

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SANTA MONICA POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, SANTA MONICA POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST</u></p> <p><u>1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017</u></p>	<p>1c Effective date of plan <u>01/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>95-7011261</u></p> <p>2c Plan Sponsor's telephone number <u>562-463-5000</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	434
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	213
	6a(2)	210
	6b	202
	6c	0
	6d	412
	6e	
	6f	412
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan SANTA MONICA POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SANTA MONICA POLICE OFFICERS'	D Employer Identification Number (EIN) 95-7011261	

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

SEGAL SELECT INSURANCE SERVICES, INC

41-0619194

(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)

UBS FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	137034	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)

BENEFIT PROGRAMS ADMINISTRATION

13-2501278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	54197	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)

WAGNER LAW

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	20880	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)

MILLER KAPLAN ARASE LLP

95-2036255

(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	20000	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.	<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 SANTA MONICA POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SANTA MONICA POLICE OFFICERS'	D Employer Identification Number (EIN) 95-7011261

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	6102	-13614
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	1258	1258
(3) Other	1b(3)	70123	38654
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2299058	2054908
(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)	23431194	26729040
(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	25807735	28810246
Liabilities			
g Benefit claims payable.....	1g	270850	300572
h Operating payables.....	1h	8036	6488
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	278886	307060
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25528849	28503186

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)	367024	
(B) Participants.....	2a(1)(B)	660848	
(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)		1027872
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)		
(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)		
(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)	879474	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		879474
(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)		2555110
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4462456

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1228600	
(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)		1228600
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)	54197	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	137034	
(6) Bank or trust company trustee/custodial fees	2i(6)	1093	
(7) Actuarial fees	2i(7)	4000	
(8) Legal fees	2i(8)	20880	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1195	
(11) Other expenses.....	2i(11)	21120	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		259519
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1488119

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2974337
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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		1000000
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 _____.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Retiree Medical Plan of the Santa Monica Police
Officers' Association Reimbursement Trust
1200 Wilshire Boulevard, 5th Floor
Los Angeles, California 90017

Members of the Board:

Opinion

We have audited the accompanying financial statements of the Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement 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 of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 14, 2025

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31, 2024	December 31, 2023
ASSETS		
INVESTMENTS - AT FAIR VALUE		
Money Market Funds	\$ 2,054,908	\$ 2,299,058
Mutual Funds	11,598,249	10,285,220
Exchange Traded Funds	15,130,791	13,145,974
TOTAL INVESTMENTS	\$ 28,783,948	\$ 25,730,252
CASH (Overdraft)	(13,614)	6,102
TOTAL INVESTMENTS AND CASH	28,770,334	25,736,354
RECEIVABLES		
Participant Contributions	1,258	1,258
Accrued Interest	23,767	27,573
TOTAL RECEIVABLES	25,025	28,831
PREPAID EXPENSES	14,887	42,550
TOTAL ASSETS	28,810,246	25,807,735
LIABILITIES		
ACCOUNTS PAYABLE	6,488	8,036
NET ASSETS AVAILABLE FOR BENEFITS	28,803,758	25,799,699
Memorandum:		
Benefit Obligations Other Than Postretirement Benefit Obligations	300,572	270,850
Excess of Net Assets Available for Benefits Over Benefit Obligations Other Than Postretirement Benefit Obligations	\$ 28,503,186	\$ 25,528,849

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024		January 1, 2023 to December 31, 2023	
ADDITIONS				
NET INVESTMENT INCOME				
Interest and Dividends	\$ 879,474		\$ 814,142	
Net Appreciation of Investments	2,555,110		2,361,371	
Less: Investment Expenses	<u>(137,034)</u>	\$ 3,297,550	<u>(119,045)</u>	\$ 3,056,468
CONTRIBUTIONS				
City of Santa Monica	367,024		362,805	
Participants	<u>660,848</u>	<u>1,027,872</u>	<u>652,824</u>	<u>1,015,629</u>
TOTAL ADDITIONS		4,325,422		4,072,097
DEDUCTIONS				
BENEFITS PAID		1,198,878		1,069,897
EXPENSES				
Administration Fees	36,632		35,565	
Administration Expenses - Direct	17,565		16,115	
Audit Fees	20,000		21,200	
Legal Fees	20,880		22,677	
Actuary Fees	4,000		4,500	
Printing, Postage and Office Expenses	19,209		18,344	
Meetings and Conferences	2,007		8,310	
Miscellaneous	<u>2,192</u>	<u>122,485</u>	<u>2,154</u>	<u>128,865</u>
TOTAL DEDUCTIONS		<u>1,321,363</u>		<u>1,198,762</u>
NET INCREASE FOR THE YEAR		3,004,059		2,873,335
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of Year		<u>25,799,699</u>		<u>22,926,364</u>
End of Year		<u>\$ 28,803,758</u>		<u>\$ 25,799,699</u>

