

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: [] Form 5558 [X] 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: SAN JOSE POLICE OFFICERS' ASSOCIATION LEGAL DEFENSE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/31/1987
2a Plan sponsor's name (employer, if for a single-employer plan): SAN JOSE POLICE OFFICERS' ASSOCIATION
2b Employer Identification Number (EIN): 77-0387804
2c Plan Sponsor's telephone number: 408-298-1133
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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SJPOA LDF BOARD OF TRUSTEES 1151 N. FOURTH STREET SAN JOSE, CA 95112-4945	3b Administrator's EIN 77-0327914 3c Administrator's telephone number 408-298-1133
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1033
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1)
6a(2) Total number of active participants at the end of the plan year	6a(2) 945
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 945
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **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 SAN JOSE POLICE OFFICERS' ASSOCIATION LEGAL DEFENSE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN JOSE POLICE OFFICERS' ASSOCIATION	D Employer Identification Number (EIN) 77-0387804	

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)

SIDEMAN & BANCROFT LLP

ONE EMBARCADERO CENTER, 22ND FLOOR
SAN FRANCISCO, CA 94111

94-3254966

(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	N/A	769640	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)

RAINS LUCIA & STERN

2300 CONTRA COSTA BLVD. 500
PLEASANT HILL, CA 94523

94-3328672

(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	N/A	126332	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)

MESSING ADAM & JASMINE LLP

980 9TH STREET, SUITE 380
SACRAMENTO, CA 95814

47-3433162

(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	N/A	89583	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

3900 W. ALAMEDA AVE. STE. 2400
BURBANK, CA 91505

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	N/A	25000	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)

HON. JOHN M. TRUE (RET.)

3017 HILLEGASS AVENUE
BERKELEY, CA 94705

85-4372751

(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	N/A	9724	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEONI LAW

2950 BUSKIRK AVE STE. 300
WALNUT CREEK, CA 94597

81-4911412

(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	N/A	9238	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 SAN JOSE POLICE OFFICERS' ASSOCIATION LEGAL DEFENSE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN JOSE POLICE OFFICERS' ASSOCIATION	D Employer Identification Number (EIN) 77-0387804

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	32951	
(3) Other	1b(3)		26000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	480252	174151
(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)	1448480	1207174
(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)	7458	5343
(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	1969141	1412668
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		24975
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		24975
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1969141	1387693

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)	176085	
(C) Others (including rollovers).....	2a(1)(C)	173000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		349085
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)	29335	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)	184543	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		562963

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	999997	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		999997
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	144414	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		144414
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1144411

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-581448
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		250000
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 _____.

**SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
San Jose Police Officers' Association
Legal Defense Fund
1151 North Fourth Street
San Jose, California 95112

Members of the Board:

Opinion

We have audited the accompanying financial statements of the San Jose Police Officers' Association Legal Defense Fund (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 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.

Emphasis of Matter – Restatement of 2023 Net Assets

We draw attention to Note 4 to the financial statements, which describes the correction of an error in the 2023 financial statements related to funding received in 2022 from San Jose Police Officers' Association (SJPOA), a related party. The transfer of cash was reported as an advance payable to SJPOA, however, there is no obligation or expectation for the Plan to repay SJPOA, so this amount should have been income to the Plan in 2022. The impact of the error resulted in an understatement of net assets and an overstatement of liabilities in 2023. The impacted 2023 balances have been restated in the accompanying financial statements as disclosed in Note 4. Our opinion is not modified with respect to the matter.

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.

Board of Trustees
San Jose Police Officers' Association
Legal Defense Fund

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 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

San Francisco, California

October 11, 2025

**SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<u>December 31, 2024</u>	<u>(As Restated) December 31, 2023</u>
ASSETS		
Interest-Bearing Checking Account	\$ 146,401	\$ 54,551
Investments, at Fair Value		
Certificates of Deposit	-	403,712
Money Market Funds	27,750	21,989
Common Stock	1,207,174	1,448,480
Exchange Traded Funds	5,343	7,458
Total Investments	<u>1,240,267</u>	<u>1,881,639</u>
Receivables		
Participant Contributions Receivable	-	6,951
Due from San Jose Police Officers' Association Insurance and Benefits Trust	<u>26,000</u>	<u>26,000</u>
Total Receivables	<u>26,000</u>	<u>32,951</u>
TOTAL ASSETS	<u>1,412,668</u>	<u>1,969,141</u>
LIABILITIES		
Accounts Payable	<u>24,975</u>	<u>-</u>
TOTAL LIABILITIES	<u>24,975</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	1,387,693	1,969,141
MEMORANDUM:		
BENEFIT OBLIGATIONS	<u>230,487</u>	<u>190,788</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 1,157,206</u>	<u>\$ 1,778,353</u>

