963	45,733
Laboratory Corp., 110,000, 2.950%, due 12/01/2029	99,793	98,919
Lowes Cos. Inc., 110,000, 4.000%, due 04/15/2025	109,771	108,454
Martin Marietta Materials Inc., 80,000, 2.500%, due 03/15/2030	70,776	70,432
McCormick & Co., Inc., 50,000, 3.150%, due 08/15/2024	-	49,211
McKesson Corp, 40,000, 5.250%, due 02/15/2026	-	40,000
McKesson Corp, 70,000, 5.100%, due 07/15/2033	69,623	-
Microsoft Corp., 50,000, 2.700%, due 02/12/2025	49,897	48,927
NXP Corp., 150,000, 5.000%, due 01/15/2033	145,998	-
Oracle Corp, 150,000, 6.150%, due 11/9/2029	157,332	161,363
Phillips 66 Inc., 120,000, 5.250%, due 06/15/2031	120,320	-
Schwab Charles Corp., 50,000, 4.200%, due 03/24/2025	49,923	49,418
Southwest Airlines Co., 50,000, 3.450%, due 11/16/2027	48,101	47,151
Stanley Black & Decker, 100,000, 6.272%, 03/06/2026	99,976	100,171
Stanley Black & Decker, 40,000, 6.000%, due 03/06/2028	41,390	42,011
State Street Corp., 75,000, 3.300%, due 12/16/2024	-	73,786
System Energy Resources Inc, 155,000, 6.000%, 04/15/2028	159,343	158,292
Toyota Corp., 55,000, 5.550%, 11/20/2030	56,685	-
Valero Energy Corp., 100,000, 2.150%, due 09/15/2027	93,486	91,156
Total corporate debt obligations	<u>2,949,476</u>	<u>2,321,070</u>
Local government debt obligation:		
Ventura County CA Public Fncg Authority Lease, 100,000, 1.962%, due 11/15/2028	<u>90,909</u>	<u>89,323</u>
Mutual and exchange-traded funds:		
American Century Small Cap Value Fund	215,648	-
Fidelity Money Market Fund ¹	-	877,328

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 - MARKETABLE SECURITIES, AT FAIR VALUE (Continued):

	<u>2024</u>	<u>2023</u>
Mutual and exchange-traded funds (continued):		
Fidelity MSCI Tech Fund ¹	\$ 237,386	\$ -
Invesco QQQ Trust, Series 1	875,737	574,147
iShares Core S&P 500 ETF	530,401	430,345
iShares Trust Russell 1000 Growth ETF	570,645	430,805
iShares Russell 1000 ETF	275,769	215,053
iShares Trust Russell 2000 Growth ETF	220,182	-
SPDR S&P 500 ETF Trust	471,208	191,550
SPDR Dow Jones Industrial Average ETF Trust	235,727	208,786
Vanguard S&P 500 ETF	489,778	397,051
Vanguard Value Index Fund - ETF shares	447,291	385,860
Total mutual and exchange-traded funds	<u>4,569,772</u>	<u>3,710,925</u>
U.S. Treasury debt obligation:		
Federal Farm Cr Banks, 100,000, 5.2%, due 11/03/2025	-	99,967
	<u>\$ 7,715,568</u>	<u>\$ 6,387,063</u>

As of December 31, 2024, investments in debt obligations, which are classified as available for sale, mature as follows:

	<u>Maturity</u>			
	<u>1 Year</u>	<u>2-5 Years</u>	<u>6-10 Years</u>	<u>11+Years</u>
Corporate debt obligations	\$ 345,000	\$1,810,000	\$ 825,000	\$ -
Local government debt obligation	-	100,000	-	-

¹ Fidelity Investments is a custodian of the Plan. Transactions of proprietary investments are exempted party-in-interest transactions.

NOTE 7 - FAIR VALUE MEASUREMENTS:

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Various inputs may be used to determine the value of the Plan's investments. These inputs are summarized in three broad levels for financial statement purposes. The three-level hierarchy is used to maximize the use of observable market data and minimize the use of unobservable inputs

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued):

and to establish classification of fair value measurements for disclosure purposes. The valuation inputs or methodologies used to value investments are not necessarily an indication of the risk or liquidity associated with investing in those investments.

Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes the level in the fair value hierarchy within the fair value measurement falls in its entirety is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

The three levels of the fair value hierarchy are described as follows:

- Level 1: Unadjusted quoted market prices in active markets, for identical investments;
- Level 2: Other significant observable market inputs (including quoted prices for similar investments, interest rates, credit risks, etc.); and
- Level 3: Significant unobservable inputs (including the Plan's own estimates and assumptions in determining the fair value of investments).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Interest bearing cash - Investments in interest bearing cash are valued at fair value, which approximates cost, due to the short maturities of the investments. Interest bearing demand deposits held at financial institutions are classified as level 1 assets.

Corporate and local government debt obligations - Investments in corporate and local government debt obligations are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Mutual and exchange-traded funds - Investments in mutual and exchange-traded funds are valued at quoted market prices in active markets, which are derived from the fair values of the underlying assets and liabilities of the specific fund.

U.S. Treasury debt obligations - Investments in U.S. Treasury debt obligations are valued at quoted market prices in active markets.

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued):

The following is a summary of the fair valuations of the Plan's investments as of December 31, 2024, based on the inputs used to value them:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest bearing cash	\$ 105,411	\$ -	\$ -	\$ 105,411
Corporate debt obligations	-	2,949,476	-	2,949,476
Local government debt obligations	-	90,909	-	90,909
Mutual and exchange-traded funds	<u>4,569,772</u>	<u>-</u>	<u>-</u>	<u>4,569,772</u>
	<u>\$ 4,675,183</u>	<u>\$ 3,040,385</u>	<u>\$ -</u>	<u>\$ 7,715,568</u>

The following table is a summary of the fair valuations of the Plan's investments as of December 31, 2023, based on the inputs used to value them:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest bearing cash	\$ 165,778	\$ -	\$ -	\$ 165,778
Corporate debt obligations	-	2,321,070	-	2,321,070
Local government debt obligations	-	89,323	-	89,323
Mutual and exchange-traded funds	3,710,925	-	-	3,710,925
U.S. Treasury debt obligations	<u>99,967</u>	<u>-</u>	<u>-</u>	<u>99,967</u>
	<u>\$ 3,976,670</u>	<u>\$ 2,410,393</u>	<u>\$ -</u>	<u>\$ 6,387,063</u>

During the years ended December 31, 2024 and 2023, there were no transfers between levels within the fair value hierarchy.

NOTE 8 - NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS:

During the years ended December 31, 2024 and 2023, the Plan's net appreciation (depreciation) in fair value of investments consisted of the following:

	<u>2024</u>	<u>2023</u>
Net realized gains (losses) from the sale of investments	\$ 57,042	\$ (74,974)
Net unrealized gains from investments	<u>713,008</u>	<u>454,544</u>
	<u>\$ 770,050</u>	<u>\$ 379,570</u>

NOTE 9 - OTHER NET INVESTMENT INCOME:

For the years ended December 31, 2024 and 2023, other net investment income consisted of interest and dividends as follows:

	<u>2024</u>	<u>2023</u>
Interest	\$ 129,060	\$ 92,416
Dividends	<u>64,112</u>	<u>95,688</u>
	<u>\$ 193,172</u>	<u>\$ 188,104</u>

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF POLICE - MEMBER BENEFITS TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 10 - ALLOCATION FOR HEALTH CARE REIMBURSEMENT ACCOUNT PROGRAM:

As of December 31, 2024 and 2023, net assets available for benefits that were allocated for individual participant accounts in the health care reimbursement account program (HRA) totaled \$7,810,145 and \$6,416,977, respectively.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500 as of December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 8,338,776	\$ 6,907,637
Premiums due to insurer	(9,315)	(9,607)
Net assets available for benefits per Schedule H of Form 5500	\$ 8,329,461	\$ 6,898,030