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST
STATEMENTS OF BENEFIT OBLIGATIONS**

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable	\$ <u>300,572</u>	\$ <u>270,850</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>300,572</u>	<u>270,850</u>
POSTRETIREMENT BENEFIT OBLIGATIONS *		
Current Retirees, Beneficiaries and Dependents Active and Terminated Participants	21,664,000	18,565,000
Eligible for Benefits	13,239,000	19,353,000
Active and Terminated Participants not yet Eligible for Benefits	<u>2,745,000</u>	<u>3,188,000</u>
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS	<u>37,648,000</u>	<u>41,106,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 37,948,572</u>	<u>\$ 41,376,850</u>

* The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan documents to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan and related trust agreement specifically recognize the Board of Trustees' right to modify or terminate postretirement benefits at any time. Additionally, Plan documents inform participants that postretirement benefits are provided on a month-to-month basis to the extent that assets are currently available, and that such benefits are not guaranteed to continue indefinitely.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable at Beginning of Year	\$ 270,850	\$ 246,451
Benefits Reported and Approved for Payment	1,228,600	1,094,296
Benefits Paid	<u>(1,198,878)</u>	<u>(1,069,897)</u>
Claims Payable at End of Year	<u>300,572</u>	<u>270,850</u>
POSTRETIREMENT BENEFIT OBLIGATIONS *		
Balance at Beginning of Year	41,106,000	37,388,000
Net Changes During the Year:		
Service Cost	352,000	251,000
Interest Cost	1,962,000	1,855,000
Expected Benefit Paid	(1,199,000)	(1,073,000)
Change in Assumptions	(4,173,000)	1,427,000
Actuarial (Gains) Losses	<u>(400,000)</u>	<u>1,258,000</u>
Balance, End of Year	<u>37,648,000</u>	<u>41,106,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS, END OF YEAR	<u><u>\$ 37,948,572</u></u>	<u><u>\$ 41,376,850</u></u>

* The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan documents to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan and related trust agreement specifically recognize the Board of Trustees' right to modify or terminate postretirement benefits at any time. Additionally, Plan documents inform participants that postretirement benefits are provided on a month-to-month basis to the extent that assets are currently available, and that such benefits are not guaranteed to continue indefinitely.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement Trust (the "Plan") was formed under a Memorandum of Understanding between the City of Santa Monica (the "City") and the Santa Monica Police Officers' Association ("the Association"). The Plan provides a portion or all of the premiums for certain retired members of the Santa Monica Police Officers' Association who retired on or after January 1, 1996. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by a Board of Trustees that acts as the Plan Administrator, Plan Sponsor and the named fiduciary. The Trustees establish (and amend from time to time) plan operating and eligibility rules and plan of benefits.

The Plan's main source of income is contributions from participants and the City.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are recorded on the accrual basis of accounting.

B. Estimates

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

C. Postretirement Benefits

Accounting principles generally accepted in the United States of America require that defined benefit health and welfare plans report postretirement benefit obligations for retired participants including beneficiaries and covered dependents, active and terminated participants who are fully eligible to receive postretirement benefits, and active participants not yet fully eligible for postretirement benefits.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the City. 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 in the industry rendered to the valuation date.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Postretirement Benefits (Continued)

The actuarial present value of the expected postretirement benefit obligation was determined by actuaries from Foster & Foster, Inc., and is the amount that results from applying actuarial assumptions to historical benefit cost data to estimate future annual benefit costs per participant and 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 significant actuarial assumptions and methods used for the December 31, 2024 [2023]: (a) Actuarial Cost Method: Projected Unit Credit actuarial cost method, (b) Discount Rate: 5.55% [4.80%] per annum, based on high quality corporate fixed income investment returns (FTSE Pension Discount Curve) with cash flows that match the timing and amount of expected benefit payments, (c) Mortality: CalPERS 2000-2019 Experience Study for pre-retirement and post-retirement. Mortality improvement projected with Scale MP-2021, (d) Retirement: CalPERS 2000-2019 Experience Study for Police 3% at 50, and (e) other assumptions for disability rates, termination rates, family composition and others.

The changes in actuarial assumptions for the year ended December 31, 2024 resulted in a decrease of \$4,173,000 in postretirement benefit obligations.

