

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 08/01/2024 and ending 07/31/2025

- 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: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan): OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
Mailing address: 6005 GROVER STREET, OMAHA, NE 68106
2b Employer Identification Number (EIN): 47-6024639
2c Plan Sponsor's telephone number: 402-968-7376
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 02/25/2026, ANTHONY KOESTERS; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 02/25/2026, ANTHONY KOESTERS; 4. Signature of employer/plan sponsor; 5. Signature of 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	1185
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)	580
	6a(2)	603
	6b	
	6c	622
	6d	1225
	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.
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For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/31/2025**

A Name of plan OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 47-6024639	

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)

DC RETIREMENT STRATEGIES

14301 FNB PARKWAY, STE 306
OMAHA, NE 68154

(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		41059	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)

O'DONNELL FICENEC WILLS & FERDIG

11404 W DODGE ST SUITE 200
OMAHA, NE 68154

47-0387937

(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		15028	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025	
A Name of plan OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 47-6024639

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
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)	169622
(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)	38004
(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)	8588228
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	120190

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	200	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	8254723	8916044
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	8254723	8916044

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)	69499	
(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)		69499
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	466	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	1938	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	8740	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11144
(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)	189954	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		189954
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	397413	
(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)		227931
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		895941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	172600	
(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)		172600
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)	15028	
(5) Investment advisory and investment management fees	2i(5)	41059	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	4700	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1233	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		62020
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		234620

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		661321
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: O'DONNELL FICENEC WILLS & FERDIG

(2) EIN: 47-0387937

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 _____.

**OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
OMAHA, NEBRASKA
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
WITH
INDEPENDENT AUDITOR'S REPORT
FOR THE YEARS ENDED
JULY 31, 2025 AND 2024**

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Omaha Firefighters' Benefit Association
Omaha, Nebraska

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Omaha Firefighters' Benefit Association, Omaha, Nebraska, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits - modified cash basis and the statements of plan's benefit obligations - modified cash basis as of July 31, 2025 and 2024, and the related statements of changes in net assets available for benefits - modified cash basis and the changes in plan's benefit obligations - modified cash basis for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Omaha Firefighters' Benefit Association's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Principal Securities, Inc., as of July 31, 2025 and 2024, and for the year ended July 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- a) the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2A.

- b) the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Omaha Firefighters' Benefit Association 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 ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

We draw attention to Note 2A of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a 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 described in Note 2A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Omaha Firefighters' Benefit Association'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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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:

- a) Exercise professional judgment and maintain professional skepticism throughout the audit.
- b) 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.
- c) 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 Omaha Firefighters' Benefit Association's internal control. Accordingly, no such opinion is expressed.
- d) 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.
- e) Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Omaha Firefighters' Benefit Association's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

The supplemental schedules of assets held for investment purposes - modified cash basis for the year ended July 31, 2025, referred to as supplemental information, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 -

- a) the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- b) the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Omaha, Nebraska
February 10, 2026

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
JULY 31, 2025 AND 2024**

	2025	2024	Increase (Decrease)
ASSETS:			
Investments at fair value -			
Money market funds	\$ 124,796	\$ 132,504	\$ (7,708)
Municipal bonds	120,190	203,492	(83,302)
Corporate bonds	38,004	37,872	132
Registered investment companies	<u>8,588,228</u>	<u>7,837,022</u>	<u>751,206</u>
Total investments	8,871,218	8,210,890	660,328
Cash	44,826	43,633	1,193
Depreciable property - office furniture and equipment	1,428	1,428	-
Less - accumulated depreciation	<u>1,428</u>	<u>1,228</u>	<u>200</u>
Cost less depreciation	<u>-</u>	<u>200</u>	<u>(200)</u>
Total assets	8,916,044	8,254,723	661,321
Net assets available for benefits	<u>\$ 8,916,044</u>	<u>\$ 8,254,723</u>	<u>\$ 661,321</u>

See notes to financial statements.

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

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

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Participant contributions	\$ 69,499	\$ 69,138
Investment income -		
Income from investments	201,042	175,773
Bank interest	56	52
Net appreciation in fair value of investments	<u>625,345</u>	<u>741,017</u>
Total investment income	826,443	916,842
Investment fees	<u>(41,059)</u>	<u>(36,397)</u>
Net investment income	<u>785,384</u>	<u>880,445</u>
Total additions to net assets	854,883	949,583
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments	172,600	100,900
Administrative expenses -		
Actuary	4,700	3,500
Legal and accounting	15,028	15,000
Rent	-	-
Penalties (refunded)	-	(10,630)
Other administrative expenses	<u>1,234</u>	<u>2,685</u>
Total administrative expenses	<u>20,962</u>	<u>10,555</u>
Total deductions from net assets	<u>193,562</u>	<u>111,455</u>
Net increase in net assets available for benefits	661,321	838,128
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,254,723	7,416,595
End of year	<u>\$ 8,916,044</u>	<u>\$ 8,254,723</u>

See notes to financial statements.