The following is a reconciliation of net insurance premiums paid per the accompanying financial statements to the Schedule H of Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Insurance premiums paid, net	\$ 653,259	\$ 610,071
Add premiums due to insurer at the end of the year	9,315	9,607
Less premiums due to insurer at the beginning of the year	(9,607)	(23,354)
Insurance premiums paid to insurance carriers per Schedule H of Form 5500	\$ 652,967	\$ 596,324

NOTE 12 - SUBSEQUENT EVENTS:

The Board of Trustees has evaluated events from December 31, 2024 through October 10, 2025, (the date the financial statements were available to be issued), and has identified no events that, if disclosed, would influence the readers' opinion concerning these financial statements.

SUPPLEMENTAL INFORMATION

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

EIN: 91-6532370

PLAN #: 501

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Descriptions of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Interest Bearing Cash:				
*	Fidelity Government Cash Reserves	Government money market account	\$ 105,411	\$ 105,411
Corporate Debt Obligations:				
	Adobe Inc.	3.250%, due 02/01/2025 50,000	50,011	49,932
	Amgen Inc.	2.200%, due 02/21/2027 100,000	101,359	94,819
	AT&T Inc.	2.300%, due 06/01/2027 75,000	76,050	70,789
	Bank of America Corp.	3.248%, due 10/21/2027 50,000	51,560	48,188
	Biogen Inc	4.050%, due 09/15/2025 35,000	35,075	34,803
	Broadcom Corp.	3.500%, due 01/15/2028 75,000	77,885	72,211
	Brookfield Fin Inc.	3.900%, due 01/25/2028 75,000	77,175	72,964
	Cisco Systems Inc.	2.500%, due 09/20/2026 50,000	50,183	48,454
	Coca Cola	5.250%, due 06/01/2029 200,000	199,500	202,786
	Comcast Corp.	3.375%, due 08/15/2025 50,000	50,130	49,571
	Dominion Energy	5.375%, due 11/15/2032 180,000	183,874	180,378
	Duke Energy Corp.	2.650%, due 09/01/2026 50,000	50,923	48,398
	Energy Transfer L.P	6.050%, due 12/01/2026 250,000	252,994	255,352
	Extra Space Storage	5.500%, due 05/01/2030 170,000	172,320	172,958
	Gilead Sciences Inc.	3.650%, due 03/01/2026 95,000	95,504	93,862
	Invesco Finance PLC	3.750%, due 01/15/2026 35,000	35,462	34,634
	JPMorgan Chase & Co.	2.182%, due 06/01/2028 50,000	50,663	46,963
	Laboratory Corp.	2.950%, due 12/01/2029 110,000	113,810	99,793
	Lowes Cos. Inc.	4.000%, due 04/15/2025 110,000	110,203	109,771
	Martin Marietta Materials Inc.	2.500%, due 03/15/2030 80,000	82,470	70,776
	McKesson Corp.	5.100%, due 07/15/2033 70,000	70,651	69,623
	Microsoft Corp.	2.700%, due 02/12/2025 50,000	49,928	49,897
	NXP	5.000%, due 01/15/2033 150,000	149,007	145,998
	Oracle Corp.	6.150%, due 11/09/2029 150,000	156,088	157,332
	Phillips 66	5.250%, due 06/15/2031 120,000	124,568	120,320
	Schwab Charles Corp.	4.200%, due 03/24/2025 50,000	49,440	49,923
	Southwest Airlines Co.	3.450%, due 11/16/2027 50,000	50,783	48,101
	Stanley Black & Decker, Inc.	6.272%, due 03/06/2026 100,000	100,319	99,976
	Stanley Black & Decker, Inc.	6.000%, due 03/06/2028 40,000	40,635	41,390
	System Energy Resources Inc.	6.000%, due 04/15/2028 155,000	155,242	159,343
	Toyota	5.550%, due 11/20/2030 55,000	56,547	56,685
	Valero Energy Corp.	2.150%, due 09/15/2027 100,000	100,974	93,486
			<u>3,021,333</u>	<u>2,949,476</u>

