

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
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: MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/17/2019
2a Plan sponsor's name (employer, if for a single-employer plan): FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1
2b Employer Identification Number (EIN): 25-0900023
2c Plan Sponsor's telephone number: 412-344-0984
2d Business code (see instructions): 813930

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL 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	D Employer Identification Number (EIN) 25-0900023	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE WAGNER LAW GROUP

8677 VILLA LA JOLLA DRIVE 888
SAN DIEGO, CA 92037

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	46980	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)

CW BREITSMAN ASSOCIATES, LLC

401 LIBERTY AVENUE, STE. 1625
PITTSBURGH, PA 15222

20-0064784

(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?
14 15 50	NONE	36666	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)

CBIZ INVESTMENT ADVISORY SERVICES

6050 OAK TREE BLVD. STE. 500
INDEPENDENCE, OH 44131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	FIDUCIARY INVEST. ADVISOR	18641	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)

GROSSMAN YANAK & FORD LLP

401 LIBERTY AVENUE, STE. 1800
PITTSBURGH, PA 15222

25-1638525

(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	18241	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)

ACRISURE MID-ATL. PART. INS. SERV.

100 OTTAWA AVENUE SW
GRAND RAPIDS, MI 49503

92-3652116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>			
A Name of plan <u>MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>501</u></td> </tr> </table>	B Three-digit plan number (PN) ▶	<u>501</u>
B Three-digit plan number (PN) ▶	<u>501</u>		
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FRATERNAL ORDER OF POLICE</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) <u>25-0900023</u></td> </tr> </table>	D Employer Identification Number (EIN) <u>25-0900023</u>	
D Employer Identification Number (EIN) <u>25-0900023</u>			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	15757	8298
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3286	6342
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	77695	116749
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5331452	7589495
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5428190	7720884
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	5675	16598
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5675	16598
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5422515	7704286

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)	1800000	
(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)		1800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)	180313	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		180313
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		449425
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2429738

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13251	
(5) Investment advisory and investment management fees	2i(5)	18641	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	18000	
(8) Legal fees	2i(8)	46980	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1209	
(11) Other expenses.....	2i(11)	49886	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		147967
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		147967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2281771
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: GROSSMAN YANAK & FORD LLP

(2) EIN: 25-1638525

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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



**Medical Expense Reimbursement Plan of the
Fraternal Order of Police Fort Pitt Lodge No. 1
Retiree Medical Trust**

**Financial Statements as of and for the Years Ended December 31,
2024 and 2023, Supplemental Schedules as of and for the Year
Ended December 31, 2024 and Independent Auditors' Report**

**MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER
OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the
FOP Fort Pitt Lodge No. 1 Retiree Medical Trust

Opinion

We have audited the accompanying financial statements of the Medical Expense Reimbursement Plan of the Fraternal Order of Police Fort Pitt Lodge No. 1 Retiree Medical Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of the Board of Trustees for the Financial Statements

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

In preparing the financial statements, the Board of Trustees is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying table of contents are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Board of Trustees 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.

GROSSMAN YANAK & FORD LLP

Pittsburgh, Pennsylvania
October 6, 2025

**MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER
OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST**

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

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 8,298	\$ 15,757
Investments, at fair value:		
Cash and cash equivalents	116,749	77,695
Exchange traded funds	7,434,432	5,226,121
Mutual fund	<u>155,063</u>	<u>105,331</u>
Total investments	<u>7,706,244</u>	<u>5,409,147</u>
Prepaid expenses	<u>6,342</u>	<u>3,286</u>
Total	<u>7,720,884</u>	<u>5,428,190</u>
<u>LIABILITIES</u>		
Accrued expenses	<u>16,598</u>	<u>5,675</u>
NET ASSETS AVAILABLE FOR BENEFITS	7,704,286	5,422,515
BENEFIT OBLIGATIONS	<u>7,125,289</u>	<u>6,241,016</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS (BENEFIT OBLIGATIONS IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS)	<u>\$ 578,997</u>	<u>\$ (818,501)</u>

See notes to financial statements.

**MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER
OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST**

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

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Employer contributions	\$ 1,800,000	\$ 1,800,000
Investment income:		
Interest and dividend income	180,313	109,262
Net appreciation in fair value of investments	449,425	485,002
Investment expenses	<u>(18,641)</u>	<u>(11,154)</u>
Net investment income	<u>611,097</u>	<u>583,110</u>
Total additions	<u>2,411,097</u>	<u>2,383,110</u>
DEDUCTIONS:		
Cost of administration:		
Legal fees	46,980	43,753
Administration fees	36,666	36,399
Accounting fees	18,241	17,291
Actuary fees	18,000	8,500
Insurance	7,850	3,534
Other	<u>1,589</u>	<u>5,535</u>
Total deductions	<u>129,326</u>	<u>115,012</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	<u>2,281,771</u>	<u>2,268,098</u>
CHANGE IN BENEFIT OBLIGATIONS:		
Service cost	(610,566)	(465,982)
Interest	(343,257)	(343,364)
Changes in nature of the plan	-	(435,866)
Other changes	<u>69,550</u>	<u>781,174</u>
Net increase in benefit obligations	<u>(884,273)</u>	<u>(464,038)</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS IN EXCESS OF THE INCREASE IN BENEFIT OBLIGATIONS	1,397,498	1,804,060
BENEFIT OBLIGATIONS IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>(818,501)</u>	<u>(2,622,561)</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS (BENEFIT OBLIGATIONS IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS), END OF YEAR	<u>\$ 578,997</u>	<u>\$ (818,501)</u>

See notes to financial statements.

MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Medical Expense Reimbursement Plan of the Fraternal Order of Police Fort Pitt Lodge No. 1 Retiree Medical Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General - The Plan was established on July 1, 2019 and restated effective November 1, 2020, by the Fraternal Order of Police Fort Pitt Lodge No. 1 (FOP Fort Pitt Lodge No. 1), an organization located in Pittsburgh, Pennsylvania (the "City") which represents the City's police officers. The Plan is a welfare benefit plan that will provide medical expense reimbursement benefits to future retirees. The Plan's assets are held in the Fraternal Order of Police Fort Pitt Lodge No. 1 Retiree Medical Trust (the "Trust"), which was established December 1, 2018. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Eligibility - Participation in the Plan is mandatory for all Employees who: (1) were hired by the Pittsburgh Bureau of Police (the "Bureau") after January 1, 2005; (2) are members of the bargaining unit represented by the FOP Fort Pitt Lodge No. 1; and (3) have contributions made to the Trust on their behalf, as required by the applicable Collective Bargaining Agreement between the FOP Lodge No.1 and the Bureau and applicable successor agreements (the "CBA"). Prior to January 1, 2023, the Plan was only open to officers hired between January 1, 2005 and December 31, 2015.

An employee becomes an eligible retiree entitled to benefits after the employee meets all of the following requirements:

- Earns 20 years of active service (i.e., 20 years of full-time employment in a classification represented by the FOP Fort Pitt Lodge No. 1);
- Contributions on behalf of the employee were made for all years of active service after the commencement of contributions to the Plan by the Bureau;
- Stops working for the Bureau of Police, and remains unemployed by the Bureau;
- Attains age 50;
- Retires from employment with the Bureau and is eligible for retirement benefits under the City's retirement plan (including a work-related disability retirement).

Contributions - Employer contributions to the Plan are non-elective and are made pursuant to the CBA. Effective January 1, 2023, the CBA provides for a fixed annual contribution of \$1,800,000. Elective employee contributions are not permitted. However, under certain limited circumstances and pursuant to COBRA, beneficiaries may make contributions. The Plan also provides for returning veterans to buy active service and active service units equivalent to twenty-four months for each period of active duty military service. Contributions are recognized in the period to which the contribution pertains.

Contributions are invested with the assistance of a professional investment manager, utilizing investment policies and methods consistent with objectives of the Plan and ERISA requirements.

