

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>FRATERNAL ORDER OF POLICE LEGAL PLAN, INC</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL FRATERNAL ORDER OF POLICE</u></p> <p><u>701 MARRIOTT DRIVE</u> <u>701 MARRIOTT DRIVE</u> <u>NASHVILLE, TN 37214</u> <u>NASHVILLE, TN 37214</u></p>	<p>1c Effective date of plan <u>05/01/1995</u></p> <p>2b Employer Identification Number (EIN) <u>23-1283161</u></p> <p>2c Plan Sponsor's telephone number <u>615-399-0900</u></p> <p>2d Business code (see instructions) <u>813930</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/17/2026	ROBERT MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/17/2026	ROBERT MARTIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THE BOARD OF TRUSTEES OF FOP LEGAL PLAN, INC. 701 MARRIOTT DRIVE NASHVILLE, TN 37214	3b Administrator's EIN 31-1439914 3c Administrator's telephone number 615-399-0900
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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	117424
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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).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	117424
a(2) Total number of active participants at the end of the plan year	6a(2)	124337
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	124337
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 4Q

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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 checked="" 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)

<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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></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>
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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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan FRATERNAL ORDER OF POLICE LEGAL PLAN, INC	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FRATERNAL ORDER OF POLICE	D Employer Identification Number (EIN) 23-1283161

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

WESTCHESTER SURPLUS LINES INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-2139927	10172	G74465791001	120049	07/31/2023	07/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 109375	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HYLANT
811 MADISON AVENUE
TOLEDO, OH 43604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62500			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CRC GROUP
3350 RIVERWOOD PARKWAY, SUITE 1100
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46875			3

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

Schedule A (Form 5500) 2024
v. 240311

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	625000	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		625000
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 **05/01/2024** and ending **04/30/2025**

A Name of plan FRATERNAL ORDER OF POLICE LEGAL PLAN, INC	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FRATERNAL ORDER OF POLICE	D Employer Identification Number (EIN) 23-1283161	

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)

HYLANT GROUP, INC.

34-1456671

(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?
15 38 22 50 49 36	ENROLLMENT & MKT ADMIN	1049642	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEDGWICK CLAIMS MANAGEMENT

36-2685608

(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?
12 50	CLAIMS ADMINISTRATOR	1048686	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)

FISERV

39-1506125

(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?
49 50	CREDIT CARD PROCESSOR	118653	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)

MORGAN STANLEY CAPITAL MANAGEMENT,

11-3658445

(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 51	PLAN INVESTMENT MANAGER	108090	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)

SASSETTI LLC

36-2239746

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	74285	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)

BAUM SIGMAN AUERBACH & NEUMAN LTD

36-2744057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	PLAN ATTORNEY	53641	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

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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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan FRATERNAL ORDER OF POLICE LEGAL PLAN, INC		B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FRATERNAL ORDER OF POLICE		D Employer Identification Number (EIN) 23-1283161	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5830077	5364304
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5909895	5081987
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32214613	35029220
(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	43954585	45475511
Liabilities			
g Benefit claims payable.....	1g	31615000	34045000
h Operating payables.....	1h	402228	353536
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3749365	4076855
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	35766593	38475391
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8187992	7000120

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)	19052616	
(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)		19052616
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1356672	
(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)	8682480	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8865419	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1807704
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		22034053

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)	652905	
(3) Other	2e(3)	20017382	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		20670287
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)	2088292	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	108090	
(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)	355256	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2551638
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23221925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1187872
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: SASSETTI LLC

(2) EIN: 36-2239746

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

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

Part IV Compliance Questions

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

During the plan year:

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



The Fraternal Order of Police Legal Plan, Inc.

Financial Statements with Supplementary
Information

April 30, 2025 and 2024

THE FRATERNAL ORDER OF POLICE
LEGAL PLAN, INC.
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
APRIL 30, 2025 AND 2024

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Board of Trustees
The Fraternal Order of Police Legal Plan, Inc.
Nashville, Tennessee

INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the accompanying financial statements of THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of April 30, 2025 and 2024, and the related statements of changes in benefit obligations and net assets available for benefits 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 THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC. as of April 30, 2025 and 2024 and the changes in its benefit obligations and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of THE FRATERNAL ORDER OF POLICE LEGAL PLAN, 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.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about THE FRATERNAL ORDER OF POLICE LEGAL PLAN, 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 a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is



higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of THE FRATERNAL ORDER OF POLICE LEGAL PLAN, 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 THE FRATERNAL ORDER OF POLICE LEGAL PLAN, 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.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure 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 supplementary schedule, we evaluated whether the supplementary schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in black ink that reads "Sassetti LLC".