The Plan does not have an obligation under prevailing law, collective bargaining agreements, or the Plan documents to provide postretirement benefits on a lifetime basis or to arrange for the funding of such benefits. The Plan and related trust agreement specifically recognize the Board of Trustees' right to modify or terminate postretirement benefits at any time. Additionally, Plan documents inform participants that postretirement benefits are provided on a month-to-month basis to the extent that assets are currently available, and that such benefits are not guaranteed to continue indefinitely.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

D. Contributions

The City and participants agree to make periodic contributions to the Plan. The contributions from the City are determined by a formula, which is related to other medical insurance benefits provided by the City. Contributions receivable is based on the last pay period of the year. No allowance is provided for uncollectible accounts.

The City contributes \$142 per month, per active participant. Effective January 1, 2023, active participants contribute \$257 per month.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Payroll Compliance Program

Remittance reports were accepted as submitted, without examination or verification of employer payroll records. The system of internal control provides for examination of employer records under a separate payroll compliance program.

F. Eligibility

An employee shall become an eligible retiree upon reaching age 50, obtaining seven consecutive years of active service, making all required contributions, and ceasing employment with the City.

G. Benefits

The Plan reimburses eligible retirees, surviving spouses or domestic partners a portion of the medical insurance premiums they pay. The Plan limits such portion by a formula which is related to accumulated prior employer contributions and service at time of retirement.

H. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received tax-exempt status from the federal government on December 18, 1996 under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

I. Investment Valuation and Income Recognition

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

I. Investment Valuation and Income Recognition (Continued)

The following tables represent the Plan's fair value hierarchy for its financial assets measured at fair value on the recurring basis as of December 31, 2024 and 2023:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 2,054,908	\$ -	\$ -	\$ 2,054,908
Mutual Funds	11,598,249	-	-	11,598,249
Exchange Traded Funds	15,130,791	-	-	15,130,791
Total Assets in Fair Value Hierarchy	<u>\$ 28,783,948</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,783,948</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 2,299,058	\$ -	\$ -	\$ 2,299,058
Mutual Funds	10,285,220	-	-	10,285,220
Exchange Traded Funds	13,145,974	-	-	13,145,974
Total Assets in Fair Value Hierarchy	<u>\$ 25,730,252</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,730,252</u>

Level 1 investments consist of mutual funds and exchange traded funds actively traded on a national exchange and money market funds valued at amortized cost, which approximates fair value

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the market value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from mutual funds and exchange traded funds to be reported on a separate line combined with other income or losses from mutual funds and exchange traded funds. The different methods of computing realized gain or loss and unrealized appreciation of investments results in differences in reporting on the financial statements and Form 5500.

NOTE 3 - PRIORITIES UPON TERMINATION

Upon termination of the Plan, per the agreement and declaration of trust, any and all monies remaining in the Plan after payment of all expenses and obligations of the Plan shall be expended and used for the continuance of the Plan until such monies are exhausted, or transferred to another trust or non-profit entity providing similar benefits.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2024	December 31, 2023
Net Assets Available for Benefits		
Per the Financial Statements	\$ 28,803,758	\$ 25,799,699
Less: Benefit Obligations Other Than Postretirement Benefit Obligations	(300,572)	(270,850)
Net Assets Per the Form 5500	\$ 28,503,186	\$ 25,528,849

The following is a reconciliation of benefits paid per the financial statements to the Form 5500:

	January 1, 2024 to December 31, 2024
Benefits Paid Per the Financial Statements	\$ 1,198,878
Add: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2024	300,572
Less: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2023	(270,850)
Benefits Paid Per the Form 5500	\$ 1,228,600

Amounts currently payable to or for retirees, surviving spouses or domestic partners are reported on the Form 5500 for benefits that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

NOTE 5 - RISKS AND UNCERTAINTIES

Plan investments are exposed to various risks such as interest rates, market fluctuations, and credit risks. Due to the level of risk associated with 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 financial statements.

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

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - PLAN AMENDMENTS

On September 28, 2023, the Plan adopted Amendment No. 1, effective January 1, 2024, to add a \$25 fee that may be assessed for Beneficiaries who are not otherwise eligible to enroll in the Trust's Annual Verification Program and who submit claims within a quarter and choose to receive reimbursement more than once a quarter.

On October 10, 2024, the Plan adopted Amendment No. 2, effective January 1, 2024, to allow the retiree or beneficiary to receive reimbursement for pre-tax premium expenses from the Plan.