Benefits - Beginning January 1, 2024 and after meeting the eligibility requirements, eligible retired beneficiaries and their surviving spouses and children are entitled to reimbursement towards the payment of covered expenses, as defined in the Plan, including: health, dental and vision insurance premiums, miscellaneous medical expenses and eligible long-term care insurance premiums, all of which must be tax deductible under the Internal Revenue Code Section 213(d) and must not be claimed as a deduction in the personal income tax returns of the beneficiaries. The amount of the reimbursement payment is limited to the benefit level of the beneficiary.

The monthly benefit for an eligible retiree is determined based on the retiree's number of active service units accrued, multiplied by the applicable unit multiplier. An employee earns active service units for each month of active service contribution to the Plan, where each monthly contribution of \$25 equals one active service unit. For example, if an employee's monthly contribution rate is \$75, the employee earns three active service units per month. Employees will also be granted active service counted toward eligibility, but not active service units, for employment after January 1, 2005 and prior to the effective date of the Plan.

The unit multiplier is a factor that is determined by the Board of Trustees, with actuarial advice. The unit multiplier may change from time to time, is not guaranteed, and is dependent on the level of contributions from the participating employer, participants, and other factors. The unit multiplier was 0.16 at December 31, 2024 and 2023.

The monthly benefit for surviving spouses is 50% of the deceased eligible retiree's benefit level. If there is no surviving spouse, the monthly benefit for surviving dependent children under age 26 is equal to 50% of the deceased retiree's benefit level (to be divided among all children).

Effective January 1, 2024, the Plan was amended to provide for carryover of unused beneficiary benefits, including carryover of accumulated benefits to surviving spouses and children.

As described above, the determination of benefits to which eligible retirees are entitled includes active service units accrued. The determination of active services units accrued requires data from the City of Pittsburgh, which has not been provided as of October 6, 2025. FOP Fort Pitt Lodge No. 1 has filed a complaint against the City of Pittsburgh claiming the City of Pittsburgh is in violation of certain provisions of the Pennsylvania Labor Relations Act. Benefit reimbursement payments are expected to commence after receipt of the necessary data from the City of Pittsburgh and upon reimbursement requests from eligible retirees, which could begin during the year ending December 31, 2025.

Administration of the Plan - The Plan is administered by the Board of Trustees, with the assistance of CW Brietsman Associates, LLC, a contract administration organization. Plan assets were held in a trust by TD Ameritrade. In September 2023, Plan assets were transferred and are now held in trust by Charles Schwab. The Wagner Law Group and CBIZ Investment Advisory Services, LLC (CBIZ) provided legal and investment advisory services, respectively. The Trustees involved in the administration and oversight of the Plan do not receive any compensation from the Plan.

Right to Change or Terminate the Plan - The Board of Trustees may amend the Plan on its own accord.

The Trust Agreement may be terminated at any time by action of the Board of Trustees after sixty days' advance written notice and approval from the FOP Fort Pitt Lodge No. 1. If the FOP Fort Pitt Lodge No. 1 is decertified or otherwise ceases to exist without having made provision for any remaining funds in the Trust, the Board of Trustees will have full power to amend.

Upon termination, the Board of Trustees will wind up the affairs of the Trust. Any and all monies remaining in the Trust, after the payment of expenses, shall be allocated among the participating employees and beneficiaries as specified by Section 501(c)(9) of the Internal Revenue Code and related authority. In no event shall any of the remaining monies or assets in the Trust be paid to or be recoverable by any participating employer or labor organization.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP involves estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent

assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from the estimates.

Cash and Cash Equivalents - The Plan maintains cash and cash equivalents which may at times exceed federally insured amounts. All highly liquid instruments with original maturities of three months or less are considered to be cash equivalents.

