

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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
1a	Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/16/1966
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) BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF 3460 FLETCHER AVENUE EL MONTE, CA 91731
2b	Employer Identification Number (EIN) 95-3846186
2c	Plan Sponsor's telephone number 310-639-1014
2d	Business code (see instructions) 624200

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.	04/29/2026	DIANA MCINTYRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5338
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)	2982
	6a(2)	3069
	6b	2466
	6c	0
	6d	5535
	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	3

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

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

4A 4B 4D 4E 4F 4L 4Q

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 3
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNUM LIFE INSURANCE COMPANY OF AMERICA

(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
01-0278678	62235	417115	531	07/01/2024	06/30/2025

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	(b) Total amount of fees paid
0	0

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

(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

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(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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(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)	
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 ☐ paid in cash, or ☐ 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	164148
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. Specify nature of costs.	10b	

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 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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan	B Three-digit plan number (PN)	501
LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	95-3846186	

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.
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1 Coverage Information:

(a) Name of insurance carrier					
AIG					
(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
25-0687550	00000	9108982	358	07/01/2024	06/30/2025

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	(b) Total amount of fees paid
10435	0

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
PTW INSURANCE SERVICES
P.O. BOX 27098
FRESNO, CA 93729

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10435			3

(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	

(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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(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)	
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 ☐ paid in cash, or ☐ 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	52173
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. Specify nature of costs.	10b	

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 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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186

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.
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1 Coverage Information:

(a) Name of insurance carrier RSLI					
(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
36-0883760	68381	100002	1682	07/01/2024	06/30/2025

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 68913	(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 PTW INSURANCE SERVICES P.O. BOX 27098 FRESNO, CA 93729
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
68913			3

(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	

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(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

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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
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)		
(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)	
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 ☐ paid in cash, or ☐ 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	619540
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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186	

Part I	Service Provider Information (see instructions)
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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)

ANTHEM BLUE CROSS

95-4331852

(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 13 15 49 50	NONE	1493779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPLAN

20-3720767

(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 16 50	NONE	1341426	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TWELVEFIFTEEN CONSULTING, INC.

52-2838897

(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?
16 50	NONE	693278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ARISTOTLE CAPITAL MANAGEMENT, LLC

95-4833644

(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?
28 51	NONE	638044	Yes ☒ No ☐	Yes ☐ No ☒	6047	Yes ☐ No ☒

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

VISION SERVICE PLAN

94-1632821

(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	NONE	631180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYSTONE NATIONAL GROUP

20-5150678

(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?
28 51	NONE	561808	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

CITYSCAPE IT PROS

46-1791445

(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?
16 49 50	NONE	322816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(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 15 49 50	NONE	290209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORANGE HEALTH SOLUTIONS, INC

80-0888155

(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?
16 49 50	NONE	271306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

REGINALD CYRUS

95-3846186

(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?
30 50	EMPLOYEE	248481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(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?
28 51	NONE	245939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRMA ARANIBAR

95-3846186

(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?
30 50	EMPLOYEE	173803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JOSE MORALES

95-3846189

(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?
30 50	EMPLOYEE	167991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBBIE LINK

95-3846186

(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?
30 50	EMPLOYEE	158818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROL MOORE

95-3846186

(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?
30 50	EMPLOYEE	155011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARTINA MOJICA

95-3846186

(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?
30 50	EMPLOYEE	145615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELLA MARTINEZ

95-3846186

(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?
30 50	EMPLOYEE	118555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELANIE TALSMAN

95-3846186

(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?
30 50	EMPLOYEE	114842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NATALIE VASQUEZ

95-3846186

(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?
30 50	EMPLOYEE	114623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MISTY LOPEZ

95-3846186

(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?
30 50	EMPLOYEE	114126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL SEEGMILLER

95-3846186

(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?
30 50	EMPLOYEE	110487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DANA TENEYCK

95-3846186

(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?
30 50	EMPLOYEE	102999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK TIMPANI

95-3846186

(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?
30 50	EMPLOYEE	102635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HUMAN RESOURCE

17901 VON KARMAN AVENUE
SUITE 1100
IRVINE, CA 92614

(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?
16 49 50	NONE	101950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

YADIRA CARABANTE

95-3846186

(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?
30 50	EMPLOYEE	101903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBBIE NUNEZ

95-3846186

(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?
30 50	EMPLOYEE	100225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SONIA GUERRERO

95-3846186

(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?
30 50	EMPLOYEE	98695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ANA CRUZ

95-3846186

(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?
30 50	EMPLOYEE	97425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEIA MASHAKA CONSULTING

9045 IRON CACTUS AVE
LAS VEGAS, NV 89148

(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?
16 50	NONE	96481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(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	NONE	92206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

L. WOODALL

95-3846186

(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?
30 50	EMPLOYEE	91034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUIS CISNEROS

95-3846186

(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?
30 50	EMPLOYEE	90666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNA BEHAN

95-3846186

(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?
30 50	EMPLOYEE	90581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STEPHANIE DAIRY

95-3846186

(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?
30 50	NONE	90262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSIE MALDONADO

95-3846186

(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?
30 50	EMPLOYEE	86552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADRIANA HERNANDEZ

95-3846186

(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?
30 50	EMPLOYEE	80385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CBRE GLOBAL INVESTORS

95-4752098

(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?
28 51	NONE	79287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MENOVA ENJILI

95-3846186

(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?
30 50	EMPLOYEE	74616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSIDINE & ASSOCIATES, INC.

82-3383419

(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?
16 49 50	NONE	70630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLOMA PUBLIC AFFAIRS

83-0883342

(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	NONE	68975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHLOE ARGUIN

95-3846186

(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?
30 50	EMPLOYEE	67599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

G. GILLESPIE

95-3846186

(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?
30 50	EMPLOYEE	65702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VERUS ADVISORY, INC.

91-1320111

(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?
16 27 50	NONE	62500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAWNA HERRON

95-3846186

(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?
30 50	EMPLOYEE	61812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEA MCG HEALTH, LLC

33-1104821

(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?
16 49 50	NONE	44499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS

1 EXPRESS WAY
ST. LOUIS, MO 63121

(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	NONE	43373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC INVESTMENTS

77-0583390

(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 50	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANET HERRERA

95-3846186

(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?
30 50	EMPLOYEE	37341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNY BERNAL

95-3846186

(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?
30 50	EMPLOYEE	35604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAIR HEALTH INC

90-0524293

(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?
16 49 50	NONE	29526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'HAGAN MEYER PLLC

81-3060133

(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	NONE	28418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ERICA ESTRELLA

95-3846186

(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?
30 50	EMPLOYEE	27907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRO PHARMA PHARMACEUTICAL

95-4081972

(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?
16 50	NONE	22279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DON LASSIG

95-3846186

(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?
20 31 50	TRUSTEE	20970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLEEN SLOTHOUR, CONSULTING

CHIFFCHAFF COURT
VALENCIA, CA 91355

(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?
16 50	NONE	19575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP

13-3036745

(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 50	NONE	14469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER, KAPLAN, ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON, ELSER, NOKSKOWITZ

22-2027092

(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	NONE	11324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRISON ELECTRIC & SOLAR

46-3669794

(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	NONE	9900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARVIN PAULL

CLINTON KEITH ROAD
#114-241
WILDOMAR, CA 92595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	8861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID MORSE

95-3846186

(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?
20 31 50	TRUSTEE	8845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XAVIER CAMPOS

95-3846186

(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?
20 31 50	TRUSTEE	8375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

