

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.
1b Three-digit plan number (PN): 501
1c Effective date of plan: 12/06/1916
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 06-0794308
2c Plan Sponsor's telephone number: 203-301-0359
2d Business code (see instructions): 541990

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 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	592
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)	270
	6a(2)	272
	6b	
	6c	325
	6d	597
	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:
4F 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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-0794308	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MONECO ADVISORS, LLC

2150 POST ROAD, SUITE 201
FAIRFIELD, CT 06824

46-3758971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	19669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WALSH & DICKINSON

2 CORPORATE DRIVE, SUITE 154
SHELTON, CT 06477

82-3222207

(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	INDEPENDANT ACCOUNTANT	10500	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)

KARDAN ACTUARIAL SERVICES, LLC

11 COMMERCE DRIVE
CRANFORD, NJ 07016

22-3477324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	5975	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-0794308

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5089	74509
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	74159	49748
(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)	163098	107141
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1369627	1255039
(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)	896545	866821
(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	2508518	2353258
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2508518	2353258

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)	61621	
(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)		61621
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	611	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	9219	
(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)		9830
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	22114	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	12329	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		34443
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	527876	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	549921	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-22045
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-32008	
(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)		30063
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		81904

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	169360	
(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)		169360
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)	19669	
(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)	48135	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		67804
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		237164

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-155260
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: WALSH & DICKINSON

(2) EIN: 82-3222207

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		300000
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 _____.

**BRIDGEPORT FIREMEN'S SICK AND DEATH
BENEFIT ASSOCIATION, INC.**

FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

BRIDGEPORT FIREMEN’S SICK AND DEATH BENEFIT ASSOCIATION, INC.

CONTENTS

Independent Auditors’ Report	1-3
Statements of Net Assets Available for Benefits - Modified Cash Basis - March 31, 2025 and 2024	4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis - For the Years Ended March 31, 2025 and 2024	5
Notes to Financial Statements	6-10
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis - March 31, 2025	11
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions - Modified Cash Basis - March 31, 2025	12



203.447.0550

2 CORPORATE DRIVE STE 154
SHELTON, CT 06484

Independent Auditors' Report

To the Trustees
Bridgeport Firemen's Sick and Death Benefit Association, Inc.

Opinion

We have audited the accompanying financial statements of Bridgeport Firemen's Sick and Death Benefit Association, Inc. (the Association), a non-profit association subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits - modified cash basis as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits - modified cash basis 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 of Bridgeport Firemen's Sick and Death Benefit Association, Inc. as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Bridgeport Firemen's Sick and Death Benefit Association, Inc. 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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 Bridgeport Firemen's Sick and Death Benefit Association, Inc.'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 current Association by-laws, including all Association amendments, administering the Association, and determining that the Association's transactions that are presented and disclosed in the financial statements are in conformity with the Association's provisions, including maintaining sufficient records with respect to each of the members, to determine the benefits due or which may become due to such members.

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 Bridgeport Firemen's Sick and Death Benefit Association, Inc.'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 Bridgeport Firemen's Sick and Death Benefit Association, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) - modified cash basis and reportable transactions - modified cash basis 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.

Walsh & Dickinson

Shelton, Connecticut
January 14, 2026

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS MARCH 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at Fair Value		
Interest-bearing cash	\$ 49,748	\$ 74,159
Common stocks	1,255,039	1,369,627
Corporate and municipal bonds	107,141	163,098
Exchange traded funds	733,296	467,329
Mutual funds	51,990	346,683
Real estate investment trust	81,535	82,533
Total investments	<u>2,278,749</u>	<u>2,503,429</u>
Cash	<u>74,509</u>	<u>5,089</u>
Total assets	2,353,258	2,508,518
LIABILITIES		
Accounts Payable and Accrued Expenses	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 2,353,258</u>	<u>\$ 2,508,518</u>

The accompanying notes are an integral part of the financial statements

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS FOR THE YEARS ENDED MARCH 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Additions to Net Assets Attributed to		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (23,990)	\$ 497,741
Interest and dividends	44,273	46,225
Net investment income	<u>20,283</u>	<u>543,966</u>
Members' contributions	<u>61,621</u>	<u>13,137</u>
Net additions	<u>81,904</u>	<u>557,103</u>
Deductions from Net Assets Attributed to		
Benefits paid to participants:		
Death	154,000	210,000
Sick	7,620	8,525
Injury	7,740	5,250
Total benefits paid to participants	<u>169,360</u>	<u>223,775</u>
Administrative and investment expenses	<u>67,804</u>	<u>61,474</u>
Total deductions	<u>237,164</u>	<u>285,249</u>
Net Increase (Decrease) in Net Assets	(155,260)	271,854
Net Assets Available for Benefits - Beginning of Year	<u>2,508,518</u>	<u>2,236,664</u>
Net Assets Available for Benefits - End of Year	<u>\$ 2,353,258</u>	<u>\$ 2,508,518</u>

The accompanying notes are an integral part of the financial statements

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ASSOCIATION

The following description of The Bridgeport Firemen's Sick and Death Benefit Association, Inc. (the Association) provides only general information. Participants should refer to the association document for a more complete description of the Association's provisions.