Investment Valuation and Income Recognition - Investments are reported at fair value. Purchases and sales of securities are reflected on a trade date basis. Income from investments is recorded when earned. The net appreciation or depreciation of the fair value of investments includes realized and unrealized gains and losses. Realized gains and losses on sales of securities are based on the specific cost of the security sold. Unrealized gains and losses are determined by the change in the current value of investments from the beginning of the year, if held for the entire year, or from the date of purchase to the end of the year. Dividends are recorded on the ex-dividend date. The Trust's investment policy does not permit direct short sales of individual securities, margin purchases, direct investment in commodities future contracts, direct investments in real estate or direct real estate lending, and hedge funds. The Plan did not hold any such prohibited investments as of December 31, 2024 or 2023.

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value within the Plan.

Cash and Cash Equivalents: valued at cash value or cost which approximates fair value (level 1 inputs).

Exchange Traded Funds and Mutual Fund: Valued at the closing prices reported on the active markets on which the individual securities are traded (level 1 inputs).

There have been no changes to the methodologies used at December 31, 2024 or 2023. The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

Benefit Obligations - The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to service rendered through December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) current retirees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Bureau. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations was determined by an actuary and is the amount that results from applying actuarial assumptions to participant benefit levels to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of the expected postretirement benefit obligations at December 31, 2024 was determined by an actuary based on census data as of December 31, 2023 due to the City of Pittsburgh not providing current census data as described in Note 1 above.

Substantially all of the benefit obligations at December 31, 2024 and 2023 are related to plan participants not yet fully eligible for benefits.

The decrease during the years ended December 31, 2024 and 2023 resulting from other changes of \$69,550 and \$781,174, respectively, is the result of actuarial gains from actual plan experience being more favorable than actuarial assumptions.

The increase during the year ended December 31, 2023 resulting from changes in the nature of the plan of \$435,866 is due to the Plan being opened to officers hired subsequent to December 31, 2015, which served to increase the benefit obligation by \$3,145,885, and the change to the fixed annual contribution of \$1,800,000, which served to reduce the benefit obligation by \$2,710,019.

The following were significant assumptions used in the actuary's valuation of benefit obligations as of December 31, 2024 and 2023:

Contributions	\$1,800,000 annually
Benefit payments	Full amount of monthly eligible reimbursement
Investment rate of return	5.50%
Discount rate	5.50%
Mortality	PubS-2010(A) and PubS-2010 Tables
Mortality Improvement	SOA Scale MP-2021, Base year 2010

Retirement Rates:

<u>Age</u>	<u>Percentage</u>	<u>Age</u>	<u>Percentage</u>
50-51	20%	62	15%
52-53	12%	63	10%
54-59	10%	64	20%
60	15%	65+	100%
61	10%		

The actuary's calculations also considered assumptions for disability, withdrawal rates, and marriage status. Medical cost trends are not expected to impact the benefit obligations as the full amount of eligible monthly benefits is expected to be reimbursed.

The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan document to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan document specifically recognizes the Board of Trustees' right to modify or terminate postretirement benefits at any time for current and/or future retirees.

Risks and Uncertainties - The Plan is a health and welfare plan whose principal sources of funds to make benefit payments are from (1) funds currently on hand, (2) contributions to be received in the future from employers and participants, and (3) appreciation from investment funds. Contributions from employers are subject to the CBA. While the Board of Trustees believes the participating bargaining unit intends to bargain with the employer for continued contribution obligations beyond the term of the CBA, continuation is subject to the collective bargaining process. Accordingly, it is possible that contributions will not be extended beyond the term of the existing agreement.

The actuary's determination of benefit obligations is based on estimates and assumptions, including anticipated investment return, participant mortality and expected funding from employers and the participants. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements. There are also risks that the estimates and assumptions made in determination of the current benefit levels will not be realized.

While the actuary's determination of benefit levels is intended to provide benefits over the long term, there is no guarantee that sufficient funds will be available to continue benefits.

Subsequent Events - The Trustees have evaluated subsequent events through October 6, 2025, the date which the financial statements were available to be issued.

3. PLAN TERMINATION

Although it has not expressed any intention to do so, the Board of Trustees has the right to modify the future benefits to be provided to eligible employees and to terminate the Plan subject to the provisions set forth in ERISA.