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

**STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS - MODIFIED CASH BASIS
JULY 31, 2025 AND 2024**

	2025	2024
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Current retirees	\$ 3,456,658	\$ 3,349,249
Other participants fully eligible for benefits	263,477	249,419
Other participants not fully eligible for benefits	923,921	941,622
TOTAL PLAN'S BENEFIT OBLIGATIONS	<u>\$ 4,644,056</u>	<u>\$ 4,540,290</u>

See notes to financial statements.

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

**STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS - MODIFIED CASH BASIS
FOR THE YEARS ENDED JULY 31, 2025 AND 2024**

	2025	2024
BENEFIT OBLIGATIONS:		
Balance beginning of year	\$ 4,540,290	\$ 4,450,198
Increase (decrease) during the year attributed to -		
Benefits earned and other changes	43,632	(54,659)
Benefits paid	(206,100)	(118,700)
Passage of time	266,234	263,451
TOTAL PLAN'S BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 4,644,056</u>	<u>\$ 4,540,290</u>

See notes to financial statements.

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE BENEFIT PLAN

The following description of the Omaha Firefighters' Benefit Association (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

A. **General -**

The Omaha Firefighters' Benefit Association provides death and disability benefits to all active and retired members of the Omaha Fire Department who are members of the Association. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. A summary description of the Plan is available from the Plan administrative office.

B. **Benefits -**

On September 17 and 18, 2019, the membership voted and approved changes to the Constitution and Bylaws recommended to the membership by the Board and on December 2, 2019, the change was received and recorded by the Nebraska Secretary of State. The Plan provides death and disability benefits covering active or retired members as follows:

1. Death benefit payment to active members of \$50,000.
2. Death benefit payment to retired members of \$5,500 to \$11,000 based upon date of retirement. New members after June 4, 1992, will accrue their death benefit under the following vesting schedule:

Years of Membership	Vesting Percentage
1 to 5 years	No benefit
6 to 10 years	25%
11 to 15 years	50%
16 to 20 years	75%
20 years and over	100%

3. Temporary disability payments to active members range from \$700 to \$2,200 per month for each month of disability after 30 days, not to exceed 12 months.
4. Death benefit of \$15,000 provided to an active member in the event of the death of their lawful spouse.
5. A death benefit of \$2,000 is provided to the active member in the event of the death of an infant child from the 14th week of pregnancy to the 26th week after birth.
6. A member shall be paid a benefit prior to their death if they are terminally ill and they qualify under Article 15, Section (g) of the Association Constitution.

C. **Contributions -**

The Plan agreement provides that each active member of the Association contribute \$4.62 per bi-weekly pay period to the death benefit fund of the Association as determined by the trustees for the Plan to remain adequately funded.

NOTE 1 - DESCRIPTION OF THE BENEFIT PLAN (Continued)

D. Other -

The Association’s members have the right under the Plan agreement to modify the benefits provided by the majority vote of the active members of the Association at a regular or special election provided a quorum is present.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Method of Accounting -

The Plan's policy is to prepare its financial statements on a modified cash basis. Under this basis, revenue is recognized when collected rather than when earned, and expenditures are generally recognized when paid rather than when incurred. Consequently, accounts receivable, accounts payable, and accrued expenses are not included in the financial statements. Premiums and discounts on securities are not amortized and recognized as interest income. Instead, the difference between the purchase price or beginning of the year fair value, whichever is earlier, and end of year fair value, is recognized as net appreciation (depreciation) in fair value of investments. Accordingly, these financial statements are not presented in accordance with accounting principles generally accepted in the United States of America.

B. Estimates -

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan’s directors to make estimates and assumptions that affect certain reported amounts of assets, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

C. Payment of Benefits -

Benefit payments are recorded when paid.