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>January 1, 2024 to December 31, 2024</u>	<u>(As Restated) January 1, 2023 to December 31, 2023</u>
ADDITIONS		
INVESTMENT INCOME		
Dividend and Interest	\$ 29,335	\$ 45,407
Net Appreciation of Investments	<u>184,543</u>	<u>371,887</u>
TOTAL INVESTMENT INCOME	213,878	417,294
CONTRIBUTIONS AND OTHER ADDITIONS		
Participant Contributions	176,085	-
Contributions from San Jose Police Officers' Association	<u>173,000</u>	<u>-</u>
TOTAL ADDITIONS	<u>562,963</u>	<u>579,108</u>
DEDUCTIONS		
Benefits Paid on Behalf of Participants	999,997	1,198,452
Professional and Administrative Expenses	<u>144,414</u>	<u>181,238</u>
TOTAL DEDUCTIONS	<u>1,144,411</u>	<u>1,379,690</u>
NET (DECREASE) FOR THE YEAR	(581,448)	(800,582)
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, Beginning of Year, As Previously Stated	-	2,639,776
Prior Period Adjustment (Note 4)	-	129,947
Balance, Beginning of Year, as Restated	<u>1,969,141</u>	<u>2,769,723</u>
Balance, End of Year	<u>\$ 1,387,693</u>	<u>\$ 1,969,141</u>

**SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF MEMBERS		
Legal Benefits Payable	\$ 85,187	\$ 58,288
OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Estimated Future Costs Incurred but not Reported Related to Incidents that Have Occurred Prior to Year End	<u>145,300</u>	<u>132,500</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 230,487</u></u>	<u><u>\$ 190,788</u></u>

**SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
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 MEMBERS		
Legal Benefits Payable at Beginning of Year	\$ 58,288	\$ 35,964
Legal Benefits Reported and Approved for Payment	1,026,896	1,220,776
Legal Benefits Paid	<u>(999,997)</u>	<u>(1,198,452)</u>
Legal Benefits Payable at End of Year	<u>85,187</u>	<u>58,288</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	132,500	160,000
Net Change During Year	<u>12,800</u>	<u>(27,500)</u>
Balance at End of Year	<u>145,300</u>	<u>132,500</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 230,487</u></u>	<u><u>\$ 190,788</u></u>

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information. Participants should refer to the plan documents and any amendments regarding specific provisions of the Plan.

The San Jose Police Officers' Association (SJPOA) is a membership organization in operation specifically to provide benefits for the San Jose Police Department (SJPD). Benefits include holding events, providing insurance, legal services and other benefits. The San Jose Police Officers' Legal Defense Fund (the "Plan") was established on July 31, 1987.

The SJPOA is the Plan sponsor and Plan administrator. The Plan provides legal service benefits to all of its members resulting from acts or omissions occurring while a Plan participant is on duty in the employment of the SJPD, provided such acts or omissions are related to the law enforcement mission of police officers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Certain administrative costs, as determined by the SJPOA, are charged to the Plan and paid from Plan assets. These expenses mainly consist of legal fees for services provided to the Plan. The SJPOA pays all other expenses related to the Plan, which are not reflected in the Plan's financial statements.

Active members of the SJPOA are entitled to benefits under the Plan as long as they were a member of the SJPOA at the time of the event giving rise to the claim. Former and retired members of the SJPOA are entitled to benefits under the Plan if the event giving rise to the claim occurred prior to termination of employment with the SJPD and other requirements of the Plan are met. Benefits consist of the provision of legal representation in civil, criminal, and departmental actions, as set forth in the Plan document. Benefits are recorded when paid.

Participants are required to make bi-weekly contributions to the Plan through payroll deductions. The amount of the bi-weekly contribution was \$5.51 from January through June 2023 and increased to \$7.00 effective July 1, 2023. This amount is subject to change at any time at the discretion of the SJPOA Board of Directors. In addition, the SJPOA may make contributions to the Plan to subsidize the cost of insurance provided to its members under the Plan. Such contributions are specifically authorized by the SJPOA Board of Directors each time contributions are made.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Risks and Uncertainties

Plan investments are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in risk in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

D. Tax-Exempt Status

Plan management believes that the Plan is exempt from income taxes under Internal Revenue Code (Code) Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i. The SJPOA believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

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.