General

The Association, which was organized on December 6, 1916, is a nonstock, not-for profit association formed to promote mutual benefit and loyalty among its members and to render assistance and comfort to its members. Any member of the Bridgeport Fire Department may attain and hold membership in the Association.

Overall responsibility for administering the Association rests with the Association's Board of Directors. Overall responsibility for investment decisions of the Association rests with the Board of Trustees as elected by the Association's members.

Member Contributions

Members pay an initiation fee of \$75 and dues of \$5 per week. Prior to April 1, 2024, members paid dues of \$1 per week. A member who has been a member in good standing for 25 years shall be considered a paid-up member and will not be required to make additional dues payments. Members who retire or resign prior to attaining 25 years of membership are obliged to pay yearly dues until their 25th year at which time they become paid-up members. As of March 31, 2025, there were 272 active members and 325 retired or resigned members. As of March 31, 2024, there were 270 active members and 322 retired or resigned members.

Payment of Benefits

Benefits are payable to cover members for death or sickness and injuries sustained while on duty. Sick benefits are \$5 per day for sickness which exceeds 30 days with a maximum of \$500 in any fiscal year. Injury benefits are \$10 per day for time missed from work up to a maximum of \$1,200. The death benefit is \$14,000. An additional \$1,000 payment is made to defray the cost of burial expenses for members who die in the line of duty. Retired and resigned members are not eligible for injury or sick benefits.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Association prepares its financial statements on the modified cash basis of accounting. Consequently, certain contributions and investment income and the related assets are recognized when received rather than when earned, and certain expenses and the related liabilities are recognized when paid rather than when the obligation is incurred.

Use of Estimates in Financial Statements

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the Association's valuation policies and procedures utilizing information provided by its investment advisers. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest and dividend income is recorded when received. Net appreciation (depreciation) includes the Association's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Income Taxes

The Association, a non-profit organization operating under Section 501(c)(9) of the Internal Revenue Code (the Code), is generally exempt from federal and state income taxes, however, the Association may be subject to tax on its unrelated business income under the Code.

The Association is subject to routine audits by taxing jurisdictions. The IRS has determined that the Association is subject to unrelated business income on investment income and member contributions to the extent that the market value of the Association's assets exceed the actuarial accrued liability. During the years ended March 31, 2025 and 2024, the Association did not owe any federal and state unrelated business income taxes, interest and penalties.

Risks and Uncertainties

The actuarial present value of future benefits disclosed in Note 3 is determined based upon certain assumptions pertaining to interest rates, employee demographics and other factors, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the amounts disclosed in the financial statements.

The Association invests in various investment securities. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, 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 net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through January 14, 2026, the date the financial statements were available to be issued.

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - ACTUARIAL FUNDING STATUS

The Board of Trustees periodically commissions an actuarial study to determine the funding status of the Association's actuarial liabilities in relation to its net assets. The Association's most recent actuarial funding status study was completed as of March 31, 2024. As of the date of the actuarial report, the actuarial present value of future benefits, \$2,979,965, exceeded the market value of the Association's net assets, \$2,508,518. As of March 31, 2025, management believes there have been no significant changes in assumptions, Association provisions, or participant data that would materially impact the actuarial valuation as of March 31, 2024.

The more significant actuarial assumptions used in the valuation as of March 31, 2024 are as follows:

Assumed rate of return (net of assumed expenses)	6.0%
Retirement age	54, or current age plus one year, if older
Mortality	1994 Group Annuity Mortality Table
Incidence of sickness/injury	5-year average based on actual experience

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Association has the ability to access.

Level 2

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

NOTES TO FINANCIAL STATEMENTS

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Common Stocks

Common stocks are valued at the closing price reported in the active market in which the individual securities are traded.

Corporate and Municipal Bonds

Corporate and municipal bonds are valued at the closing price reported in the active market in which the individual securities are traded.

Exchange Traded Funds

Exchange traded funds are valued at the closing price reported in the active market in which the individual securities are traded.

Mutual Funds

Mutual funds are valued at the closing price reported in the active market in which the individual securities are traded.