US BANK

31-0841368

(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?
18 50 52	NONE	7772	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
ANTHEM BLUE CROSS 95-4331852	12 13 15 49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
VISION SERVICE PLAN 94-1632821	12 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
BRIDGEWAY BENEFIT TECHNOLOGIES, LLC 52-1796473	10 15 49 50 55	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
ORANGE HEALTH SOLUTIONS, INC 80-0888155	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
MERCER HUMAN RESOURCE 17901 VON KARMAN AVENUE SUITE 1100 IRVINE, CA 92614	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
LEIA MASHAKA CONSULTING 9045 IRON CACTUS AVE LAS VEGAS, NV 89148	16 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY

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
POLOMA PUBLIC AFFAIRS 83-0883342	49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
VERUS ADVISORY, INC. 91-1320111	16 27 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
HEA MCG HEALTH, LLC 33-1104821	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
EXPRESS SCRIPTS 1 EXPRESS WAY ST. LOUIS, MO 63121	12 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
RAEL & LETSON 94-1701048	11 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
ADP 13-3036745	15 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY

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
WILSON, ELSER, NOKSKOWITZ 22-2027092	29 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
MARVIN PAULL CLINTON KEITH ROAD #114-241 WILDOMAR, CA 92595	11 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
CITYSCAPE IT PROS 46-1791445	16 49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY

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 07/01/2024 and ending 06/30/2025	
	A Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF	D Employer Identification Number (EIN) 95-3846186	

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	6853806	5431428
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1717838	1055847
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101236238	125790953
(2) U.S. Government securities	1c(2)	75119474	66896008
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	18589727	13352639
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	133918211	143633242
(5) Partnership/joint venture interests	1c(5)	78592613	81817320
(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)		
(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	650294	445325
f Total assets (add all amounts in lines 1a through 1e).....	1f	416678201	438422762
Liabilities			
g Benefit claims payable	1g	22558000	27043000
h Operating payables	1h	405566	289032
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	473214	293358
k Total liabilities (add all amounts in lines 1g through 1j)	1k	23436780	27625390
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	393241421	410797372

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)	135528305	
(B) Participants	2a(1)(B)	3604304	
(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)		139132609
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4857645	
(B) U.S. Government securities	2b(1)(B)	2058157	
(C) Corporate debt instruments	2b(1)(C)	573675	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4985	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7494462
(2) Dividends: (A) Preferred stock.....			
(B) Common stock	2b(2)(B)	2564898	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	28507418	
(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			
(B) Other	2b(5)(B)	4373040	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		740888
d Total income. Add all income amounts in column (b) and enter total	2d		161006851

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	128773017	
(2) To insurance carriers for the provision of benefits	2e(2)	835861	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		129608878
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)	3047976	
(2) Contract administrator fees	2i(2)	4422860	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	113909	
(5) Investment advisory and investment management fees	2i(5)	2081145	
(6) Bank or trust company trustee/custodial fees	2i(6)	10065	
(7) Actuarial fees	2i(7)	113804	
(8) Legal fees	2i(8)	39561	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	132815	
(11) Other expenses	2i(11)	3879887	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		13842022
j Total expenses. Add all expense amounts in column (b) and enter total	2j		143450900

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17555951
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**Los Angeles County Fire Fighters
Local 1014 Health and Welfare Plan
Financial Statements
June 30, 2025 and 2024
With Independent Auditor's Reports**

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
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June 30, 2025 and 2024

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Independent Auditor's Report

To the Participants and Trustees of
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan:

Opinion

We have audited the financial statements of Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan (the "Plan"), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan as of June 30, 2025 and 2024 and the changes in net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in Note 14 to the financial statements, the 2025 financial statements have been restated to correct a presentation error on the reconciliation of financial statements to Form 5500. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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 Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan'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 GAAS 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 GAAS, 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 Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan's ability to continue as a going concern for a reasonable period of time.

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

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'.

April 13, 2026, except for Note 14, as to which the date is April 28, 2026.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investment - at fair value		
Money market funds	\$ 125,790,953	\$ 101,236,238
Common stock	143,633,242	133,918,211
Corporate obligations	13,352,639	18,589,727
Limited partnerships	81,817,320	78,592,613
U.S. Government and Government Agency obligations	66,896,008	75,119,474
Total investments	<u>431,490,162</u>	<u>407,456,263</u>
 Cash	 5,431,428	 6,853,806
 Accrued interest and dividends	 1,055,847	 1,717,838
 Right-of-use assets - operating, net	 277,188	 455,192
 Property and equipment - net	 168,137	 195,102
Total assets	<u>438,422,762</u>	<u>416,678,201</u>
 Liabilities and Net Assets		
Current liabilities		
Accounts payable	289,032	405,566
Current portion of lease liabilities - operating	192,856	179,856
Total current liabilities	<u>481,888</u>	<u>585,422</u>
 Long-term liabilities		
Lease liabilities - operating, net of current portion	100,502	293,358
Total liabilities	<u>582,390</u>	<u>878,780</u>
Net assets available for benefits	<u><u>\$ 437,840,372</u></u>	<u><u>\$ 415,799,421</u></u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 11,073,994	\$ 16,281,507
Interest and dividend income	10,059,360	10,330,606
	<u>21,133,354</u>	<u>26,612,113</u>
Less: Investment expenses	(2,081,145)	(2,097,413)
Total investment income - net	<u>19,052,209</u>	<u>24,514,700</u>
 Contributions		
Employer contributions		
Active participants	76,114,761	71,940,332
Retirees	59,413,544	53,919,316
Participant contributions		
Active participants	1,385,509	1,267,315
Retirees	2,218,795	2,020,772
Total contributions	<u>139,132,609</u>	<u>129,147,735</u>
Other income	740,888	45,094
Total additions	<u>158,925,706</u>	<u>153,707,529</u>
 Deductions		
Cost of benefits		
Self-funded medical, vision and prescription drug claims	124,288,017	89,311,800
Nontrust-sponsored insurance premiums	835,861	850,038
Total cost of benefits	<u>125,123,878</u>	<u>90,161,838</u>
Administrative expenses	11,760,877	9,541,885
Total deductions	<u>136,884,755</u>	<u>99,703,723</u>
 Net change in net assets available for benefits	 22,040,951	 54,003,806
 Net assets available for benefits		
Beginning of year	415,799,421	361,795,615
End of year	<u><u>\$ 437,840,372</u></u>	<u><u>\$ 415,799,421</u></u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Benefit Obligations
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable and incurred but not reported	\$ 27,043,000	\$ 22,558,000
Post-retirement benefit obligations - net of amounts currently payable		
Current retirees	1,276,352,400	1,116,258,700
Other participants fully eligible for benefits	511,693,200	480,641,500
Other participants not fully eligible for benefits	400,141,400	375,859,200
Total post-retirement benefit obligations	<u>2,188,187,000</u>	<u>1,972,759,400</u>
Total benefit obligations	<u><u>\$ 2,215,230,000</u></u>	<u><u>\$ 1,995,317,400</u></u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Statements of Changes in Benefit Obligations
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 22,558,000	\$ 18,604,000
Increase during the year attributable to changes in claims payable and incurred but not reported	4,485,000	3,954,000
Balance at end of year	<u>27,043,000</u>	<u>22,558,000</u>
 Post-retirement benefit obligations		
Balance at beginning of year	1,972,759,400	4,132,857,195
Increase (decrease) during the year attributable to benefits earned and other changes	215,427,600	(1,058,881,695)
Changes in actuarial assumptions and methods	-	(1,101,216,100)
Balance at end of year	<u>2,188,187,000</u>	<u>1,972,759,400</u>
 Total benefit obligations at end of year	 <u><u>\$ 2,215,230,000</u></u>	 <u><u>\$ 1,995,317,400</u></u>

The Notes to Financial Statements are an integral part of these statements.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

Notes to Financial Statements

June 30, 2025 and 2024

1. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation, Transactions, and Income Recognition

General - Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, Fair Value Measurements and Disclosures. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods - In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Money Market Funds: Money market funds are valued at cost, which approximates fair value (Level 2).