E. Fair Value Measurement

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.

The three-level hierarchy for fair value measurement is defined as follows:

Level 1 – Inputs are quoted prices in an active market.

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.

The following tables summarize the Plan's investments in the fair value hierarchy at December 31 based on the inputs used to value them:

	2024			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 27,750	\$ -	\$ -	\$ 27,750
Common Stock	1,207,174	-	-	1,207,174
Exchange Traded Funds	5,343	-	-	5,343
Total Investments	<u>\$ 1,240,267</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,240,267</u>

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Fair Value Measurement (Continued)

	2023			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	\$ -	\$ 403,712	\$ -	\$ 403,712
Money Market Funds	21,989	-	-	21,989
Common Stock	1,448,480	-	-	1,448,480
Exchange Traded Funds	7,458	-	-	7,458
Total Investments	<u>\$ 1,477,927</u>	<u>\$ 403,712</u>	<u>\$ -</u>	<u>\$ 1,881,639</u>

Level 1 investments include money market funds, common stock and exchange traded funds valued at quoted prices in an active market. Level 2 investments include certificates of deposit valued at cost, which approximates fair value.

F. Plan Termination

Although it has not expressed any intent to do so, the SJPOA has the authority under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, any Plan assets remaining after payment of Plan expenses would be used for the continuance of the benefits provided by the Plan, as determined by the SJPOA Board of Directors.

G. Benefit Obligations

Benefit obligations are comprised of legal benefit claims reported and approved for payment, as well as the estimated future obligations for legal benefit claims required to resolve each specific claim reported during the year. The estimated future obligations for legal benefit claims represent SJPOA's estimate at December 31, 2024 and 2023. Actual results could differ from these estimates.

H. Reclassifications

Certain balances in the 2023 financial statements have been reclassified to conform to the 2024 presentation. The reclassification had no effect on prior year net assets available for benefits.

NOTE 3 - RELATED PARTY TRANSACTIONS

The Plan and the San Jose Police Officers' Association Insurance Benefits Trust (IBT) are sponsored by the SJPOA and share the same Board of Trustees. The Plan recorded a receivable due from IBT for reimbursable expenses of \$26,000 paid on behalf of IBT in 2022. This amount remains receivable at December 31, 2024.

During the year ended December 31, 2024 the Plan received contributions from SJPOA of \$173,000 to cover various expenses.

Certain investments held by the Plan are issued and managed by Morgan Stanley. Any purchases and sales of such investments are performed in the open market at fair value. Transactions related to these investments qualify as party-in-interest transactions; however, they are exempt from the prohibition under ERISA.

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - PRIOR PERIOD RESTATEMENT

Management identified an error in the reporting of a contribution received from SJPOA in 2022. The cash received was reported as an advance payable to SJPOA, however, there is no obligation or expectation for the Plan to repay SJPOA. The impact of the error resulted in an understatement of net assets and an overstatement of liabilities in 2023. Previously reported 2023 balances financial statements have been restated to correct the error. The impact of the adjustment is an increase of \$129,947 to the beginning of year balance of net assets available for benefits in 2023 and a reduction of the 2023 advances payable to SJPOA balance.

NOTE 5 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 11, 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.

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
FORM 5500
SCHEDULE H - LINE 4
E.I.N. 77-0387804; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



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

Board of Trustees
San Jose Police Officers' Association
Legal Defense Fund
1151 North Fourth Street
San Jose, California 95112

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions as of December 31, 2024 are presented for purposes of additional analysis and are 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

October 11, 2025

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 77-0387804; PLAN NO. 501
DECEMBER 31, 2024