January 31, 2026
Oak Brook, Illinois

THE FRATERNAL ORDER OF POLICE
LEGAL PLAN, INC.
STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
APRIL 30, 2025 AND 2024

	2025	2024
BENEFIT OBLIGATIONS		
Benefits payable to or on behalf of participants at estimated amounts	\$ 31,540,000	\$ 29,190,000
Claims incurred not yet reported at estimated amounts	2,505,000	2,425,000
Total Benefit Obligations	\$ 34,045,000	\$ 31,615,000
ASSETS		
Cash and cash equivalents	\$ 5,081,987	\$ 5,909,895
Reinsurance receivables	4,668,000	3,152,000
Recoverable claims reserves	86,000	2,096,000
Prepaid expenses	610,304	582,077
Investments, at fair value	35,029,220	32,214,613
Total Assets	45,475,511	43,954,585
LIABILITIES		
Accounts payable for administrative expenses	353,536	402,228
Deferred participant contributions	4,076,855	3,749,365
Total Liabilities	4,430,391	4,151,593
NET ASSETS AVAILABLE FOR BENEFITS	41,045,120	39,802,992
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ 7,000,120	\$ 8,187,992

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

THE FRATERNAL ORDER OF POLICE
LEGAL PLAN, INC.
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED APRIL 30, 2025 AND 2024

	2025	2024
CHANGE IN BENEFIT OBLIGATIONS		
Benefits reported and approved and other changes in reserves	\$ 20,332,711	\$ 19,588,391
Benefits paid	(17,902,711)	(16,351,391)
Net Increase	2,430,000	3,237,000
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS:		
ADDITIONS		
Participant contributions	\$ 19,052,616	\$ 17,936,449
Investment return, net	2,873,347	2,093,275
Total Additions	21,925,963	20,029,724
DEDUCTIONS		
Legal assistance paid on behalf of participants, net of actual and estimated recoveries	17,587,382	14,849,384
Administrative expenses -		
Marketing and premium fund manager	1,039,606	1,062,381
Claims administrator	1,048,686	973,424
Professional fees	127,926	151,029
Salary expense	86,466	123,253
Trustees meetings and travel	10,225	29,154
Excess defense cost liability insurance premium	652,905	578,154
Office expenses	370	362
Merchant fees and bank charges	120,233	95,781
Fiduciary and crime insurance premiums	10,036	9,986
Total Administrative Expenses	3,096,453	3,023,524
Total Deductions	20,683,835	17,872,908
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,242,128	2,156,816
DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS IN EXCESS OF BENEFIT OBLIGATIONS	(1,187,872)	(1,080,184)
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS		
Beginning of Year	8,187,992	9,268,176
End of Year	\$ 7,000,120	\$ 8,187,992

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

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

1. DESCRIPTION OF PLAN

The following description of THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC. provides only general information. Participants should refer to the Plan Description for a more complete description of the Plan's definitions and provisions.

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC. (hereinafter referred to as the Plan) is established and operated for the purpose of providing specified legal defense costs and services to individual participating law enforcement officers who are members of the National Fraternal Order of Police (NFOP). The NFOP is the plan sponsor and has the authority to appoint and remove members of the Plan's Board of Trustees.

All active members in good standing of the National Fraternal Order of Police who are employed with federal, state or local government law enforcement agencies are eligible to participate in the Plan. In addition, Associate Fraternal Order of Police members may be eligible to participate as part of a group in the Plan.

The effective date of coverage for participants under the Plan shall be the day following the proper receipt of the application and payment provisions. The Plan also offers certain prior acts coverage to groups subject to Board approval. The liability associated with such extended coverage is not considered material to the Plan.

Participant contributions are based on rates by coverage type established by the Plan, as may be amended.

Plan Amendments - During the year ended April 30, 2025, the Plan Description was amended to distinguish between group and individual participants by allowing only group participants to be automatically reinstated if late payments are cured within thirty days. Claims arising during the thirty day cure period may be denied following automatic reinstatement, upon Board discretion. Individual participants no longer have access to a reinstatement option.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC. are prepared using the accrual method of accounting.

Adopted Accounting Pronouncements - Effective May 1, 2024, the Plan adopted Accounting Standard Update (ASU) 2025-05, Financial Instruments – Credit Losses (Topic 326): *Measurement of Credit Losses for Accounts Receivable and Contract Assets*. The standard simplifies credit loss estimations for short-term receivables by allowing entities to assume current conditions remain constant over an asset's life. It also allows non-public entities to elect a practical expedient to consider actual cash collections occurring after the balance sheet date but before financial statements are issued in their estimate of credit losses. The Plan adopted the standard prospectively to estimates of expected credit losses performed after the

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

adoption date May 1, 2024. The adoption did not have a material impact to the financial results of the Plan.