Common Stock: The fair value of common stock is generally based on quoted market prices in active markets (Level 1).

Corporate Obligations: Values are determined using discounted cash flow models that take into account the various maturity dates and stated coupon rates of the bonds (Level 2).

Limited Partnerships: The fair value of limited partnerships is determined based on net asset value (or its equivalent). The net asset value is determined based on the fair value of the underlying investments.

U.S. Government and Government Agency Obligations: The fair value of U.S. Government and Government Agency obligations is generally determined using a market-based model in which valuation consideration is given to the yield or price of comparable securities, coupon rate, maturity, credit quality and dealer-provided prices (Level 2).

Valuation Methods, Consistency - The valuation techniques used in the accompanying financial statements have been consistently applied.

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

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Major additions are capitalized, and maintenance and repairs that do not improve or extend the lives of the respective assets are currently expensed. Depreciation is computed by the straight-line method over the following estimated useful lives of the fixed assets:

	Estimated Life (Years)
Office furniture and equipment	5
Computer hardware and software	3
Building improvements	10

Depreciation expense for the years ended June 30, 2025 and 2024, totaled \$78,908 and \$75,862, respectively.

Cash

Cash includes amounts on deposit in demand-deposit checking accounts.

Post-Retirement Benefit Obligations

The Plan's post-retirement benefit obligations are presented at present value and were actuarially determined by the Plan's actuarial consultant based on claims experience, census data and other factors. The costs of the post-retirement benefit obligations are shared by the Plan's participating employers and retirees. In addition to the deductibles and copayments, retirees, on average, will pay 4% of the estimated post-retirement benefit costs (including expenses) during the years ended June 30, 2026 and 2025.

Claims Payable and Incurred But Not Reported

Estimated claims payable and incurred but not reported includes an estimate of claims incurred prior to year-end but paid after that date. These estimates were calculated by the Plan's consultant based on claims experience subsequent to year-end.

Payment of Benefits

Medical claim payments are recorded when paid by the Plan. Medical claims received, but not yet paid and claims incurred but not yet received by the Plan are included as an amount currently payable in the accompanying statements of benefit obligations. Vision and prescription drug claim payments are recorded when submitted to the Plan by the third-party claims processors for reimbursement and paid by the Plan. Claims paid by the third-party vision and prescription drug claims processors prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations.

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Leases

The Plan categorizes leases with contractual terms longer than twelve months as either operating or finance. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases. Leases with contractual terms of twelve months or less are not recorded on the statements of net assets available for benefits. The Plan had no finance leases during the years ended June 30, 2025 and 2024.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. For leases of property, the Plan does not account for these other services as a component of the lease.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

Lease liabilities are recognized at the present value of the fixed lease payments using the risk-free rate as a discount rate. The weighted average remaining lease term as of June 30, 2025 and 2024, was 1.14 years and 2.11 years, respectively. The weighted average discount rate as of June 30, 2025 and 2024, was 2.19% and 2.44%, respectively. Right-of-use assets are recognized based on the initial present value of the fixed lease payments, plus any direct cost from executing the leases. Lease assets are tested for impairment in the same manner as long-lived assets used in operations.

Options to extend lease terms, terminate leases before the contractual expiration date, or purchase the lease assets are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term of the lease.

Risks and Uncertainties

The Plan invests in various investments. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

The Plan's benefit obligations are based on certain estimates and historical experience. It is reasonably possible that actual experience would materially affect the amounts reported in the statements of benefit obligations and the statements of changes in benefit obligations.

2. Description of Plan

The Plan was established by Los Angeles County Fire Fighters Local 1014 Union (the "Plan Sponsor") for the purpose of providing health and welfare benefits to eligible employees and their dependents.

Plan participation is limited to members of the Plan Sponsor and the Monterey Park Firefighters Association who are active or retired employees of certain employers of firefighting personnel in the County of Los Angeles, California, or the City of Monterey Park, California; office employees of the Plan Sponsor and the Plan; and the covered dependents of such employees or retirees. The Plan follows the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits provided to participants by the Plan include medical, mental health, substance abuse, prescription drug, vision care, dental, life insurance, accidental death and dismemberment, and salary continuance. Medical benefits are self-administered by the Plan with claim pricing services (or "PPO services") provided by Anthem Blue Cross. Prescription drug and vision care are provided through self-funded programs administered by Express Scripts, Inc., and Vision Service Plan, respectively. Life insurance, accidental death and dismemberment, long-term disability insurance and short-term disability insurance are provided through insurance and health maintenance organization contracts with UNUM Life Insurance Company, Reliance Standard Life Insurance ("RSLI"), American International Group ("AIG"), Colonial Life, and Accident Insurance Company, respectively.

The Plan's life insurance, accidental death and dismemberment benefits, and long- and short-term disability insurances are provided through insurance policies owned by the Plan Sponsor. Any claims reserves related to the policies are maintained and assumed by the Plan Sponsor. If the Plan were to terminate its arrangement with the Plan Sponsor, any surplus or deficit of claims reserves, after paying the run-out of claims payable attributable to Plan participants at the date of termination, would be the responsibility of the Plan Sponsor. As a result, no assets or liabilities relating to these policies are reflected in the accompanying financial statements.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), has been adopted by the Plan.

For more complete information, participants should refer to the Summary Plan Description.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

3. Priorities Upon Termination

It is the intent of the Plan Sponsor to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Plan Sponsor. In the event of termination, the Plan Sponsor shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be applied toward the continuation of the type of benefits sponsored by the Plan until such assets are exhausted. 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.

4. Tax Status

The Plan obtained its latest determination letter, dated December 17, 1993, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC") under Section 501(c)(9). The Plan has been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Funding Policy

The Plan is funded by employer contributions for both active participants and retirees and by participant contributions. Employer contributions for retirees are received from the Los Angeles County Employees Retirement Association ("LACERA"). Participant contributions are received from active employees and retirees. Active participants' contributions are contributed on a pre-tax basis. Retired participants' contributions remitted by LACERA have been authorized and designated to the Plan by retired participants. The funding levels for LACERA contributions and participant contributions are specified in the collective bargaining agreements or participation agreements under the terms established by the Board of Trustees and as required by applicable law.

Active employees receive a monthly dollar allowance from which to purchase benefits. Premium amounts that exceed the monthly dollar allowance are funded from the employees' wages on a pre-tax basis. Retired participants are eligible for contributions up to 100% of the Plan rates, depending on the participants' years of service and the terms of the applicable memorandum of understanding. Retirees pay the difference between the premium and the earned contribution.

6. Concentration

The Plan maintains all of its cash balances with Bank of America, N.A., which throughout the year regularly exceed the Federal Deposit Insurance Corporation ("FDIC") limit of \$250,000. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition and operations.