<u>PAR VALUE</u>	<u>MONEY MARKET FUNDS</u>	<u>FAIR VALUE</u>	<u>COST</u>
\$ 197	* Morgan Stanley	\$ 197	\$ 197
27,422	* Morgan Stanley	27,422	27,422
131	* Morgan Stanley	131	131
	<u>TOTAL - MONEY MARKET FUNDS</u>	<u>\$ 27,750</u>	<u>\$ 27,750</u>
<u>NO. OF SHARES</u>	<u>COMMON STOCK</u>		
74	AIRBNB INC CLASS A	\$ 9,674	\$ 9,984
391	AIRBUS SE UNSPONSORED ADR	15,667	11,643
50	ALLIANT ENERGY CORP	2,941	2,593
105	ALPHABET INC CL C	19,996	3,646
86	ALPHABET INC CLASS A	16,288	1,890
261	AMAZON COM INC	57,232	9,748
105	AMERICAN ELEC PWR CO INC	9,684	10,103
88	AMERICAN EXPRESS CO	26,192	9,215
11	ANALOG DEVICES INC	2,306	300
27	AO SMITH CORP	1,859	1,222
69	AON PLC CLASS A	24,689	20,754
81	APPLE INC	20,272	15,810
35	APPLIED MATERIALS INC	5,642	1,714
67	AUTODESK INC DELAWARE	19,942	6,545
8	AVERY DENNISON CORPORATION	1,565	347
53	BERKLEY W R CORP	3,073	2,011
5	BIO RAD LAB A	1,733	1,916
9	BOOZ ALLEN HAMILTON HLDG CLASS A	1,137	342
31	BOSTON SCIENTIFIC CORP	2,751	231
261	BRISTOL MYERS SQUIBB CO	14,762	11,417
9	BROADRIDGE FIN SOLUTION LLC	2,008	182
18	BWX TECHNOLOGIES INC COM	1,996	265
310	CANADIAN PACIFIC KANSAS CITY	22,435	24,514
7	CASEY'S GENERAL STORES INC	2,952	849
16	CBOE GLOBAL MARKETS INC	3,194	1,629
774	CENOVUS ENERGY INC COM	11,726	14,048
197	CENTENE CORPORATION	11,934	10,551
5	CHARLES RIVER LABS INTL INC	971	1,031
102	CHEVRON CORP	14,774	16,563
13	CHORD ENERGY CORPORATION NEW	1,540	2,190
46	CHUBB LTD	12,602	5,572
69	CME GROUP INC	15,978	13,180
156	CNH INDUSTRIAL N V	1,768	1,928
382	COMCAST CORP CLASS A	14,336	14,907
43	CONSTELLATION BRANDS INC CLASS A	9,417	9,109
4	CORPAY INC	1,233	1,099
	<u>Forward</u>	<u>\$ 386,269</u>	<u>\$ 239,048</u>

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 77-0387804; PLAN NO. 501
DECEMBER 31, 2024

<u>NO. OF SHARES</u>	<u>COMMON STOCK</u> (Continued)	<u>FAIR VALUE</u>	<u>COST</u>
	<u>Forwarded</u>	\$ 386,269	\$ 239,048
209	CORTEVA INC	11,884	6,390
28	CRH PLC	2,628	1,962
21	CROWN CASTLE INC	1,943	2,222
100	DANAHER CORPORATION	22,931	14,479
320	DELTA AIR LINES INC NEW	19,360	12,847
105	DIAGEO PLC SPON ADR NEW	13,349	15,234
16	DIAMONDBACK ENERGY INC	2,569	1,988
72	ECOLAB INC	16,840	12,431
13	ELECTRONIC ARTS INC	1,864	1,923
37	ELEVANCE HEALTH INC	13,600	15,310
139	ESTEE LAUDER CO INC CLASS A	10,422	12,761
41	EVERSOURCE ENERGY COM	2,383	2,841
20	EXPEDITORS INTL WASH INC	2,239	858
8	FERGUSON ENTERPRISES INC	1,447	1,563
26	FIDELITY NATL INFORMATION SE	2,065	1,557
21	FIRST AMERICAN FINL CORP	1,329	348
58	FLUOR CORP NEW	2,840	853
7	GALLAGHER ARTHUR J & CO	2,083	1,762
35	GARTNER INC	17,088	14,547
19	GE HEALTHCARE TECHNOLOGIES INC	1,496	1,551
13	GENUINE PARTS CO	1,485	1,716
24	GLOBUS MEDICAL INC A	2,016	1,376
19	GOLDMAN SACHS GRP INC	10,725	3,809
37	HALLIBURTON CO	1,019	1,132
12	HERSHEY COMPANY	2,066	1,060
6	HUBBELL INC	2,465	620
39	INTUIT INC	24,795	12,582
92	JOHNSON & JOHNSON	13,346	15,846
61	JPMORGAN CHASE & CO	14,648	5,891
68	LABCORP HOLDINGS INC	15,594	12,528
16	LAMAR ADVERTISING CO NEW CLASS A	1,899	1,606
13	M&T BANK CORP	2,464	959
3	MARKEL GROUP INC	4,623	2,350
20	MASTERCARD INC CLASS A	10,455	6,528
5	MCKESSON CORP	3,112	1,471
170	MEDTRONIC PLC SHS	13,580	13,227
40	META PLATFORMS INC CLASS A	23,265	18,843
99	MICROSOFT CORP	41,683	10,279
14	MID AMER APART COMM INC	2,140	1,680
33	MSCI INC COM	19,647	12,913
49	NATIONAL STORAGE AFFILIATES TR	1,848	1,808
14	NETFLIX INC	12,618	2,728
7	NORFOLK SOUTHERN CORP	1,660	1,574
	<u>Forward</u>	\$ 763,782	\$ 495,001