Cash and Cash Equivalents - The Plan considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Valuation of Investments - The Plan's investments are stated at fair value. Investments are valued at quoted market prices. Unrealized gains and losses on investments held are recorded in the statements of changes in net assets available for benefits.

Reinsurance Receivables – Reinsurance receivables represent all amounts recoverable from reinsurers for paid and unpaid claims, including estimated amounts receivable for unsettled claims, and claims incurred but not reported. Amounts are presented gross of the amounts assumed as benefit obligations, which are stated as benefits payable to or on behalf of participants.

Amounts are measured at the present value of the expected future receipts, net of estimated credit losses. The Plan considers available information about past events, current conditions, and reasonable and supportable forecasts to assess the collectability of receivables to develop an estimate of the allowance of credit losses. These factors include, but are not limited to, past due status, historical losses of similar reinsurers, geographic and coverage type concentration, credit rating, financial health, and regulatory oversight of the reinsurer.

Effective May 1, 2024, the Plan has elected to implement the practical expedient permitted under U.S. GAAP for estimating expected credit losses on current accounts receivable and current contract assets arising from transactions accounted for under Topic 606, Revenue from Contracts with Customers. The practical expedient allows the Plan to assume that current conditions as of the balance sheet date do not change for the remaining life of these assets. Additionally, the Plan has elected the policy to consider collection activity after the balance sheet date when estimating expected credit losses for these assets. Under this policy, the Plan evaluated subsequent collections through January 31, 2026, which is the date the financial statements were available to be issued. No allowance for credit losses is recorded for asset balances collected prior to this date. The allowance for credit losses is estimated for any remaining uncollected balances as of the cutoff date, based on their delinquency status and historical loss experience.

The Plan's adoption of the practical expedient and the accounting policy election is applied prospectively to estimates of expected credit losses performed after the adoption date. The Plan is not required to perform a preferability assessment for these elections.

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

The plan assesses the risk of credit losses related to reinsurance receivables on an individual basis. All amounts were due from a single excess carrier as follows, at April 30:

	2025	2024
Amounts owed for paid claims	\$ 4,668,000	\$ 3,152,000
Estimated recoverable amounts related to unpaid claims	86,000	2,096,000
Total estimated and actual reinsurance recoveries	\$ 4,754,000	\$ 5,248,000

The Plan considered credit rating agency ratings as part of its assessment of credit losses by carrier for the year ended April 30, 2025. The excess carrier had an A (Excellent), stable credit quality rating from AM Best, last affirmed on November 20, 2025.

The Plan considers reinsurance receivables past due when the receivable has passed its payment terms, based on the terms of the reinsurance agreement, and remains uncollected. The Plan does not accrue for related interest receivables. No reinsurance receivables were past due at April 30, 2025 or 2024.

Management did not consider an allowance for credit losses necessary at April 30, 2025 and 2024. There were no write-offs charged against the allowance, or recoveries collected for both the years ended April 30, 2025 and 2024.

Prepaid Expenses - Prepaid expenses include claim administration fees as well as participant administration and related marketing expenses, and are expensed in the period to which they relate.

Deferred Participant Contributions – Amounts from participant contributions are deferred and recognized over the periods to which the contributions relate.

Benefit Obligations - The Plan is primarily self-insured. Benefit obligations represent the estimated obligation related to the total of all open claims reported to the Plan on a claim date basis and reserved by the claims administrator for estimated benefits payable. The obligation amount reflects the aggregate liability for both claims reported but unpaid as of year-end, and claims incurred but not reported, on an undiscounted basis. The aggregate liability is estimated based on history, attorney-provided cost estimates, and actual claims received after year-end.

For the period of July 31, 2023 to July 30, 2024, the Plan had excess defense cost liability coverage for individual and/or clash claim losses exceeding \$500,000, per incident, up to a maximum of \$1,500,000 per occurrence and \$3,000,000 in the aggregate per policy year. Effective July 31, 2024 through July 30, 2025, the Plan had excess defense cost liability coverage for individual and/or clash claim losses exceeding \$750,000, per incident, up to a \$1,000,000 maximum per occurrence, with an overall aggregate of \$3,000,000. Subsequent to

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

year end, the Plan renewed excess defense cost liability coverage under the same coverage terms through July 31, 2026. Coverage limits are based on the policy in place on the date of the incident.