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**

FORM 5500

SCHEDULE H, PART IV, LINE 4

E.I.N. 95-7011261; PLAN NO. 501

SUPPLEMENTAL SCHEDULE REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedule Required by the Department of Labor

Board of Trustees
Retiree Medical Plan of the Santa Monica Police
Officers' Association Reimbursement Trust
1200 Wilshire Boulevard, 5th Floor
Los Angeles, California 90017

Members of the Board:

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) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 14, 2025

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 95-7011261; PLAN NO. 501

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Money Market Funds</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
2,054,908	Liquid Assets Govt Fund	N/A	Var.	<u>\$ 2,054,908</u>	<u>\$ 2,054,908</u>
	<u>Mutual Funds</u>				
7,830	AMER FUNDS NEW PERSPECTIVE FUND			\$ 483,834	\$ 367,316
4,427	AMER FUNDS NEW WORLD FUND			339,822	286,514
5,639	BNY MELLON APPRECIATION FUND			218,609	212,585
17,740	COHEN & STEERS REAL ESTATE SECURITIES FUND			306,200	283,595
7,493	FIDELITY ADVISOR INTL SMALL CAP FUND			230,850	204,364
3,196	JANUS HENDERSON ENTERPRISE FUND			455,703	422,950
11,123	PARNASSUS CORE EQUITY FUND			662,603	600,381
4,607	T ROWE PRICE DIVIDEND GROWTH FUND			354,095	248,657
4,501	VANGUARD MID-CAP VALUE INDEX FUND			377,133	257,000
1,026	VANGUARD 500 INDEX FUND			556,984	271,832
3,544	VANGUARD INTERNATIONAL GROWTH FUND			359,985	354,554
8,254	VANGUARD TAX-MANAGED SMALL CAP FUND			776,340	639,808
5,098	VANGUARD GROWTH INDEX FUND			1,076,759	806,414
1,463	VANGUARD TAX-MANAGED CAPITAL APPRECIATION FUND			442,594	228,425
3,056	VANGUARD LARGE CAP INDEX FUND			416,107	224,348
1,636	VANGUARD MID-CAP INDEX FUND			534,648	385,061
11,123	VANGUARD DEVELOPED MARKETS INDEX FUND			170,842	150,618
6,457	VANGUARD VALUE INDEX FUND			426,443	278,466
104,461	BRANDYWINE GLOBAL - HIGH YIELD FUND			1,075,953	1,010,177
24,311	PIMCO INTERNATIONAL BOND FUND (U.S. DOLLAR-HEDGED)			241,412	254,870
67,175	PIMCO INCOME FUND			706,679	777,052
71,739	PIMCO INVESTMENT GRADE CREDIT BOND FUND			637,756	709,239
6,606	VANGUARD EMERGING MARKETS BOND FUND			153,585	168,199
78,793	VANGUARD LONG TERM INVESTMENT GRADE FUND			593,313	747,996
	<u>TOTALS - MUTUAL FUNDS</u>			<u>\$ 11,598,249</u>	<u>\$ 9,890,421</u>

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**

FORM 5500

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E.I.N. 95-7011261; PLAN NO. 501

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Exchange Traded Funds</u>	<u>Fair Value</u>	<u>Cost</u>
3,119	INVESCO QQQ TRUST ETF	\$ 1,594,526	\$ 605,109
5,507	ISHARES RUSSELL 2000 ETF	1,216,827	958,023
13,176	ISHARES CORE S&P MIDCAP ETF	820,997	503,628
8,209	ISHARES MSCI EAFE ETF	620,682	533,159
1,955	SPDR DOW JONES INDL AVERAGE ETF	831,853	510,066
5,659	SPDR S&P DIVIDEND ETF	747,554	558,140
3,447	SPDR S&P 500 ETF TR	2,020,218	1,231,756
4,658	VANGUARD TOTAL STOCK MKT ETF	1,349,935	778,809
5,342	VANGUARD VALUE ETF	904,401	749,750
3,589	VANGUARD REAL ESTATE ETF	319,708	300,928
10,374	VANGUARD FTSE EMERGING MARKETS ETF	456,871	428,892
10,721	VANGUARD FTSE ALL WORLD EX-US ETF	615,493	535,582
10,538	VANGUARD HIGH DIVID YIELD ETF	1,344,543	1,170,648
6,375	VANGUARD DIVID APPRECIATION ETF	1,248,416	796,116
10,720	ISHARES CORE U.S. AGGREGATE BOND ETF	1,038,767	1,087,939
	<u>TOTALS - EXCHANGE TRADED FUNDS</u>	<u>\$ 15,130,791</u>	<u>\$ 10,748,545</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

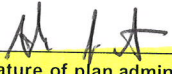

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan SANTA MONICA POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST		1b Three-digit plan number (PN) ▶ 501
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) BOARD OF TRUSTEES, SANTA MONICA POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017		1c Effective date of plan 01/01/1996
		2b Employer Identification Number (EIN) 95-7011261
		2c Plan Sponsor's telephone number 562-463-5000
		2d Business code (see instructions) 813000

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		10/9/2025	ADAM GWARTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10.9.25	CODY GREEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE
OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**

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