

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIREMEN'S RELIEF FUND ASSOCIATION OF THE PAID FIRE DEPARTMENT OF THE CITY OF SAN ANTONIO
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/10/1900
2a Plan sponsor's name (employer, if for a single-employer plan): FIREMEN'S RELIEF FUND ASSOCIATION OF SAN ANTONIO, TEXAS
2b Employer Identification Number (EIN): 74-1135084
2c Plan Sponsor's telephone number: 210-226-8555
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.

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.

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	474
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)	96
	6a(2)	85
	6b	362
	6c	0
	6d	447
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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 FIREMEN'S RELIEF FUND ASSOCIATION OF THE PAID FIRE DEPARTMENT OF THE CITY OF SAN ANTONIO	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 FIREMEN'S RELIEF FUND ASSOCIATION OF SAN ANTONIO, TEXAS	D Employer Identification Number (EIN) 74-1135084	

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)

GONZALEZ & WALKER, CPA'S

7800 IH 10 WEST SUITE 505
SAN ANTONIO, TX 78230

74-2980278

(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	NONE	14313	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)

COLLIE & COMPANY CPA'S, PLLC

20742 STONE OAK PKWY 107
SAN ANTONIO, TX 78258

81-4756062

(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	NONE	2250	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)

LAURO URIBE

PO BOX 5320
SAN ANTONIO, TX 78201

(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	PLAN ADMINISTRATOR	24000	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FIREMEN'S RELIEF FUND ASSOCIATION OF THE PAID FIRE DEPARTMENT OF THE CITY OF SAN ANTONIO	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 FIREMEN'S RELIEF FUND ASSOCIATION OF SAN ANTONIO, TEXAS	D Employer Identification Number (EIN) 74-1135084

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	5562
(3) Other	1b(3)	5562
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59762
(2) U.S. Government securities	1c(2)	66057
(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)	1294235
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1327255
(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	1359559	1398874
Liabilities			
g Benefit claims payable.....	1g	46770	49339
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2160	2160
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	48930	51499
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1310629	1347375

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	72238	
(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)		72238
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	88	
(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)		88
(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)	34309	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		34309
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	217127	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	168821	
(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)	3892	
(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)		58975
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		217808

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	126541	
(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)		126541
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)	24000	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7998	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	22523	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		54521
j Total expenses. Add all expense amounts in column (b) and enter total	2j		181062

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36746
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: CALVETTI FERGUSON, LLC

(2) EIN: 13-4255527

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.			

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 _____.

FIREMEN'S RELIEF FUND ASSOCIATION

Financial Statements,
Independent Auditor's Report,
and Supplemental Information

December 31, 2024 and 2023



Calvetti Ferguson

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Independent Auditor's Report

To the Board of Trustees
Firemen's Relief Fund Association of the Paid
Fire Department of the City of San Antonio
San Antonio, Texas

Opinion

We have audited the accompanying financial statements of Firemen's Relief Fund Association of the Paid Fire Department of the City of San Antonio (the "FRFA Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of benefit obligations and net assets available for benefits as of December 31, 2024, and the related statement of changes in benefit obligations and net assets available for benefits for the year 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 benefit obligations and net assets available for benefits of the FRFA Plan as of December 31, 2024, and the changes in benefit obligations and net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 FRFA 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.

Management's Responsibilities 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 FRFA 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 FRFA Plan instrument, including all FRFA Plan amendments; administering the FRFA Plan; and determining that the FRFA Plan's transactions that are presented and disclosed in the financial statements are in conformity with the FRFA 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 FRFA 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 FRFA Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes on page 10 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter

The FRFA Plan's financial statements as of and for the year ended December 31, 2023, were audited by Gonzales & Walker, an accounting firm acquired by Calvetti Ferguson on August 1, 2025. The audit report for those financial statements, which was issued by Gonzalez & Walker on October 11, 2024, expressed an unmodified opinion. The comparative information presented herein as of and for the year ended December 31, 2023, is consistent, in all material respects, with the audited financial statements from which it has been derived.

A handwritten signature in cursive script that reads "Calvetti Ferguson".