Real Estate Investment Trust

The fair value of the investments in real estate investment trust was valued at the closing price reported in the active market in which the individual securities are traded.

There have been no changes in the methodologies used at March 31, 2025 and 2024.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Association believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Association's assets at fair value as of March 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 49,748	\$ -	\$ -	\$ 49,748
Common stocks	1,255,039	-	-	1,255,039
Corporate and municipal bonds	107,141	-	-	107,141
Exchange traded funds	733,296	-	-	733,296
Mutual funds	51,990	-	-	51,990
Real estate investment trust	81,535	-	-	81,535
Total Assets at Fair Value	<u>\$ 2,278,749</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,278,749</u>

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Association's assets at fair value as of March 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 74,159	\$ -	\$ -	\$ 74,159
Common stocks	1,369,627	-	-	1,369,627
Corporate and municipal bonds	163,098	-	-	163,098
Exchange traded funds	467,329	-	-	467,329
Mutual funds	346,683	-	-	346,683
Real estate investment trust	82,533	-	-	82,533
Total Assets at Fair Value	<u>\$ 2,503,429</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,503,429</u>

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest include investment advisors and professional service firms. Other parties-in-interest include certain members performing administrative services on behalf of the Association. Administrative and investment expenses paid by the Association to parties-in-interest totaled \$57,948 and \$50,300 for the years ended March 31, 2025 and 2024.

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) MODIFIED CASH BASIS MARCH 31, 2025

Employer Identification Number: 06-0794308
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party or Maturity Value	Including Maturity Date, Rate of Interest, Collateral	Cost	Current Value	
General Electric Employee Federal Credit Union	Interest-bearing cash	\$ 28,318	\$ 28,318	
US Bank National Association	Interest-bearing cash	21,430	21,430	
Amgen Inc.	Common stock	30,227	62,310	
Constellation Brands Inc.	Common stock	25,200	36,704	
Coterra Energy Inc.	Common stock	20,321	23,120	
Cummins Inc.	Common stock	23,756	62,688	
Devon Energy Corp.	Common stock	34,782	44,880	
DraftKings Inc.	Common stock	23,209	16,605	
Home Depot Inc.	Common stock	58,347	144,654	
Johnson & Johnson	Common stock	33,913	51,861	
JPMorgan Chase & Company	Common stock	21,378	67,321	
KKR & Co.	Common stock	9,212	57,805	
Mastec Inc.	Common stock	35,523	46,683	
McDonalds Corp.	Common stock	23,784	62,473	
Merck & Company Inc.	Common stock	27,331	46,444	
Micron Technology, Inc.	Common stock	46,937	52,133	
Microsoft Corp.	Common stock	43,525	112,616	
NXP Semiconductors N. V.	Common stock	28,965	28,508	
Organon & Co.	Common stock	1,746	953	
Pepsico Inc.	Common stock	29,414	40,289	
Raytheon Technologies Corporation	Common stock	11,984	26,492	
Shopify Inc. Class A	Common stock	17,780	47,720	
SPX Corp.	Common stock	31,390	128,780	
Taiwan Semiconductor Manufacturing Co. Ltd.	Common stock	12,152	33,200	
The Charles Schwab Corporation	Common stock	26,828	39,140	
Vertiv Holdings LLC	Common stock	20,553	21,660	
General Electric Company	Corporate bond \$50,000 par, 03/15/32, 6.750%	49,823	55,673	
Motorola, Inc.	Corporate bond \$50,000 par, 11/15/28, 6.5%	45,921	51,468	
Invesco QQQ Trust	Exchange traded fund	26,502	104,634	
Invesco Small Cap Value Fund Class Y	Exchange traded fund	33,500	30,392	
iShares Core S&P 500	Exchange traded fund	91,463	258,474	
iShares iBonds Dec 2025 Term Corporate ETF	Exchange traded fund	49,099	50,300	
iShares Russell Top 200 Growth ETF	Exchange traded fund	221,971	239,420	
VanEck Uranium and Nuclear ETF	Exchange traded fund	26,066	21,981	
Vanguard Mid-Cap Value Index Fund	Exchange traded fund	19,668	28,095	
Columbia Small Cap Growth Fund Institutional	Mutual fund	32,830	26,421	
Value Line Mid Cap Focused Fund Institutional	Mutual fund	27,307	25,569	
Equinix Inc.	Real estate investment trust	29,471	81,535	
		<u>\$ 1,341,626</u>	<u>\$ 2,278,749</u>	