Use of Accounting Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Tax Status - The Plan is exempt from federal income tax under Section 501 (c) (8) of the Internal Revenue Code. However, income from certain activities not directly related to the Plan's tax-exempt purpose is subject to taxation as unrelated business income. Through the fiscal year ended April 30, 2025, the Plan had no unrelated business income. The Plan's Form 990, Return of Organization Exempt from Income Tax, and Form 5500 Annual Return/Report of Employee Benefit Plan are subject to examination by taxing jurisdictions, generally for three years after they were filed.

Reclassifications – Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported results of changes in benefit obligations.

3. PARTIES-IN-INTEREST

The Plan has hired third party administrators to manage marketing, participant enrollment and process and pay claims. The Plan has also hired outside legal counsel to advise on legal issues concerning the Plan, an accounting firm to provide audit and tax services, an actuary to perform financial analyses, an investment advisor to manage the Plan's investments, and two insurance brokers that are paid commissions for securing the Plan's insurance coverage. The Board of Trustees are also paid by the Plan for their service as Trustees. All the listed parties qualify as parties-in-interest. The Plan pays fees for these services which constitute parties-in-interest transactions.

4. RELATED PARTY TRANSACTIONS

The Plan reimburses NFOP for payroll expenses paid by the NFOP as a common paymaster. For the years ended April 30, 2025 and 2024, the Plan reimbursed the NFOP for payroll expenses of \$86,466 and \$123,253, respectively. The NFOP also remits participant contributions to the Plan on behalf of participants who enroll in the Plan through the NFOP labor services program. The NFOP remitted \$1,213,413 and \$1,162,643 in participant contributions to the Plan for the years ended April 30, 2025 and 2024, respectively.

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

5. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. In order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such a manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

6. FUNDING POLICY

The participants pay such amounts as specified in the Plan Description. Participant fees under the group plan provisions are made on a quarterly, semi-annual or annual basis. Participant fees under the individual plan are made on either an annual or semi-annual basis. Participant contribution rates are reviewed and adjusted periodically based on actuarial reports and additional relevant claim and expense data.

7. RISKS AND UNCERTAINTIES

In the ordinary course of business, the Plan may be subject to litigation regarding eligibility, priorities of coverage, etc. Management believes that the effects of any known actual or threatened litigation will not have a material effect on the statement of net assets available for benefits.

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

The Plan's benefit obligations are reported, by the benefit administrator, based upon various assumptions on a reported case basis such as type of case, status, jurisdiction, correspondence with legal counsel, comparison to similar closed cases, etc., all of which are subject to change. In addition, claims incurred but not reported are estimated based on historical data and claims received after year-end. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions would be material to the financial statements in the near-term.

8. INVESTMENTS

The Plan's investments are managed by Morgan Stanley Institutional Investment Advisors, LLC (formerly Hyas Group, LLC), and are held at Charles Schwab.

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

Investment return, net, may be summarized as follows for the years ended April 30:

	2025	2024
Interest, dividends and capital gains	\$ 1,356,672	\$ 1,192,049
Realized (losses) gains on sale of investments, net	(182,939)	3,347,599
Net appreciation (depreciation) in fair value	1,807,704	(2,342,731)
Investment management fees	(108,090)	(103,642)
	\$ 2,873,347	\$ 2,093,275

The Plan follows generally accepted accounting principles related to fair value measurement. Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

These principles also establish a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest of input that is significant to the fair value measurement.

There are three levels of inputs that may be used to measure fair value:

- Level 1 quoted prices in active markets for identical assets or liabilities;
- Level 2 inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or dissimilar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities ; or
- Level 3 unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

The following summarizes the investments by classification and method of valuation as of April 30, 2025 and 2024:

2025	Level 1	Level 2	Level 3	Total
Mutual Funds				
Bond Funds				
Hotchkis & Wiley High Yield Fund C I I	\$ 1,807,115	\$ -	\$ -	\$ 1,807,115
Loomis Sayles Core Plus	5,582,483	-	-	5,582,483
Sterling Capital Total Return Bond Instl	6,318,966	-	-	6,318,966
Dodge & Cox Global Bond I	1,805,326	-	-	1,805,326
Vanguard Short Term Inv Grade Fund	5,308,176	-	-	5,308,176
Equity Funds				
Vanguard Extended Market	3,159,295	-	-	3,159,295
American Funds Europacific Growth	1,187,085	-	-	1,187,085
Artisan International Value Instl	1,322,449	-	-	1,322,449
DFA Commodity Strategy Instl	1,724,354	-	-	1,724,354
Principal Real Estate Securities	1,740,630	-	-	1,740,630
Schwab S&P 500 Index	5,073,341	-	-	5,073,341
	<u>\$ 35,029,220</u>	<u>-</u>	<u>-</u>	<u>\$ 35,029,220</u>
2024	Level 1	Level 2	Level 3	Total
Mutual Funds				
Bond Funds				
Hotchkis & Wiley High Yield Fund C I I	\$ 1,687,006	\$ -	\$ -	\$ 1,687,006
Loomis Sayles Core Plus	5,304,477	-	-	5,304,477
Sterling Capital Total Return Bond Instl	5,821,469	-	-	5,821,469
Pimco Global Advantage Strategy	1,529,164	-	-	1,529,164
Vanguard Short Term Inv Grade Fund	4,779,629	-	-	4,779,629
Equity Funds				
Vanguard Extended Market Index	3,059,636	-	-	3,059,636
American Funds Europacific Growth	711,862	-	-	711,862
Artisan International Value Instl	1,194,483	-	-	1,194,483
DFA Commodity Strategy Instl	1,657,809	-	-	1,657,809
Manning & Napier Rainier	315,388	-	-	315,388
Principal Real Estate Securities	1,522,533	-	-	1,522,533
Schwab S&P 500 Index	4,631,157	-	-	4,631,157
	<u>\$ 32,214,613</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 32,214,613</u>

A description of the valuation techniques applied to the Plan's major categories of investments measured at fair value on a recurring basis as follows:

Mutual funds: Valued based on quoted market prices published on a national securities exchange and stated at the last reported sales price on the day of valuation.

THE FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to (Internal Revenue Service) IRS Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 41,045,120	\$ 39,802,992
Benefit obligations	(34,045,000)	(31,615,000)
Net assets available for benefits per IRS Form 5500	\$ 7,000,120	\$ 8,187,992

10. CONCENTRATIONS

The Plan maintains its cash balances at two financial institutions. The balances have exceeded federally insured credit limits. No losses have been incurred.

As of April 30, 2025 and 2024, the entire balance of recoverable excess insurance claim refund was due from a single insurance carrier. The insurance carrier is a large national carrier and the Plan believes the associated risk with collection of the balance to be minimal.

11. SUBSEQUENT EVENT

The Plan has evaluated subsequent events through January 31, 2026, the date the financial statements were available to be issued.

Subsequent to year-end, a lawsuit was filed against the Plan to appeal a denial of coverage. While the Board of Trustees currently believes that the ultimate outcome of the claim will not have a material adverse effect on the Plan's financial position, potential litigation is subject to inherent uncertainties. If unfavorable rulings or settlements were to occur, there exists the possibility of a material adverse effect on the operations of the period in which the claim is settled. Probable losses could not be reasonably estimated as of the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
APRIL 30, 2025
EIN: 31-1439914 PLAN #501

(a)	Identity of Issue, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	Hotchkis & Wiley High Yield Fund CI I	Mutual Fund	\$ 1,935,540	\$ 1,807,115
	Loomis Sayles Core Plus	Mutual Fund	5,695,721	5,582,483
	Dodge & Cox Global Bond I	Mutual Fund	1,815,511	1,805,326
	Sterling Capital Total Return Bond Inst	Mutual Fund	6,684,946	6,318,966
	American Funds Europacific Growth	Mutual Fund	1,320,663	1,187,085
	Artisan International Value Instl	Mutual Fund	1,039,471	1,322,449
	DFA Commodity Strategy Instl	Mutual Fund	1,688,018	1,724,354
	Principal Real Estate Securities Int	Mutual Fund	1,554,993	1,740,630
	Schwab S&P 500 Index	Mutual Fund	4,715,553	5,073,341
	Vanguard Extended Market Index	Mutual Fund	3,114,926	3,159,295
	Vanguard Short Term Investment Grade Admiral Fund	Mutual Fund	5,252,641	5,308,176
			<u>\$ 34,817,983</u>	<u>\$ 35,029,220</u>

* Identified person known to be a party in interest to the plan

FRATERNAL ORDER OF POLICE LEGAL PLAN, INC.
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
APRIL 30, 2025
EIN: 31-1439914 PLAN #501

(a)	Identity of Issue, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	Hotchkis & Wiley High Yield Fund CI I	Mutual Fund	\$ 1,935,540	\$ 1,807,115
	Loomis Sayles Core Plus	Mutual Fund	5,695,721	5,582,483
	Dodge & Cox Global Bond I	Mutual Fund	1,815,511	1,805,326
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* Identified person known to be a party in interest to the plan