4. INCOME TAX STATUS

The Trust is a voluntary employees' beneficiary association and has been classified as a qualified tax-exempt trust under Section 501(c)(9) of the Internal Revenue Code (IRC). Accordingly, the net investment income of the Trust is exempt from income taxes. The Trust obtained a tax-exempt determination letter from the Internal Revenue Service effective July 17, 2019, which stated that the Trust, as designed, was exempt from federal income tax. The Plan has since been amended and the Plan administrator believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP prescribes a comprehensive model for the financial statement recognition, measurement, presentation, and disclosure of uncertain tax positions taken or expected to be taken in income tax returns. The Board of Trustees believes that there is no liability related to uncertain tax positions at December 31, 2024 and 2023. The Plan is no longer subject to tax examinations for tax years before December 31, 2021.

5. PARTIES IN INTEREST

The Board of Trustees has delegated discretionary authority to CBIZ as fiduciary investment advisor to select investments based on the investment policy of the Plan. Transactions with the investment advisor qualify as exempt party-in-interest transactions. Fees incurred by the Plan for investment management services were \$18,641 and \$11,154 for the years ended December 31, 2024 and 2023, respectively. Additionally, the Plan's expenses included exempt party-in-interest transaction fees paid for administrative and legal services.

**MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE
FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST
EIN: 83-3078132 PLAN 501**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	(d) Cost	(e) Current Value
*	Interest Bearing Cash: Charles Schwab	Deposit account	\$ 116,749	\$ 116,749
	Exchange Traded Funds:			
	iShares	IBOXX High Yield	145,045	144,873
	Vanguard	Total Bond Market ETF	2,700,256	2,601,920
	Vanguard	Value ETF	1,142,377	1,351,522
	Vanguard	Growth ETF	954,708	1,395,906
	Vanguard	FTSE All-World ex-US ETF	1,315,811	1,352,752
	Vanguard	Mid-Cap ETF	285,501	333,332
	Vanguard	Small-Cap ETF	94,608	112,691
	Vanguard	Intermediate-Term Corporate Bond Fund ETF	<u>139,447</u>	<u>141,436</u>
	Total Exchange Traded Funds		<u>6,777,753</u>	<u>7,434,432</u>
*	Mutual Fund: Charles Schwab	Treasury Obligations Money Fund	<u>155,063</u>	<u>155,063</u>
	Total Investments		<u>\$ 7,049,565</u>	<u>\$ 7,706,244</u>

*Party-in-interest

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <hr/> <h2 style="text-align: center;">2024</h2> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here▶ <input checked="" type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here▶ <input type="checkbox"/>

Part II Basic Plan Information - enter all requested information	
1a Name of plan MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST	1b Three-digit plan number (PN) ▶ <u>501</u> 1c Effective date of plan <u>07/17/2019</u>
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 FORT PITT LODGE NO. 1 1428 BANKSVILLE ROAD PITTSBURGH PA 15216	2b Employer Identification Number (EIN) <u>25-0900023</u> 2c Plan Sponsor's telephone number <u>412-344-0984</u> 2d Business code (see instructions) <u>813930</u>

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

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

SIGN HERE		<u>10/6/24</u>	ELIZABETH PHILLIPS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

**MEDICAL EXPENSE REIMBURSEMENT PLAN OF THE FRATERNAL ORDER OF POLICE
FORT PITT LODGE NO. 1 RETIREE MEDICAL TRUST
EIN: 83-3078132 PLAN 501**

SCHEDULE OF REPORTABLE TRANSACTIONS (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain/(Loss)
Category (iii): Series of transactions in the same security in excess of 5% of the current value of plan assets:						
Vanguard	Total Bond Market ETF	11	\$ 1,159,233			
Vanguard	FTSE All-World ex-US ETF	7	367,607			
Vanguard	Value ETF	8	449,151	\$ 41,764	\$ 26,979	\$ 14,785
Vanguard	Growth ETF	5	349,748	47,522	22,550	24,972
Vanguard	Mid-Cap ETF	6	164,099	270,542	229,264	41,278