The Plan has one major contributing employer (the County of Los Angeles), which accounted for approximately 96% of total contributions for the years ended June 30, 2025 and 2024. In the event this employer suspends contributions, the Plan would terminate coverage to the employers' participants and retirees, as required under the Plan document. The Plan would retain the risk of current fixed administrative expenses.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

7. Investments at Fair Value Hierarchy

Assets measured at fair value on a recurring basis, based on the fair value hierarchy at June 30, 2025 and 2024, are as follows:

Description	June 30, 2025	Fair Value Measurements at Reporting Date Using	
		Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market funds	\$ 125,790,953	\$ -	\$ 125,790,953
Common stock	143,633,242	143,633,242	-
Corporate obligations	13,352,639	-	13,352,639
U.S. Government and Government Agency obligations	66,896,008	-	66,896,008
Total assets in the fair value hierarchy	\$ 349,672,842	\$ 143,633,242	\$ 206,039,600
Investments measured at net asset value			
Limited partnerships*	81,817,320	-	-
Total investments at fair value	\$ 431,490,162	\$ -	\$ -

Description	June 30, 2024	Fair Value Measurements at Reporting Date Using	
		Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market funds	\$ 101,236,238	\$ -	\$ 101,236,238
Common stock	133,918,211	133,918,211	-
Corporate obligations	18,589,727	-	18,589,727
U.S. Government and Government Agency obligations	75,119,474	-	75,119,474
Total assets in the fair value hierarchy	\$ 328,863,650	\$ 133,918,211	\$ 194,945,439
Investments measured at net asset value			
Limited partnerships*	78,592,613	-	-
Total investments at fair value	\$ 407,456,263	\$ -	\$ -

* In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

8. Investments in Certain Entities that Calculate Net Asset Value

FASB ASC 820 allows entities to use net asset value (“NAV”) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the NAV is calculated in a manner consistent with investment company accounting. The Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance.

	Fair Value as of June 30,		Unfunded Commitments			Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Investment Type	2025	2024		2025	2024		
Limited partnerships							
American Strategic Value Realty Fund, LP	\$20,116,351	\$20,164,865 {a}		\$10,120,000	\$10,120,000	Daily	30 days
CBRE Strategic Partners U.S. Value 7, LP	-	1,150 {b}		-	-	N/A	N/A
CBRE Strategic Partners U.S. Value 8, LP	8,380,892	12,119,182 {c}		597,897	597,897	Not permitted	N/A
CBRE Strategic Partners U.S. Value 9, LP	17,295,687	12,738,526 {d}		1,018,402	4,942,814	Not permitted	N/A
Keystone Real Estate Lending Fund LP	36,024,390	33,568,890 {e}		-	-	Monthly	90 days
	\$81,817,320	\$78,592,613		\$11,736,299	\$15,660,711		

- a. This fund is an open-ended, value-added commingled fund that invests in private real estate and is structured as a Delaware limited partnership. The fund targets enhanced yield and value-added return opportunities, with a secondary goal of diversification to reduce overall investment risk. The fund originates investments through a variety of structures including, but not limited to, direct property ownership, joint ventures, and senior and subordinate debt structures. Investors may redeem their shares in the fund at any time, with 30 days’ written notification.
- b. This partnership is structured as a Delaware limited partnership and its consolidated subsidiary, CBRE Strategic Partners U.S. Value 7 Holdings, LLC, is structured as a real estate investment trust. The partnership and consolidated real estate investment trust were formed to purchase, reposition, lease and sell institutional-quality real estate assets in the United States. The fund does not allow for redemptions. The partnership was scheduled to terminate on April 11, 2022. The partnership may be extended for up to two additional one-year periods upon consent of 2/3 vote of the limited partners. The Trust was dissolved on December 27, 2024.
- c. This partnership is structured as a Delaware limited partnership and its consolidated subsidiary, CBRE Strategic Partners U.S. Value 8 Holdings, LLC, is structured as a real estate investment trust. The partnership and consolidated real estate investment trust were formed to purchase, reposition, lease and sell institutional-quality real estate assets in the United States. The fund does not allow for redemptions. The partnership is scheduled to terminate on November 17, 2025. The partnership may be extended for up to two additional one-year periods upon consent of 2/3 vote of the limited partners.
- d. This partnership is structured as a Delaware limited partnership and its consolidated subsidiary, CBRE Strategic Partners U.S. Value 9 Holdings, LLC, is structured as a real estate investment trust. The partnership and consolidated real estate investment trust were formed to purchase, reposition, lease and sell institutional-quality real estate assets in the United States. The fund does not allow for redemptions. The partnership is scheduled to terminate on July 30, 2029. The partnership may be extended for up to two additional one-year periods upon consent of 2/3 vote of the limited partners.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

- e. This partnership is a Delaware limited partnership investing in first lien, senior real estate loans secured by real estate properties of various types and with a primary focus on capital preservation and generating attractive risk-adjusted returns. Withdrawals are made on the last day of each calendar month after 90 days' written notice, subject to the discretion of the general partner.

9. Post-Retirement Benefit Obligations

The post-retirement benefit obligations information disclosed in the Plan's financial statements is included at the specific request of the United States Department of Labor based on a 2006 review of the Plan by that agency.

Post-retirement benefit obligations include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

Some of the more significant actuarial assumptions used to calculate the post-retirement health benefit obligations at June 30, 2025 and 2024, are as follows:

Interest:		5.50%
Mortality rates:		PubS-2010 Mortality Table with MP-2021 ultimate improvement rates.
Medical trend rate:	2025:	6.75% for the year ended June 30, 2026, then graded down 0.25% to 6.5% for the year ended June 30, 2027, then graded down 0.25% to 6.25% for the year ended June 30, 2028, then graded down 0.25% to 6.0% for the year ended June 30, 2029, then graded down 0.25% to 5.75% for the year ended June 30, 2030, and then graded down 0.25% to 5.50% for the year ended June 30, 2031, and decreasing 0.25% each year thereafter.
	2024:	7.0% for the year ended June 30, 2025, then graded down 0.25% to 6.75% for the year ended June 30, 2026, then graded down 0.25% to 6.5% for the year ended June 30, 2027, then graded down 0.25% to 6.25% for the year ended June 30, 2028, then graded down 0.25% to 6.0% for the year ended June 30, 2029, and then graded down 0.25% to 5.75% for the year ended June 30, 2030, and decreasing 0.25% each year thereafter.

The actuarial present value of the expected post-retirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims and premium cost data to estimate future annual incurred claims and premium costs per participant and to 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 foregoing assumptions are based on the presumption 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 post-retirement benefit obligations.

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the post-retirement obligation as of June 30, 2025 and 2024, by approximately \$442,504,400 and \$404,170,900, respectively.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

Notes to Financial Statements

June 30, 2025 and 2024

10. Pension and Other Post-Retirement Benefits

Multiemployer Defined Benefit Pension Plan - The Plan's office and clerical employees are covered by a multiemployer defined benefit pension plan, OPEIU Locals 30 & 537 Retirement Fund (the "Retirement Fund"). Contributions to the multiemployer defined benefit pension plan are made monthly under the terms of a collective bargaining agreement. The risks of participating in a multiemployer plan are different from a single-employer plan in the following respects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to the employees of other participating employers;
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and
- If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in the Retirement Fund for the annual periods ended June 30, 2025 and 2024, is outlined in the table below.

Pension Fund	EIN/ Pension Plan Number	PPA Zone Status 2024	PPA Zone Status 2023	Funding Improvement/ Rehabilitation Plan Status	Contributions by the Plan 2025	Contributions by the Plan 2024	Contributions by the Plan Surcharge 2023 Imposed	Expiration Date of Collective Bargaining Agreement
OPEIU Locals 30 & 537 Retirement Fund	{a} 95-6072309 (001)	Green	Green	N/A	\$ 235,875	\$ 252,075	\$ 194,020 No	May 31, 2025

{a} The Retirement Fund's fiscal year ends on January 31, and the PPA Zone Status for the years ended June 30, 2025 and 2024, were for the plan's year ends at January 31, 2025 and 2024, respectively.

An explanation of each item in the above table follows:

- The "EIN/Pension Plan Number" column provides the Employee Identification Number ("EIN") and the three-digit plan number, if applicable.
- The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary.
- Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded.
- The "Funding Improvement/Rehabilitation Plan Status" indicates plans for which a financial improvement plan or a rehabilitation plan is either pending or has been implemented.
- The expiration date indicates the date of the collective bargaining agreement to which the Plan is subject.

The Plan's contributions did not exceed 5% of total contributions per the Retirement Fund's most recently available annual report. There have been no significant changes that affect the comparability of 2025 and 2024 contributions.