SAN JOSE POLICE OFFICERS' ASSOCIATION
LEGAL DEFENSE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 77-0387804; PLAN NO. 501
DECEMBER 31, 2024

<u>NO. OF SHARES</u>	<u>COMMON STOCK</u> (Continued)	<u>FAIR VALUE</u>	<u>COST</u>
	<u>Forwarded</u>	\$ 763,782	\$ 495,001
257	NOVO NORDISK A/S ADR	22,107	26,098
182	NVIDIA CORPORATION	24,474	7,093
69	PNC FINL SVCS GP	13,396	8,530
45	PORTLAND GENERAL ELEC CO	1,955	1,865
104	PPG INDUSTRIES INC	12,423	13,129
59	RTX CORPORATION	6,861	3,951
48	S&P GLOBAL INC COM	23,795	9,280
37	SALESFORCE INC	12,414	2,609
150	SEMPRA	13,158	8,293
12	SERVICENOW INC	12,368	5,151
34	SOLVENTUM CORP	2,261	1,864
28	SS&C TECHNOLOGIES HLDGS INC	2,144	1,294
126	STARBUCKS CORP WASHINGTON	11,498	10,489
19	SUN COMMUNITIES INC	2,284	442
43	SYNOPSIS INC	21,021	23,043
196	SYSCO CORP	14,986	12,713
21	TD SYNnex CORPORATION	2,518	2,314
106	TE CONNECTIVITY PLC	15,156	9,639
24	TECK RESOURCES LTD	973	1,221
78	TEXAS INSTRUMENTS	14,628	12,842
43	THERMO FISHER SCIENTIFIC	22,344	19,395
82	TJX COS INC NEW	9,955	4,309
9	TOLL BROTHERS	1,178	1,179
6	TRANE TECHNOLOGIES PLC	2,200	840
266	U S BANCORP COM NEW	12,723	11,547
245	UBER TECHNOLOGIES INC	14,778	11,845
64	UNION PACIFIC CORP	14,689	10,056
56	UNITEDHEALTH GP INC	28,218	10,018
116	VISA INC CLASS A	36,661	10,119
120	WASTE MGMT INC	24,215	24,874
4	WATSCO INC	2,014	696
73	WORKDAY INC CLASS A	18,797	11,787
13	XCEL ENERGY INC	1,571	476
176	YUM BRANDS INC	23,629	15,191
	<u>TOTAL - COMMON STOCK</u>	<u>\$ 1,207,174</u>	<u>\$ 789,193</u>
	<u>EXCHANGE TRADED FUNDS</u>		
49	ISHARES SHORT TREASURY BD ETF	<u>\$ 5,343</u>	<u>\$ 5,352</u>

* Indicates party-in-interest

SAN JOSE POLICE OFFICERS' ASSOCIATION

LEGAL DEFENSE FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 77-0387804; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Description of Asset</u>	<u>Transaction</u>	<u>Purchase Price</u>	<u>Maturity Value</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Charles Schwab Certificate of Deposit	Maturity	\$ -	\$ 210,553	\$ 202,033	\$ 8,520
Comerica Bank Certificate of Deposit	Maturity	-	204,964	201,679	3,285

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.)
- 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

1a Name of plan SAN JOSE POLICE OFFICERS' ASSOCIATION LEGAL DEFENSE FUND	1b Three-digit plan number (PN) ► 501 1c Effective date of plan 07/31/1987
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) SAN JOSE POLICE OFFICERS' ASSOCIATION 1151 N. FOURTH STREET SAN JOSE CA 95112-4945	2b Employer Identification Number (EIN) 77-0387804 2c Plan Sponsor's telephone number (408) 298-1133 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	<i>David Woolsey CFO</i>	10/14/2025	DAVID WOOLSEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)
v. 240311**