San Antonio, Texas
October 14, 2025

Firemen's Relief Fund Association of the Paid Fire Department of the City of San Antonio

**Statements of Benefit Obligations and Net Assets Available for Benefits
As of December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Benefit Obligations:		
Claims payable and claims incurred, but not reported	\$ 49,339	\$ 46,770
Total benefit obligations	<u>\$ 49,339</u>	<u>\$ 46,770</u>
Net assets available for benefits:		
Investments:		
Assets held for investment	\$ 1,327,255	\$ 1,294,235
	<u>1,327,255</u>	<u>1,294,235</u>
Receivables:		
Contributions receivable	5,562	5,562
	<u>5,562</u>	<u>5,562</u>
Cash:		
Banks	66,057	59,762
Total assets	<u>1,398,874</u>	<u>1,359,559</u>
Liabilities:		
Payroll tax liabilities	2,160	2,160
Total liabilities	<u>2,160</u>	<u>2,160</u>
Net assets available for benefits	<u>\$ 1,396,714</u>	<u>\$ 1,357,399</u>
Net assets in excess of benefit obligations	<u>\$ 1,347,375</u>	<u>\$ 1,310,629</u>

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

Firemen's Relief Fund Association of the Paid Fire Department of the City of San Antonio

Statements of Changes in Benefit Obligations and Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Changes in benefit obligations:		
Balance at beginning of the year	\$ 46,770	\$ 37,463
Benefits accumulated	126,541	118,934
Benefits paid	<u>(123,972)</u>	<u>(109,627)</u>
Change in benefit obligations	<u>2,569</u>	<u>9,307</u>
Balance at end of the year	<u>49,339</u>	<u>46,770</u>
Changes in net assets available for benefits:		
Investment income:		
Increase in fair market value of investments	111,321	143,125
Dividend income	33,909	29,929
Interest income	87	83
Total investment income	<u>145,317</u>	<u>173,137</u>
Contributions:		
Participants' contributions	<u>72,238</u>	<u>61,273</u>
Total contributions	<u>72,238</u>	<u>61,273</u>
Total additions	<u>217,555</u>	<u>234,410</u>
Benefits paid for participants:		
Health claims paid	111,610	108,241
Death benefits	<u>17,500</u>	<u>20,000</u>
Total benefits paid	<u>129,110</u>	<u>128,241</u>
Administrative expenses:		
Legal, accounting, and consulting fees	42,441	32,228
Other administrative expenses	3,797	1,988
Third party administration fees	<u>8,030</u>	<u>7,458</u>
Total administrative expenses	<u>54,268</u>	<u>41,674</u>
Total reductions	<u>183,378</u>	<u>169,915</u>
Increase in net assets	<u>34,177</u>	<u>64,495</u>
Change in funding requirement	36,746	73,802
Net assets in excess of benefit obligations, beginning of year	<u>1,310,629</u>	<u>1,236,827</u>
Net assets in excess of benefit obligations, end of year	<u>\$ 1,347,375</u>	<u>\$ 1,310,629</u>

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

Firemen’s Relief Fund Association of the Paid Fire Department of the City of San Antonio

Notes to the Financial Statements December 31, 2024 and 2023

Note 1 – Description of the Plan

The following description of Firemen’s Relief Fund Association of the Paid Fire Department of the City of San Antonio (the “FRFA Plan”) provides only general information. Participants should refer to the FRFA Plan agreement for a more complete description of the FRFA Plan’s provisions.

General

The FRFA Plan provides health and death benefits to eligible members of the Firemen’s Relief Fund Association of San Antonio, Texas (the “Association”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The membership of the Association is concentrated among the City of San Antonio Fire Department. Consequently, conditions affecting this group can also affect this Plan.

The FRFA Plan consisted of the following at December 31, 2024:

Active participants	85
Retired participants	362

Benefits

The FRFA Plan provides relief for distressed, injured, sick or disabled members with health (hospital and major medical) and death benefits. To be eligible, a person must be a permanent uniformed employee or honorable retiree of the City of San Antonio Fire Department and have been elected to membership in accordance with the provisions of the by-laws. Benefits are recorded when paid.

Contributions

The FRFA Plan agreement provides that active and retired members contribute a monthly amount of \$15. The contributions are set by a two-thirds vote of the members of the Board of Trustees.

Administrative Expenses

Substantially all administrative expenses of the FRFA Plan are absorbed by the Association.

Maximum Benefit Limit

The FRFA Plan has a maximum benefit limit of \$50,000 over the lifetime of a member.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Investment Valuation and Income Recognition

U.S. government agency securities and mutual fund shares are stated at fair market value based on quoted market prices on the last business day of the FRFA Plan year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the FRFA Plan’s gains or losses on investments bought, sold, and held during the year.