For employees not covered by the above multiemployer plan, the Plan contributes to Charles Schwab's Simplified Employee Pension Individual Retirement Arrangement ("SEP-IRA") Plan. Contributions for the years ended June 30, 2025 and 2024, totaled approximately \$125,200 and \$100,600, respectively.

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

11. Obligation Under Operating Lease - Related-Party Transaction

The Plan rents office space at 3460 Fletcher Avenue, El Monte, California, from Los Angeles County Firefighters Local 1014 (the "Local"), a related party, under a five-year lease agreement expiring on December 31, 2026. The lease requires the Plan to reimburse the Local a ratable portion of certain building and occupancy expenses (common area maintenance).

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities for years subsequent to June 30, 2025:

2026	\$	198,324
2027		101,106
		<u>299,430</u>
Less: Imputed interest		(6,072)
Lease liability at June 30, 2025	\$	<u>293,358</u>

Total lease expense is comprised of the following for the year ended June 30, 2025:

	<u>2025</u>	<u>2024</u>
Operating lease expense		
Operating lease expense	\$ 188,840	\$ 188,840
Short-term leases	33,754	38,887
Total operating lease expense	\$ <u>222,594</u>	\$ <u>227,727</u>

The Plan has elected to expense short-term leases as incurred. In addition to the above office rental expenses, the Plan reimburses the Local for a portion of rental expense for equipment subject to various operating leases held by the Local. Equipment lease reimbursements totaled \$33,754 and \$38,887 for the years ended June 30, 2025 and 2024, respectively.

12. Related-Party Transactions

The Plan shares certain administrative expenses with Los Angeles County Fire Fighters Local 1014. The Plan reimburses the Plan Sponsor for costs it incurs for shared general and administrative expenses. General and administrative expenses reimbursed to the Plan Sponsor for the years ended June 30, 2025 and 2024, totaled \$1,009,916 and \$761,165, respectively.

13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2025 and 2024, to Form 5500:

	<u>(As Restated) 2025</u>	<u>(As Restated) 2024</u>
Net assets available for benefits per the financial statements	\$ 437,840,372	\$ 415,799,421
Benefit obligations currently payable	(27,043,000)	(22,558,000)
Net assets available for benefits per the Form 5500	\$ <u>410,797,372</u>	\$ <u>393,241,421</u>

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Notes to Financial Statements
June 30, 2025 and 2024

The following is a reconciliation of benefits paid to or for participants per the financial statements for the years ended June 30, 2025 and 2024, to Form 5500:

Benefits paid to or for participants per the financial statements	\$ 125,123,878
Add: Amounts currently payable at end of year	27,043,000
Less: Amounts currently payable at beginning of year	(22,558,000)
Benefits paid to or for participants per the Form 5500	<u>\$ 129,608,878</u>

14. Restatement of Reconciliation of Financial Statements to Form 5500

The reconciliation of financial statements to Form 5500 at JJune 30, 2025 and 2024, have been restated as follows:

As originally presented:

	<u>2025</u>	<u>2024</u>
Benefit obligations currently payable	\$ (27,043,000)	\$ (22,558,000)

As restated:

	<u>(As Restated) 2025</u>	<u>(As Restated) 2024</u>
Net assets available for benefits per the financial statements	\$ 437,840,372	\$ 415,799,421
Benefit obligations currently payable	(27,043,000)	(22,558,000)
Net assets available for benefits per the Form 5500	<u>\$ 410,797,372</u>	<u>\$ 393,241,421</u>

15. Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 13, 2026, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

Supplementary Information

Report on Supplementary Information Independent Auditor's Report

To the Participants and Trustees of
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan:

We have audited the financial statements of Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan as of and for the years ended June 30, 2025, and 2024, and have issued our report thereon dated April 13, 2026, which expressed an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplementary information, which appears on page 18 and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

WithumSmith+Brown, PC

April 13, 2026

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
Schedules of Administrative Expenses
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Actuarial and consulting fees	\$ 113,804	\$ 212,203
Administrative fees	4,422,860	3,420,828
Audit and accounting fees	113,909	81,051
Depreciation	78,908	75,862
Employee benefits	1,145,592	1,037,977
Information technology consulting fee	1,049,554	608,027
Insurance expense	107,788	131,670
Legal fees	39,561	47,151
Office expense	301,365	210,727
Payroll taxes	218,548	203,100
Printing, postage and others	458,935	290,730
Regulatory administrative fee	-	39,761
Occupancy	498,325	433,966
Salaries	3,047,976	2,586,428
Telephone	30,937	93,550
Trustee meeting and travel expenses	132,815	68,854
Total administrative expenses	<u><u>\$ 11,760,877</u></u>	<u><u>\$ 9,541,885</u></u>

See Independent Auditor's Report on Supplementary Information.

Los Angeles County Fire Fighter Local 1014 Health and Welfare Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 95-3846186 Plan No. 501
June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Interest-Bearing Cash</u>			
		Cash and equivalents per attached US Bank custodian statements	\$ 125,790,953	\$ 125,790,953
	<u>U.S. Government Securities</u>			
		US Government issues per attached US Bank custodian statements	64,270,358	66,896,008
	<u>Corporate Stocks</u>			
		Domestic common stocks per attached US Bank custodian statements	79,892,561	128,596,051
		Foreign stocks per attached US Bank custodian statements	9,542,081	15,037,191
		Total corporate stocks	89,434,642	143,633,242
	<u>Corporate Obligations</u>			
		Corporate obligations per attached US Bank custodian statements	12,793,648	13,352,639
	<u>Partnership/Joint Venture Interest</u>			
		Partnership/joint ventures per attached US Bank custodian statements	80,744,207	81,817,320
		Total investments	\$ 373,033,808	\$ 431,490,162

See Independent Auditor's Report on Supplementary Information.

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 6745049800	101,991,488.340	101,991,488.34 1.0000	101,991,488.34	.00 .00	344,293.12	4.11
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 6745049801	4,135,984.650	4,135,984.65 1.0000	4,135,984.65	.00 .00	13,390.19	4.11
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 6745049802	19,646,992.140	19,646,992.14 1.0000	19,646,992.14	.00 .00	58,559.43	4.11
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 6745049803	646.920	646.92 1.0000	646.92	.00 .00	2.18	4.11
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 6745049809	883.530	883.53 1.0000	883.53	.00 .00	2.98	4.11
Total First Am US Treas Mm Cl Z	125,775,995.580	125,775,995.58	125,775,995.58	.00 .00	416,247.90	4.10
Adjustments		- 4,315.00	- 4,315.00	.00 .00	416,247.90	4.10
Cash						
Pending Cash		19,272.62	19,272.62			

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Money Markets	125,790,953.20	125,790,953.20	125,790,953.20	.00 .00	416,247.90	4.10
US Government Issues						
G N M A #778612 4.000% 11/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 36176WYH8 Asset Minor Code 24 ACCOUNT 6745049802	21,768.560	20,745.66 95.3010	23,901.13	- 3,155.47 758.83	72.56	4.20
G N M A #722225 4.500% 8/15/39 Standard & Poors Rating: N/A Moody's Rating: N/A 3620A8LE1 Asset Minor Code 24 ACCOUNT 6745049802	14,113.020	13,856.02 98.1790	15,497.82	- 1,641.80 285.00	53.59	4.58
G N M A II #G22124 9.000% 11/20/25 Standard & Poors Rating: N/A Moody's Rating: N/A 36202CLD3 Asset Minor Code 24 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 42.43	.00	0.00
G N M A II #G22346 9.000% 12/20/26 Standard & Poors Rating: N/A Moody's Rating: N/A 36202CTB9 Asset Minor Code 24 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 47.78	.00	0.00