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

**FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
MODIFIED CASH BASIS
FOR THE YEAR ENDED MARCH 31, 2025**

Employer Identification Number: 06-0794308

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ Loss
Brown Advisory Sustainable Growth Fund Investor	Mutual fund	-	254,056	-	-	259,489	-	(5,433)
iShares Russell Top 200 Growth ETF	Exchange traded fund	221,971	-	-	-	221,971	-	-

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) MODIFIED CASH BASIS MARCH 31, 2025

Employer Identification Number: 06-0794308
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party or Maturity Value	Including Maturity Date, Rate of Interest, Collateral	Cost	Current Value	
General Electric Employee Federal Credit Union	Interest-bearing cash	\$ 28,318	\$ 28,318	
US Bank National Association	Interest-bearing cash	21,430	21,430	
Amgen Inc.	Common stock	30,227	62,310	
Constellation Brands Inc.	Common stock	25,200	36,704	
Coterra Energy Inc.	Common stock	20,321	23,120	
Cummins Inc.	Common stock	23,756	62,688	
Devon Energy Corp.	Common stock	34,782	44,880	
DraftKings Inc.	Common stock	23,209	16,605	
Home Depot Inc.	Common stock	58,347	144,654	
Johnson & Johnson	Common stock	33,913	51,861	
JPMorgan Chase & Company	Common stock	21,378	67,321	
KKR & Co.	Common stock	9,212	57,805	
Mastec Inc.	Common stock	35,523	46,683	
McDonalds Corp.	Common stock	23,784	62,473	
Merck & Company Inc.	Common stock	27,331	46,444	
Micron Technology, Inc.	Common stock	46,937	52,133	
Microsoft Corp.	Common stock	43,525	112,616	
NXP Semiconductors N. V.	Common stock	28,965	28,508	
Organon & Co.	Common stock	1,746	953	
Pepsico Inc.	Common stock	29,414	40,289	
Raytheon Technologies Corporation	Common stock	11,984	26,492	
Shopify Inc. Class A	Common stock	17,780	47,720	
SPX Corp.	Common stock	31,390	128,780	
Taiwan Semiconductor Manufacturing Co. Ltd.	Common stock	12,152	33,200	
The Charles Schwab Corporation	Common stock	26,828	39,140	
Vertiv Holdings LLC	Common stock	20,553	21,660	
General Electric Company	Corporate bond \$50,000 par, 03/15/32, 6.750%	49,823	55,673	
Motorola, Inc.	Corporate bond \$50,000 par, 11/15/28, 6.5%	45,921	51,468	
Invesco QQQ Trust	Exchange traded fund	26,502	104,634	
Invesco Small Cap Value Fund Class Y	Exchange traded fund	33,500	30,392	
iShares Core S&P 500	Exchange traded fund	91,463	258,474	
iShares iBonds Dec 2025 Term Corporate ETF	Exchange traded fund	49,099	50,300	
iShares Russell Top 200 Growth ETF	Exchange traded fund	221,971	239,420	
VanEck Uranium and Nuclear ETF	Exchange traded fund	26,066	21,981	
Vanguard Mid-Cap Value Index Fund	Exchange traded fund	19,668	28,095	
Columbia Small Cap Growth Fund Institutional	Mutual fund	32,830	26,421	
Value Line Mid Cap Focused Fund Institutional	Mutual fund	27,307	25,569	
Equinix Inc.	Real estate investment trust	29,471	81,535	
		<u>\$ 1,341,626</u>	<u>\$ 2,278,749</u>	

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- 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: [X] 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: BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.
1b Three-digit plan number (PN): 501
1c Effective date of plan: 12/06/1916
2a Plan sponsor's name (employer, if for a single-employer plan): THE BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASS
2b Employer Identification Number (EIN): 06-0794308
2c Plan Sponsor's telephone number: (203) 301-0359
2d Business code (see instructions): 541990
83 CASTLE LANE
MILFORD CT 06460

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, and Enter name of individual signing as plan administrator. Includes signature of Louis Santiago and date 1/15/26.

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

Form 5500 (2024) v. 240311

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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	592
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	270
a(2) Total number of active participants at the end of the plan year	6a(2)	272
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	325
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	597
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)	
(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	

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:

4F 4L

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

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

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

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 _____

BRIDGEPORT FIREMEN'S SICK AND DEATH BENEFIT ASSOCIATION, INC.

**FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
MODIFIED CASH BASIS
FOR THE YEAR ENDED MARCH 31, 2025**

Employer Identification Number: 06-0794308

Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ Loss
Brown Advisory Sustainable Growth Fund Investor	Mutual fund	-	254,056	-	-	259,489	-	(5,433)
iShares Russell Top 200 Growth ETF	Exchange traded fund	221,971	-	-	-	221,971	-	-