Firemen's Relief Fund Association of the Paid Fire Department of the City of San Antonio

Notes to the Financial Statements December 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies (continued)

Cash

Cash includes cash in banks, money market fund accounts, and certificates of deposit with maturity dates of 3 months or less.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could differ from those estimates. Significant estimates used in preparing these financial statements are those used in calculating claims incurred but not reported. It is possible that the significant estimates will change within the next year.

Federal Income Taxes

No provision for federal income taxes is made because the FRFA Plan is exempt from federal income taxes under the provisions of Code Section 501(c)(9). The Association is not a private foundation. A favorable determination letter has been maintained.

The FRFA Plan obtained its latest determination letter on December 6, 1980, in which the Internal Revenue Service stated that the FRFA Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The FRFA Plan has been amended since receiving the determination letter. However, the FRFA Plan administrator believes that the FRFA Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the FRFA Plan's financial statements.

Note 3 – Plan Termination

Although it has not expressed any intention to do so, under certain conditions, the FRFA Plan may be terminated. Upon termination, the assets then remaining should be subject to the applicable provisions of the FRFA Plan then in effect.

Note 4 – Related Parties and Parties-In-Interest Transactions

The FRFA Plan has a number of service providers that are considered to be parties-in-interest according to ERISA. Gonzalez & Walker has been contracted to provide audit services to the FRFA Plan, and Raymond James has been contracted to provide investment services. There were no prohibited transactions between the FRFA Plan and these, or any other, parties-in-interest.

In addition, various administrative tasks such as claims processing and payments, bookkeeping, and payments to providers of services to the FRFA Plan are performed by designated members of the Board of Trustees.

Note 5 – Risks and Uncertainties

The FRFA Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the statements of benefit obligations and net assets available for benefits.

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.

Firemen’s Relief Fund Association of the Paid Fire Department of the City of San Antonio

Notes to the Financial Statements December 31, 2024 and 2023

Note 6 – Claims Payable and Claims Incurred but not Reported

The claims payable and claims incurred but not reported as of December 31, 2024 and 2023 are calculated based on actual benefit claims incurred at the end of each year but which are paid in the following year.

Note 7 – Fair Value Measurements

The FRFA Plan follows the provisions of Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements and Disclosures*. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market, and establishes a framework for measuring fair value in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date.

The valuation techniques required by ASC 820 are based upon observable and unobservable inputs, and ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. The three levels of inputs used to measure fair value are as follows

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets or liabilities and have the highest priority.
- Level 2 valuations are based on quoted prices in markets that are not active.
- Level 3 valuations are based on inputs that are unobservable and supported by little or no market activity.

The FRFA Plan’s current assets and liabilities as presented in the statements of benefit obligations and net assets available for benefits are Level 1. The FRFA Plan has no Level 2 or Level 3 assets or liabilities. The carrying amounts reported in the statements of benefit obligations and net assets available for benefits approximate fair values because of the short maturities of those instruments.

The FRFA Plan’s financial instruments also include investments. The fair values of investments are based on quoted market prices for those or similar investments.

The following table represents investments measured at fair value as reported on the statement of benefit obligations and net assets available for benefits as of December 31, 2024, as well as by level within the fair value measurement hierarchy:

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,245,095	\$ -	\$ -	\$ 1,245,095
Exchange-traded funds	82,160	-	-	82,160
Total	<u>\$ 1,327,255</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,327,255</u>

Firemen’s Relief Fund Association of the Paid Fire Department of the City of San Antonio

Notes to the Financial Statements December 31, 2024 and 2023

Note 7 – Fair Value Measurements (continued)

The following table represents investments measured at fair value as reported on the statement of benefit obligations and net assets available for benefits as of December 31, 2023, as well as by level within the fair value measurement hierarchy:

	2023			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 1,216,888	\$ -	\$ -	\$ 1,216,888
Exchange-traded funds	77,347	-	-	77,347
Total	<u>\$ 1,294,235</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,294,235</u>

Note 8 – Concentration of Credit Risk

The FRFA Plan maintains investment accounts with Raymond James. The Securities Investor Protection Corporation insures investment balances up to \$500,000. At December 31, 2024 and 2023, the FRFA Plan had an uninsured investment balance of \$865,035 and \$827,719, respectively. The FRFA Plan also maintains two cash accounts with a local financial institution. The Federal Deposit Insurance Corporation insures balances in the cash accounts up to \$250,000 per bank. At December 31, 2024 and 2023, the FRFA Plan had no uninsured cash balances.