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A I I #G22476 9.000% 8/20/27 Standard & Poors Rating: N/A Moody's Rating: N/A 36202CXD0 Asset Minor Code 24 ACCOUNT 6745049802	116.620	117.05 100.3730	124.94	- 7.89 6.80	.84	8.97
G N M A #783409 4.000% 9/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 36241LYE0 Asset Minor Code 24 ACCOUNT 6745049802	11,596.230	11,094.46 95.6730	12,454.39	- 1,359.93 127.70	38.63	4.18
G N M A #698392 4.000% 7/15/39 Standard & Poors Rating: N/A Moody's Rating: N/A 36296Q2Z1 Asset Minor Code 24 ACCOUNT 6745049802	24,702.390	23,613.76 95.5930	27,080.02	- 3,466.26 760.04	82.34	4.18
U S Treasury Nt 1.250% 4/30/28 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CBZ3 Asset Minor Code 21 ACCOUNT 6745049802	2,470,000.000	2,308,585.50 93.4650	2,153,531.25	155,054.25 113,941.10	5,201.77	1.34
U S Treasury Nt 1.250% 6/30/28 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CCH2 Asset Minor Code 21 ACCOUNT 6745049802	4,570,000.000	4,254,578.60 93.0980	3,966,081.64	288,496.96 211,545.30	155.23	1.34
U S Treasury Nt 1.375% 10/31/28 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CDF5 Asset Minor Code 21 ACCOUNT 6745049802	2,490,000.000	2,308,802.70 92.7230	2,153,850.00	154,952.70 113,120.70	5,768.27	1.48

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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 1.125% 10/31/26 Standard & Poors Rating: N/A Moody's Rating: N/A 91282CDG3 Asset Minor Code 21 ACCOUNT 6745049802	4,410,000.000	4,252,739.40 96.4340	3,993,461.72	259,277.68 182,970.90	8,358.63	1.17
U S Treasury Nt 1.500% 2/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 91282CDZ1 Asset Minor Code 21 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 - 44,906.40	.00	0.00
U S Treasury Nt 2.625% 4/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 91282CEH0 Asset Minor Code 21 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 - 54,019.64	.00	0.00
U S Treasury Nt 2.750% 4/30/27 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CEN7 Asset Minor Code 21 ACCOUNT 6745049802	4,220,000.000	4,145,179.40 98.2270	3,982,954.69	162,224.71 124,658.80	19,551.90	2.80
U S Treasury Nt 2.875% 6/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 91282CEU1 Asset Minor Code 21 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 - 44,959.51	.00	0.00
U S Treasury Nt 4.125% 10/31/27 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CFU0 Asset Minor Code 21 ACCOUNT 6745049802	2,180,000.000	2,199,925.20 100.9140	2,151,132.03	48,793.17 44,363.00	15,150.41	4.09

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 4.000% 12/15/25 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CGA3 Asset Minor Code 21 ACCOUNT 6745049802	3,990,000.000	3,987,007.50 99.9250	3,925,162.50	61,845.00 48,438.60	6,977.05	4.00
U S Treasury Nt 3.875% 12/31/27 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CGC9 Asset Minor Code 21 ACCOUNT 6745049802	4,020,000.000	4,036,964.40 100.4220	3,928,764.84	108,199.56 94,068.00	423.30	3.86
U S Treasury Nt 4.000% 2/15/26 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CGL9 Asset Minor Code 21 ACCOUNT 6745049802	4,020,000.000	4,014,934.80 99.8740	3,955,146.09	59,788.71 49,285.20	60,411.05	4.01
U S Treasury Nt 3.750% 4/15/26 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CGV7 Asset Minor Code 21 ACCOUNT 6745049802	2,190,000.000	2,184,306.00 99.7400	2,142,435.94	41,870.06 33,485.10	17,277.66	3.76
U S Treasury Nt 4.125% 6/15/26 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CHH7 Asset Minor Code 21 ACCOUNT 6745049802	2,330,000.000	2,332,865.90 100.1230	2,298,781.64	34,084.26 29,614.30	4,201.64	4.12
U S Treasury Nt 4.375% 8/15/26 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CHU8 Asset Minor Code 21 ACCOUNT 6745049802	3,970,000.000	3,987,229.80 100.4340	3,941,775.78	45,454.02 43,273.00	65,252.76	4.36

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 3.750% 12/31/28 Standard & Poors Rating: N/A Moody's Rating: Aa1 91282CJR3 Asset Minor Code 21 ACCOUNT 6745049802	1,180,000.000	1,181,062.00 100.0900	1,150,984.38	30,077.62 31,211.00	120.24	3.75
U S Treasury Nt 2.000% 8/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 912828K74 Asset Minor Code 21 ACCOUNT 6745049802	2,250,000.000	2,243,092.50 99.6930	2,140,927.73	102,164.77 67,545.00	16,906.08	2.01
U S Treasury Nt 2.250% 2/15/27 Standard & Poors Rating: N/A Moody's Rating: Aa1 912828V98 Asset Minor Code 21 ACCOUNT 6745049802	4,260,000.000	4,156,183.80 97.5630	3,967,957.03	188,226.77 139,983.60	36,009.94	2.31
U S Treasury Nt 1.750% 12/31/26 Standard & Poors Rating: N/A Moody's Rating: Aa1 912828YX2 Asset Minor Code 21 ACCOUNT 6745049802	4,300,000.000	4,170,312.00 96.9840	3,959,359.38	210,952.62 157,208.00	204.48	1.80
U S Treasury Nt 0.500% 6/30/27 912828ZV5 Asset Minor Code 21 ACCOUNT 6745049802	2,480,000.000	2,327,232.00 93.8400	2,151,496.88	175,735.12 123,603.20	33.70	0.53
U S Treasury Nt 2.250% 8/15/27 Standard & Poors Rating: N/A Moody's Rating: Aa1 9128282R0 Asset Minor Code 21 ACCOUNT 6745049802	2,320,000.000	2,250,400.00 97.0000	2,141,740.63	108,659.37 82,731.20	19,611.05	2.32

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.750% 2/15/28 Standard & Poors Rating: N/A Moody's Rating: Aa1 9128283W8 Asset Minor Code 21 ACCOUNT 6745049802	4,240,000.000	4,139,130.40 97.6210	3,960,259.38	178,871.02 141,446.40	43,805.52	2.82
U S Treasury Nt 2.875% 8/15/28 Standard & Poors Rating: N/A Moody's Rating: Aa1 9128284V9 Asset Minor Code 21 ACCOUNT 6745049802	2,290,000.000	2,233,643.10 97.5390	2,137,303.52	96,339.58 76,028.00	24,734.53	2.95
U S Treasury Nt 3.000% 10/31/25 Standard & Poors Rating: N/A Moody's Rating: Aa1 9128285J5 Asset Minor Code 21 ACCOUNT 6745049802	4,130,000.000	4,112,406.20 99.5740	3,988,192.58	124,213.62 86,771.30	20,874.46	3.01
Total US Government Issues	68,382,296.820	66,896,008.15	64,270,357.93	2,625,650.22 1,853,434.73	371,277.63	2.75