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

EIN: 91-6532370

PLAN #: 501

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Descriptions of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Municipal Debt Obligation:				
Ventura County CA Public Financing Authority Lease	1.962%, due 11/01/2028	100,000	\$ 102,182	\$ 90,909
Mutual and Exchange-Traded Funds:				
American Century small cap value	2,234.000 shares		192,857	215,648
* Fidelity MSCI Tech Fund	1,284.000 shares		201,542	237,386
Invesco QQQ Trust Series 1	1,402.000 shares		669,986	875,737
iShares Core S&P 500 ETF	901.000 shares		278,046	530,401
iShares Russell 1000 Growth	1,412.000 shares		346,147	570,645
iShares Russell 1000 ETF	856.000 shares		156,134	275,769
iShares Trust Russell 2000 Growth ETF	765.000 shares		235,069	220,182
SPDR S&P 500 ETF Trust	804.000 shares		384,029	471,208
SPDR Dow Jones Ind Ave ETF Trust	554.000 shares		160,289	235,727
Vanguard 500 Index ETF	909.000 shares		357,750	489,778
Vanguard Value Index Fund	2,642.000 shares		335,571	447,291
			<u>3,317,420</u>	<u>4,569,772</u>
TOTAL INVESTMENTS			<u>\$ 6,546,346</u>	<u>\$ 7,715,568</u>
* Party in interest				

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

EIN: 91-6532370 PLAN #: 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
As of and for the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain / (Loss)
Fidelity Money Market Fund	Mutual Fund	\$ -	\$ 579,500	\$ -	\$ -	\$ 579,500	\$ 579,500	\$ -
Fidelity Money Market Fund	Mutual Fund	\$ -	\$ 346,420	\$ -	\$ -	\$ 346,420	\$ 346,420	\$ -
Fidelity Money Market Fund	Mutual Fund	\$ 380,000	\$ -	\$ -	\$ -	\$ 380,000	\$ 380,000	\$ -
Fidelity Government Cash Reserves	Government Money Market Account	\$ 398,000	\$ -	\$ -	\$ -	\$ 398,000	\$ 398,000	\$ -
Fidelity Government Cash Reserves	Government Money Market Account	\$ -	\$ 378,122	\$ -	\$ -	\$ 378,122	\$ 378,122	\$ -

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

EIN: 91-6532370

PLAN #: 501

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Descriptions of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Interest Bearing Cash:				
* Fidelity Government Cash Reserves	Government money market account	\$ 105,411	\$ 105,411	
Corporate Debt Obligations:				
Adobe Inc.	3.250%, due 02/01/2025	50,000	50,011	49,932
Amgen Inc.	2.200%, due 02/21/2027	100,000	101,359	94,819
AT&T Inc.	2.300%, due 06/01/2027	75,000	76,050	70,789
Bank of America Corp.	3.248%, due 10/21/2027	50,000	51,560	48,188
Biogen Inc	4.050%, due 09/15/2025	35,000	35,075	34,803
Broadcom Corp.	3.500%, due 01/15/2028	75,000	77,885	72,211
Brookfield Fin Inc.	3.900%, due 01/25/2028	75,000	77,175	72,964
Cisco Systems Inc.	2.500%, due 09/20/2026	50,000	50,183	48,454
Coca Cola	5.250%, due 06/01/2029	200,000	199,500	202,786
Comcast Corp.	3.375%, due 08/15/2025	50,000	50,130	49,571
Dominion Energy	5.375%, due 11/15/2032	180,000	183,874	180,378
Duke Energy Corp.	2.650%, due 09/01/2026	50,000	50,923	48,398
Energy Transfer L.P	6.050%, due 12/01/2026	250,000	252,994	255,352
Extra Space Storage	5.500%, due 05/01/2030	170,000	172,320	172,958
Gilead Sciences Inc.	3.650%, due 03/01/2026	95,000	95,504	93,862
Invesco Finance PLC	3.750%, due 01/15/2026	35,000	35,462	34,634
JPMorgan Chase & Co.	2.182%, due 06/01/2028	50,000	50,663	46,963
Laboratory Corp.	2.950%, due 12/01/2029	110,000	113,810	99,793
Lowe's Cos. Inc.	4.000%, due 04/15/2025	110,000	110,203	109,771
Martin Marietta Materials Inc.	2.500%, due 03/15/2030	80,000	82,470	70,776
McKesson Corp.	5.100%, due 07/15/2033	70,000	70,651	69,623
Microsoft Corp.	2.700%, due 02/12/2025	50,000	49,928	49,897
NXP	5.000%, due 01/15/2033	150,000	149,007	145,998
Oracle Corp.	6.150%, due 11/09/2029	150,000	156,088	157,332
Phillips 66	5.250%, due 06/15/2031	120,000	124,568	120,320
Schwab Charles Corp.	4.200%, due 03/24/2025	50,000	49,440	49,923
Southwest Airlines Co.	3.450%, due 11/16/2027	50,000	50,783	48,101
Stanley Black & Decker, Inc.	6.272%, due 03/06/2026	100,000	100,319	99,976
Stanley Black & Decker, Inc.	6.000%, due 03/06/2028	40,000	40,635	41,390
System Energy Resources Inc.	6.000%, due 04/15/2028	155,000	155,242	159,343
Toyota	5.550%, due 11/20/2030	55,000	56,547	56,685
Valero Energy Corp.	2.150%, due 09/15/2027	100,000	100,974	93,486
		<u>3,021,333</u>	<u>2,949,476</u>	