D. 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 Plan’s directors’ determine the Plan's valuation policies utilizing information provided by its investment advisors and custodians. Investments for which changes in valuation methods and/or inputs result in a change in level of the fair value hierarchy used for disclosure will be reported as if the transfer to and/or from one level to another level occurred at the end of each reporting period. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on a cash basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY PRINCIPAL SECURITIES, INC.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Principal Securities, Inc.:

	2025	2024
Investments at fair value -		
Corporate bonds	\$ 38,004	\$ 37,872
Money market funds	124,796	132,504
Municipal bonds	120,190	203,492
Registered investment companies	8,588,227	7,837,022
Investment income	201,042	175,773

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY PRINCIPAL SECURITIES, INC.
(Continued)

The Schedule of Assets Held for Investment Purposes - Modified Cash Basis (see page 16) is a summary of the assets held by the Plan. The Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$625,345 and 741,017 during the year ended July 31, 2025 and 2024, as follows:

	2025	2024
Municipal bonds	\$ (3,302)	\$ 4,309
Corporate bonds	132	1,546
Registered investment companies	628,515	735,162
Totals	<u>\$ 625,345</u>	<u>\$ 741,017</u>

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting standards provide the 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 under accounting standards are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan 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.

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 31, 2025 and 2024.

Money Market Fund is valued at the closing price reported in the active market for which the individual investment is traded.

Municipal Bonds and Corporate Bonds are valued at the market value as provided by the plan's investment advisor(s) who obtain market prices from quotation services, which are believed to be reliable.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Registered Investment Companies (Mutual Funds) and Real Estate Investment Trust (REIT) are valued at the net asset value of the underlying holdings of the individual funds as published by the individual funds at the end of each trading day.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2025 and 2024:

	Assets at Fair Value as of July 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 124,796	\$ -	\$ -	\$ 124,796
Municipal bonds	-	-	120,190	120,190
Corporate bonds	-	-	38,004	38,004
Registered investment companies	8,588,228	-	-	8,588,228
Totals	<u>\$ 8,713,024</u>	<u>\$ -</u>	<u>\$ 158,194</u>	<u>\$ 8,871,218</u>

	Assets at Fair Value as of July 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 132,504	\$ -	\$ -	\$ 132,504
Municipal bonds	-	-	203,492	203,492
Corporate bonds	-	-	37,872	37,872
Registered investment companies	7,837,022	-	-	7,837,022
Totals	<u>\$ 7,969,526</u>	<u>\$ -</u>	<u>\$ 241,364</u>	<u>\$ 8,210,890</u>

Level 3 Changes in Fair Value

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended July 31, 2025 and 2024:

	2025		
	Municipal Bonds	Corporate Bonds	Total
Balance, beginning of year	\$ 203,492	\$ 37,872	\$ 241,364
Unrealized gains (losses) for assets held at year end	(3,302)	132	(3,170)
Purchases	-	-	-
Sales	(80,000)	-	(80,000)
Totals	<u>\$ 120,190</u>	<u>\$ 38,004</u>	<u>\$ 158,194</u>

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

	2024		
	Municipal Bonds	Corporate Bonds	Total
Balance, beginning of year	\$ 199,183	\$ 37,711	\$ 236,894
Unrealized gains (losses) for assets held at year end	4,309	161	4,470
Purchases	-	-	-
Sales	-	-	-
Totals	<u>\$ 203,492</u>	<u>\$ 37,872</u>	<u>\$ 241,364</u>

NOTE 5 - PLAN BENEFIT OBLIGATION

The Plan benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to member service rendered to the date of the financial statement. Plan benefits include future benefits expected to be paid to or for (1) currently retired or terminated members and their beneficiaries and dependents, and (2) active members and their beneficiaries and dependents, after the active members’ retirement from service with the Omaha Fire Department, and provided that member was a retiree of the Omaha Firefighters’ Benefit Association. Prior to an active member’s full eligibility date, the Plan benefit obligation is the portion of the expected plan benefit obligation that is attributed to that member’s service rendered to the valuation date.

The actuarial present value of the expected plan benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimated future annual incurred claims cost per participant and adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were other significant assumptions used in the valuation for July 31, 2025:

Weighted average discount rate	6%
Average retirement age	55 years
Mortality - 1980 commissioners standard ordinary table of mortality	
Probability of marriage	90%

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

NOTE 6 - ADMINISTRATIVE EXPENSES

The Plan pays administrative expenses, which consist primarily of fees paid to the investment advisors, the actuary and auditor. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

NOTE 7 - RELATED PARTIES, PARTY IN INTEREST, AND LEASE

The Plan leases office space under an operating lease from the Omaha Firefighters Union which provides for annual rent of \$3,600 beginning June 1, 2022 through May 31, 2025 and beginning June 1, 2025 through May 31, 2028. As described in Note 6, the Plan has several arrangements with service providers. These transactions are party in interest transactions under ERISA. The rent paid during the fiscal year ended July 31, 2025 and 2024, was \$0 and \$0, respectively.