Corporate Issues

At T Inc Gbl Nt 2.300% 6/01/27 Standard & Poors Rating: BBB Moody's Rating: Baa2 00206RJX1 Asset Minor Code 28 ACCOUNT 6745049802	1,810,000.000	1,745,147.70 96.4170	1,639,500.20	105,647.50 70,807.20	3,469.17	2.39
Bk Of America Mtn 0.981% 9/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 06051GJG5 Asset Minor Code 28 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 - 62,227.20	.00	0.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Citigroup Inc 3.875% 3/26/25 Standard & Poors Rating: N/R Moody's Rating: WR 172967JL6 Asset Minor Code 28 ACCOUNT 6745049802	.000	.00 100.0000	.00	.00 - 26,620.80	.00	0.00
Jpmorgan Chase Co 3.540% 5/01/28 Standard & Poors Rating: A Moody's Rating: A1 46647PAF3 Asset Minor Code 28 ACCOUNT 6745049802	1,960,000.000	1,930,992.00 98.5200	1,838,754.40	92,237.60 60,426.80	11,564.00	3.59
Kimberly Clark Corp 1.050% 9/15/27 Standard & Poors Rating: A Moody's Rating: A2 494368CC5 Asset Minor Code 28 ACCOUNT 6745049802	2,120,000.000	1,992,248.80 93.9740	1,836,831.60	155,417.20 112,317.60	6,554.33	1.12
Kraft Heinz Foods Co 3.000% 6/01/26 Standard & Poors Rating: BBB Moody's Rating: Baa2 50077LAD8 Asset Minor Code 28 ACCOUNT 6745049802	1,920,000.000	1,894,944.00 98.6950	1,815,513.60	79,430.40 56,121.60	4,800.00	3.04
Morgan Stanley 6.296% 10/18/28 Standard & Poors Rating: A- Moody's Rating: A1 61747YEV3 Asset Minor Code 28 ACCOUNT 6745049802	2,090,000.000	2,177,111.20 104.1680	2,141,823.10	35,288.10 20,732.80	26,682.80	6.04
Realty Income Corp 4.875% 6/01/26 Standard & Poors Rating: A- Moody's Rating: A3 756109BF0 Asset Minor Code 28 ACCOUNT 6745049802	1,740,000.000	1,744,558.80 100.2620	1,709,358.60	35,200.20 20,305.80	7,068.75	4.86

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Southern Co 5.113% 8/01/27 Standard & Poors Rating: BBB+ Moody's Rating: Baa2 842587DD6 Asset Minor Code 28 ACCOUNT 6745049802	1,840,000.000	1,867,636.80 101.5020	1,811,866.40	55,770.40 31,997.60	15,679.87	5.04
Verizon 4.329% 9/21/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 92343VER1 Asset Minor Code 28 ACCOUNT 6745049802	.000	.00 100.4140	.00	.00 - 28,115.20	.00	0.00
Total Corporate Issues	13,480,000.000	13,352,639.30	12,793,647.90	558,991.40 255,746.20	75,818.92	3.75

Domestic Common Stocks

Adobe Inc 00724F101 Asset Minor Code 42 ACCOUNT 6745049801	8,800.000	3,404,544.00 386.8800	1,072,493.89	2,332,050.11 - 1,484,208.00	.00	0.00
Air Products Chemicals Inc 009158106 Asset Minor Code 42 ACCOUNT 6745049801	9,703.000	2,736,828.18 282.0600	3,019,330.05	- 282,501.87 - 282,501.87	.00	2.54
Alphabet Inc Cl C 02079K107 Asset Minor Code 42 ACCOUNT 6745049801	19,635.000	3,483,052.65 177.3900	3,248,137.05	234,915.60 234,915.60	.00	0.47
American International Group 026874784 Asset Minor Code 42 ACCOUNT 6745049801	39,880.000	3,413,329.20 85.5900	3,043,768.45	369,560.75 369,560.75	.00	2.10

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
American Water Works Co Inc 030420103 Asset Minor Code 42 ACCOUNT 6745049801	21,770.000	3,028,424.70 139.1100	2,559,499.59	468,925.11 216,611.50	.00	2.38
Ameriprise Finl Inc 03076C106 Asset Minor Code 42 ACCOUNT 6745049801	8,430.000	4,499,343.90 533.7300	847,615.45	3,651,728.45 385,303.49	.00	1.20
Amgen Inc 031162100 Asset Minor Code 42 ACCOUNT 6745049801	12,300.000	3,434,283.00 279.2100	2,305,837.65	1,128,445.35 - 408,852.00	.00	3.41
Ansys Inc 03662Q105 Asset Minor Code 42 ACCOUNT 6745049801	503.000	176,663.66 351.2200	54,508.91	122,154.75 - 2,222,301.42	.00	0.00
Atmos Energy Corp 049560105 Asset Minor Code 42 ACCOUNT 6745049801	24,300.000	3,744,873.00 154.1100	2,588,435.13	1,156,437.87 910,278.00	.00	2.26
Autodesk Inc 052769106 Asset Minor Code 42 ACCOUNT 6745049801	.000	.00 309.5700	.00	.00 - 714,011.78	.00	0.00
Blackstone Group Inc Class A 09260D107 Asset Minor Code 42 ACCOUNT 6745049801	19,927.000	2,980,680.66 149.5800	2,503,237.98	477,442.68 523,045.86	.00	1.62
Coterra Energy Inc 127097103 Asset Minor Code 42 ACCOUNT 6745049801	105,660.000	2,681,650.80 25.3800	1,982,765.58	698,885.22 - 136,301.40	.00	3.43
Capital One Finl Corp 14040H105 Asset Minor Code 42 ACCOUNT 6745049801	24,900.000	5,297,724.00 212.7600	1,885,574.31	3,412,149.69 1,811,344.68	.00	1.13

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Coca Cola Company 191216100 Asset Minor Code 42 ACCOUNT 6745049801	47,400.000	3,353,550.00 70.7500	2,078,721.80	1,274,828.20 336,540.00	24,174.00	2.88
Commerce Bancshares Inc 200525103 Asset Minor Code 42 ACCOUNT 6745049801	26,496.000	1,647,256.32 62.1700	1,160,164.22	487,092.10 239,680.86	.00	1.77
Constellation Brands Inc Cl A 21036P108 Asset Minor Code 42 ACCOUNT 6745049801	9,046.000	1,471,603.28 162.6800	2,035,553.20	- 563,949.92 - 855,751.60	.00	2.51
Corteva Inc Com 22052L104 Asset Minor Code 42 ACCOUNT 6745049801	71,700.000	5,343,801.00 74.5300	1,960,964.32	3,382,836.68 1,476,303.00	.00	0.97
Cullen Frost Bankers Inc 229899109 Asset Minor Code 42 ACCOUNT 6745049801	16,600.000	2,133,764.00 128.5400	1,194,580.96	939,183.04 446,706.00	.00	3.11
Danaher Corp 235851102 Asset Minor Code 42 ACCOUNT 6745049801	14,000.000	2,765,560.00 197.5400	1,326,604.58	1,438,955.42 - 739,242.50	4,480.00	0.65
Ecolab Inc 278865100 Asset Minor Code 42 ACCOUNT 6745049801	13,100.000	3,529,664.00 269.4400	2,850,373.69	679,290.31 411,864.00	8,515.00	0.96
Equity Lifestyle Pptys Inc 29472R108 Asset Minor Code 42 ACCOUNT 6745049801	31,400.000	1,936,438.00 61.6700	1,875,910.97	60,527.03 - 108,644.00	16,171.00	3.34