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

EIN: 91-6532370

PLAN #: 501

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Descriptions of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Municipal Debt Obligation:				
Ventura County CA Public Financing Authority Lease	1.962%, due 11/01/2028	100,000	\$ 102,182	\$ 90,909
Mutual and Exchange-Traded Funds:				
American Century small cap value	2,234.000 shares		192,857	215,648
* Fidelity MSCI Tech Fund	1,284.000 shares		201,542	237,386
Invesco QQQ Trust Series 1	1,402.000 shares		669,986	875,737
iShares Core S&P 500 ETF	901.000 shares		278,046	530,401
iShares Russell 1000 Growth	1,412.000 shares		346,147	570,645
iShares Russell 1000 ETF	856.000 shares		156,134	275,769
iShares Trust Russell 2000 Growth ETF	765.000 shares		235,069	220,182
SPDR S&P 500 ETF Trust	804.000 shares		384,029	471,208
SPDR Dow Jones Ind Ave ETF Trust	554.000 shares		160,289	235,727
Vanguard 500 Index ETF	909.000 shares		357,750	489,778
Vanguard Value Index Fund	2,642.000 shares		335,571	447,291
			<u>3,317,420</u>	<u>4,569,772</u>
TOTAL INVESTMENTS			<u>\$ 6,546,346</u>	<u>\$ 7,715,568</u>
* Party in interest				

EMPLOYEE WELFARE BENEFIT PLAN OF THE
FRATERNAL ORDER OF THE POLICE MEMBER BENEFITS TRUST

EIN: 91-6532370

PLAN #: 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

As of and for the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Purchase price	Selling Price	Lease	Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain / (Loss)
Fidelity Money Market Fund	Mutual Fund	\$ -	\$ 579,500	\$ -	\$ -	\$ -	\$ 579,500	\$ 579,500	\$ -
Fidelity Money Market Fund	Mutual Fund	\$ -	\$ 346,420	\$ -	\$ -	\$ -	\$ 346,420	\$ 346,420	\$ -
Fidelity Money Market Fund	Mutual Fund	\$ 380,000	\$ -	\$ -	\$ -	\$ -	\$ 380,000	\$ 380,000	\$ -
Fidelity Government Cash Reserves	Government Money Market Account	\$ 398,000	\$ -	\$ -	\$ -	\$ -	\$ 398,000	\$ 398,000	\$ -
Fidelity Government Cash Reserves	Government Money Market Account	\$ -	\$ 378,122	\$ -	\$ -	\$ -	\$ 378,122	\$ 378,122	\$ -