Note 9 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500 for the years ended December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 1,396,774	\$ 1,357,399
Benefit obligations currently payable	(49,399)	(46,770)
Net assets available for benefits per schedule H of form 5500	<u>\$ 1,347,375</u>	<u>\$ 1,310,629</u>

Note 10 – Subsequent Events

The FRFA Plan has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

**Firemen's Relief Fund Association of the Paid Fire Department of the City of San Antonio
Sponsor's EIN #74-1135084, Plan #501**

**Schedule H, Line 4i-Schedule of Assets Held for Investment Purposes
As of December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, or maturity value	Cost	Current value	
American Funds	Mutual Fd CI F2 - AF N/L	\$ -	\$ 100,448	
Ishares	TR Core U.S. AGGBD ET	-	54,651	
Champlain	Mid Cap Fd Inst CI N/L	-	66,784	
Baird	Aggregate Bond Fd Instl CI N/L	-	109,642	
Columbia	Div Inc Fd CI N/L	-	113,687	
American Funds	Europacific Growth Fd CI F2 - AF N/L	-	47,069	
Federated	Instit High Yield Bond Fd Inst Shrs N/L	-	40,986	
Federated	Short Term Inc Fd Instl Shrs N/L	-	55,125	
Loomis Sayles	Growth Fd CI Y N/L	-	125,121	
MFS	Research Fd CI I N/L	-	90,758	
Metropolitan	West Tot Ret Bd Fd CI I N/L	-	54,547	
PGIM	High Yield Fd CI Z N/L	-	41,010	
T. Rowe Price	Capital Appreciation FD Invstr CL N/L	-	109,134	
T. Rowe Price	Overseas Stock Fd Inv CI N/L	-	40,906	
T. Rowe Price	Small Cap Val Fd Inv CI N/L	-	39,305	
American Funds	Multi-Sector Income Fund CL F2-N/L	-	40,977	
AQR	Large Cap Defensive Style Fd CI I N/L	-	111,938	
Gateway	Fd CI A M/F	-	57,659	
Vanguard	Short-Term Bond ETF	-	27,508	
Total assets held for investment		<u>\$ -</u>	<u>\$ 1,327,255</u>	

See independent auditor's report.

19770EBP FIREMEN'S RELIEF FUND ASSOCIATION

74-1135084

Federal Statements

FYE: 12/31/2024 **FIREMEN'S RELIEF FUND ASSOCIATION OF THE PAID FIRE
Plan: 501**

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	AMERICAN FUNDS M-S	MUTUAL FD-4383 SHS	\$ 35,556	\$ 40,977
	AMERICAN MUTUAL FUND	MUTUAL FD-1822 SHS	36,404	100,448
	AQR LARGE CAP DFS FD	MUTUAL FD-5531 SHS	76,914	111,938
	BAIRD AGGREGATE FD	MUTUAL FD-11362 SHS	92,963	109,642
	CHAMPLAIN MID CAP FU	MUTUAL FD-2795 SHS	30,167	66,784
	COLUMBIA DIV INC FD	MUTUAL FD-3445 SHS	38,436	113,688
	EUROPACIFIC GROWTH	MUTUAL FD-879 SHS	26,118	47,069
	FEDERATED INST BD FD	MUTUAL FD-4626 SHS	15,230	40,986
	FEDERATED ST INC FD	MUTUAL FD-6508 SHS	46,800	55,125
	ISHARES TR CORE US A	ETP-564 SHS	62,750	54,652
	JPMORGAN HEDGED EQ F	ALT INV-1741 SHS	51,335	57,658
	LOOMIS SAYLES GR FD	MUTUAL FD-4233 SHS	57,017	125,120
	MFS RESEARCH FD	MUTUAL FD-1512 SHS	54,111	90,758
	PGIM HIGH YIELD FD	MUTUAL FD-8580 SHS	31,830	41,010
	T ROWE PRICE CAP AP	MUTUAL FD-3152 SHS	91,703	109,134
	T ROWE PRICE OVERSEA	MUTUAL FD-3262 SHS	32,222	40,906
	T ROWE PRICE SML CAP	MUTUAL FD-745 SHS	11,695	39,305
	TCW METROPOLITAN WES	MUTUAL FD-6150 SHS	39,576	54,547
	VANGUARD ST BOND ETF	ETP-356 SHS	28,623	27,508