NOTE 8 - TAX STATUS

The Plan is funded by a Voluntary Employee Benefit Trust and is exempt from income tax under Section 501(c)(9) of the Internal Revenue Code. The Trust received an acknowledgement of its tax exempt status from the Internal Revenue Service dated October 3, 1983. Although the IRS does not provide a determination letter for welfare benefit plans, the Plan received its latest acknowledgement of the VEBA Trust's continued tax exempt status in a letter dated January 21, 1992, in which the Service stated that it was in compliance with the applicable requirements of the Internal Revenue Code. The directors of Omaha Firefighters' Benefit Association believe the Plan and Trust, as amended, continues to qualify and operate as designed.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service or Nebraska Department of Revenue. Plan directors have concluded there are no uncertain tax positions taken or expected to be taken that would require recognition of a tax liability (or asset) or disclosure in the financial statements as of July 31, 2025 and 2024. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan directors believe the Association is no longer subject to income tax examinations for years prior to 2022.

NOTE 9 - PLAN TERMINATION

The Association intends to continue the Plan indefinitely but reserves the right to discontinue the Plan at any time. In the event of dissolution of the Plan, after all obligations and death and disability benefits of the Plan have been paid and fulfilled, all money and property remaining in and owned by the Plan will be distributed to and among, in equal shares, those persons who are active members of the Association, as of the date of the Plan's dissolution.

NOTE 10 - RISKS AND UNCERTAINTIES

The Association 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 values 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 such benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 11 - SUBSEQUENT EVENTS

As of December 1, 2025, the Omaha Firefighters Benefit Association has increased the death benefits for all eligible members by approximately 37%. Death benefit payment to retired members start from \$7,500 to \$15,000 based upon date of retirement. Death benefit of active duty members remains at \$50,000.

Management has performed a review for subsequent events through February 10, 2026, the date the financial statements were available to be issued and believe that no other events have occurred that require adjustment of, or disclosure in, the financial statements.

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION

SUPPLEMENTAL INFORMATION

OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
FORM 5500, 47-6024639, PLAN NUMBER 501

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES - MODIFIED CASH BASIS
FOR THE YEAR ENDED JULY 31, 2025

(a) (b) IDENTITY OF ISSUE (c) DESCRIPTION OF INVESTMENT	(d) Cost	(e) Current Value
Federated Government Reserves	\$ 124,796	\$ 124,796
Municipal bonds -		
Douglas County School District Series A, 6.00%, 12/1/28, \$100,000	100,000	100,249
Ralston Arena Series A, 5.00%, 9/15/31, \$20,000	<u>19,875</u>	<u>19,941</u>
Total municipal bonds	119,875	120,190
Corporate bonds -		
Goldman Sachs, 5.10%, 8/15/25, \$38,000	<u>41,436</u>	<u>38,004</u>
Total corporate bonds	41,436	38,004
Registered investment companies -		
American Funds Mortgage FD CL F3	427,354	408,913
American US Govt Securities FD CL F3	336,379	326,340
Ashmore Emerging Markets Equity Class I	298,434	367,091
Invesco Intl Small Mid Company Y	187,755	173,859
Pimco Rae US Small Fund Inst	340,349	353,414
Principal Blue Chip Fund CL R6	741,712	1,128,851
Principal Core Fixed Income CL R6	763,148	741,901
Principal Divrs Intl Fund R6	666,849	696,626
Principal Diversified Real Asset Class R6	86,593	84,588
Principal Equity Income Instl	673,119	803,424
Principal Midcap Fund Class R6	504,269	793,040
Principal Real Estate Securities R6	74,862	80,473
Principal Short-Term Income Instl	242,798	247,486
Principal Spectrum Pref Cap Sec Inc R6	536,866	509,798
Vanguard Interm Term Bond Index Admiral	277,487	247,287
Vanguard Interm Term Corp Bond Index Adm	261,315	248,827
Vanguard Index FDS Vanguard Total STK	<u>669,655</u>	<u>1,376,310</u>
Total registered investment companies	7,088,944	8,588,228
Total assets held for investment purposes	<u>\$ 7,375,051</u>	<u>\$ 8,871,218</u>

**OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
FORM 5500, 47-6024639, PLAN NUMBER 501**

**SCHEDULE H LINE 4j - SCHEDULE OF REPORTABLE
TRANSACTIONS - MODIFIED CASH BASIS
FOR THE YEAR ENDED JULY 31, 2025**

(a) (b) DESCRIPTION OF ASSET	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
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There were no reportable transactions.

**OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
FORM 5500, 47-6024639, PLAN NUMBER 501**

**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES - MODIFIED CASH BASIS
FOR THE YEAR ENDED JULY 31, 2025**

(a) (b) IDENTITY OF ISSUE (c) DESCRIPTION OF INVESTMENT	(d) Cost	(e) Current Value
Federated Government Reserves	\$ 124,796	\$ 124,796
Municipal bonds -		
Douglas County School District Series A, 6.00%, 12/1/28, \$100,000	100,000	100,249
Ralston Arena Series A, 5.00%, 9/15/31, \$20,000	<u>19,875</u>	<u>19,941</u>
Total municipal bonds	119,875	120,190
Corporate bonds -		
Goldman Sachs, 5.10%, 8/15/25, \$38,000	<u>41,436</u>	<u>38,004</u>
Total corporate bonds	41,436	38,004
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Total registered investment companies	7,088,944	8,588,228
Total assets held for investment purposes	<u>\$ 7,375,051</u>	<u>\$ 8,871,218</u>

Steven M. Povich, CPA
Gregory A. Harr, CPA/ABV/CEPA
Dwain E. Wulf, CPA
Daniel R. Holt, CPA
Daniel A. Dudley, CPA/PFS
Geoffrey F. Schnathorst, CPA/CGMA
Catherine T. Kellogg, CPA
Matthew R. Tunink, CPA



MORE THAN ACCOUNTING

O'DONNELL, FICENEC, WILLS & FERDIG, LLP

Certified Public Accountants

11404 West Dodge Road, Suite 200
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Partners Emeritus

Gerald A. Wills, CPA
Ronald W. Ferdig, CPA
Lawrence A. Wolfe, CPA

February 10, 2026

Mr. Mickey McLaughlin, President
Omaha Firefighters Benefit Association
6005 Grover Street
Omaha, Nebraska 68106

Dear Mickey and Tony:

In connection with the filing of Form 5500 for the Omaha Firefighters Benefit Association we are using the e-Signature option for plan service providers which requires that you, the plan administrator, provide authorization in writing for O'Donnell, Ficenec, Wills & Ferdig, LLP to sign our own credentials to the electronic filing and submit the Plan's Form 5500 to the Department of Labor.

We have asked you to manually sign page 1 of Form 5500 and, once signed, we will attach that page along with page 2 of Form 5500 to the annual report that will be posted on the internet by the DOL.


By signing below you are authorizing our office to complete the electronic filing of the Omaha Firefighters Benefit Association Form 5500 using the steps as outlined above. Please return a signed copy of this authorization to our office. A stamped, preaddressed envelope is provided.

Please contact our office if you have any questions regarding this letter.

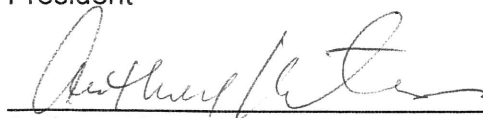
Very Truly Yours,

O'DONNELL, FICENEC, WILLS & FERDIG, LLP


Daniel A. Dudley, CPA/PFS


Mickey McLaughlin
President

2/25/26
Date


Anthony Koesters
Treasurer

2/25/26
Date

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/31/2025**

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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

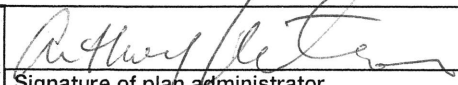
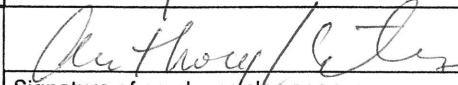
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION	1b Three-digit plan number (PN) ► 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION 6005 GROVER STREET OMAHA NE 68106	1c Effective date of plan 06/01/1964 2b Employer Identification Number (EIN) **-***4639 2c Plan Sponsor's telephone number 402-968-7376 2d Business code (see instructions) 813000

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

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

SIGN HERE		2/25/24	ANTHONY KOESTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/25/24	ANTHONY KOESTERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	--

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	1,185
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)	580
a (2) Total number of active participants at the end of the plan year	6a(2)	603
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	622
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,225
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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**OMAHA FIREFIGHTERS' BENEFIT ASSOCIATION
FORM 5500, 47-6024639, PLAN NUMBER 501**

**SCHEDULE H LINE 4j - SCHEDULE OF REPORTABLE
TRANSACTIONS - MODIFIED CASH BASIS
FOR THE YEAR ENDED JULY 31, 2025**

(a) (b) DESCRIPTION OF ASSET	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
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There were no reportable transactions.