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
General Dynamics Corp 369550108 Asset Minor Code 42 ACCOUNT 6745049801	10,300.000	3,004,098.00 291.6600	849,126.80	2,154,971.20 15,656.00	.00	2.06
Honeywell Intl Inc 438516106 Asset Minor Code 42 ACCOUNT 6745049801	.000	.00 232.8800	.00	.00 161,485.64	.00	0.00
Lennar Corp CI A 526057104 Asset Minor Code 42 ACCOUNT 6745049801	30,144.000	3,334,227.84 110.6100	987,602.02	2,346,625.82 - 1,183,453.44	.00	1.81
Lennar Corp CI B 526057302 Asset Minor Code 42 ACCOUNT 6745049801	558.000	58,729.50 105.2500	11,157.83	47,571.67 - 19,072.44	.00	1.90
Lowes Cos Inc Com 548661107 Asset Minor Code 42 ACCOUNT 6745049801	12,103.000	2,685,292.61 221.8700	2,780,865.84	- 95,573.23 17,065.23	.00	2.16
Martin Marietta Matls Inc 573284106 Asset Minor Code 42 ACCOUNT 6745049801	7,231.000	3,969,529.76 548.9600	977,316.18	2,992,213.58 - 399,193.75	.00	0.60
Merck Co Inc 58933Y105 Asset Minor Code 42 ACCOUNT 6745049801	27,004.000	2,137,636.64 79.1600	2,402,959.71	- 265,323.07 - 1,205,458.56	21,873.24	4.09
Microsoft Corp Com 594918104 Asset Minor Code 42 ACCOUNT 6745049801	12,206.000	6,071,386.46 497.4100	787,897.20	5,283,489.26 - 620,384.44	.00	0.67

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Microchip Technology Inc 595017104 Asset Minor Code 42 ACCOUNT 6745049801	44,500.000	3,131,465.00 70.3700	1,320,817.23	1,810,647.77 - 870,186.40	.00	2.59
Oshkosh Corporation 688239201 Asset Minor Code 42 ACCOUNT 6745049801	17,586.000	1,996,714.44 113.5400	1,992,720.92	3,993.52 93,909.24	.00	1.80
Pnc Finl Svcs Group Inc Com 693475105 Asset Minor Code 42 ACCOUNT 6745049801	14,300.000	2,665,806.00 186.4200	1,757,714.94	908,091.06 442,442.00	.00	3.65
Parker Hannifin Corp 701094104 Asset Minor Code 42 ACCOUNT 6745049801	10,800.000	7,543,476.00 698.4700	1,728,132.52	5,815,343.48 2,080,728.00	.00	1.03
Procter Gamble Co 742718109 Asset Minor Code 42 ACCOUNT 6745049801	18,700.000	2,979,284.00 159.3200	2,536,390.77	442,893.23 - 104,720.00	.00	2.65
Qualcomm Inc Com 747525103 Asset Minor Code 42 ACCOUNT 6745049801	22,700.000	3,615,202.00 159.2600	1,692,997.23	1,922,204.77 - 906,184.00	.00	2.24
Rpm Intl Inc 749685103 Asset Minor Code 42 ACCOUNT 6745049801	28,600.000	3,141,424.00 109.8400	1,844,176.64	1,297,247.36 61,776.00	.00	1.86
Synopsys Inc 871607107 Asset Minor Code 42 ACCOUNT 6745049801	6,770.000	3,470,843.60 512.6800	3,270,252.30	200,591.30 200,591.30	.00	0.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Teledyne Technologies Inc Com 879360105 Asset Minor Code 42 ACCOUNT 6745049801	6,186.000	3,169,149.66 512.3100	2,528,792.96	640,356.70 769,105.38	.00	0.00
US Bancorp 902973304 Asset Minor Code 42 ACCOUNT 6745049801	69,800.000	3,158,450.00 45.2500	2,554,792.57	603,657.43 387,390.00	34,900.00	4.42
Uber Technologies Inc 90353T100 Asset Minor Code 42 ACCOUNT 6745049801	39,073.000	3,645,510.90 93.3000	2,814,250.24	831,260.66 831,260.66	.00	0.00
Verizon Communications Inc Com 92343V104 Asset Minor Code 42 ACCOUNT 6745049801	72,365.000	3,131,233.55 43.2700	3,183,700.98	- 52,467.43 - 52,467.43	.00	6.26
Wells Fargo Co New Com 949746101 Asset Minor Code 42 ACCOUNT 6745049801	11,567.000	926,748.04 80.1200	855,646.22	71,101.82 71,101.82	.00	2.25
Xcel Energy Inc Com 98389B100 Asset Minor Code 42 ACCOUNT 6745049801	54,285.000	3,696,808.50 68.1000	3,421,172.09	275,636.41 797,446.65	30,942.45	3.35
Xylem Inc Com 98419M100 Asset Minor Code 42 ACCOUNT 6745049801	.000	.00 129.3600	.00	.00 - 1,303,329.84	.00	0.00
Total Domestic Common Stocks	1,042,328.000	128,596,050.85	79,892,560.97	48,703,489.88 - 324,153.21	141,055.69	1.87

Foreign Stocks

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Medtronic Plc Shs G5960L103 Asset Minor Code 53 ACCOUNT 6745049801	22,600.000	1,970,042.00 87.1700	1,976,029.50	- 5,987.50 191,196.00	16,046.00	3.26
Alcon Inc H01301128 Asset Minor Code 53 ACCOUNT 6745049801	32,100.000	2,833,788.00 88.2800	1,733,687.48	1,100,100.52 - 25,680.00	.00	0.38
Michelin Cgde Unspn A D R 59410T106 Asset Minor Code 53 ACCOUNT 6745049801	.000	.00 18.5800	.00	.00 - 373,695.83	.00	0.00
Mitsubishi Ufj Finl Grp A D R 606822104 Asset Minor Code 53 ACCOUNT 6745049801	211,900.000	2,907,268.00 13.7200	903,950.32	2,003,317.68 618,748.00	.00	2.56
Sony Group Corporation A D R 835699307 Asset Minor Code 53 ACCOUNT 6745049801	176,420.000	4,592,212.60 26.0300	2,060,084.13	2,532,128.47 1,594,836.80	.00	1.13
Totalenergies SE A D R 89151E109 Asset Minor Code 53 ACCOUNT 6745049801	44,533.000	2,733,880.87 61.3900	2,868,329.85	- 134,448.98 - 235,579.57	35,401.33	4.76
Total Foreign Stocks	487,553.000	15,037,191.47	9,542,081.28	5,495,110.19 1,769,825.40	51,447.33	2.20

Miscellaneous

Partnerships/Joint Ventures

American Strategic Value Realty Fund *** 03ASVRFA1 Asset Minor Code 76 ACCOUNT 6745049805	56.036	20,116,351.41 358,383.8059	17,889,306.57	2,227,044.84 - 53,498.84	.00	0.00
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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cbre Strategic Partner US Value 9 LP *** 96MSCC3X9 Asset Minor Code 77 ACCOUNT 6745049809	18,971,828.687	17,295,686.60 .9210	18,842,584.52	- 1,546,897.92 632,748.58	.00	0.00
Keystone Real Estate Lending Fund LP *** 96MSC49E3 Asset Minor Code 76 ACCOUNT 6745049806	30,000,000.000	36,024,390.00 1.2077	30,000,000.00	6,024,390.00 2,455,500.00	.00	0.00
Cbre Strategic Ptnr US 7 LP 97MSCXMN2 Asset Minor Code 77 ACCOUNT 6745049803	.000	.00 1.0410	.00	.00 - 253.85	.00	0.00
Cbre Strategic Ptnr US 8 LP *** 97MSCXMP7 Asset Minor Code 77 ACCOUNT 6745049804	14,012,316.000	8,380,892.31 .5961	14,012,316.00	- 5,631,423.69 - 3,738,289.74	.00	0.00
Total Partnerships/Joint Ventures	62,984,200.723	81,817,320.00	80,744,207.09	1,073,113.23 - 703,793.85	.00	0.00
Total Miscellaneous	62,984,200.723	81,817,320.00	80,744,207.09	1,073,113.23 - 703,793.85	.00	0.00
Total Assets	272,152,374.123	431,490,162.00	373,038,123.37	58,456,354.92 2,851,059.27	1,055,847.47	2.37

Los Angeles County Fire Fighter Local 1014 Health and Welfare Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN 95-3846186 Plan No. 501
Year Ended June 30, 2025

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
See attached								

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					406,530,369.13		
COMPARATIVE VALUE (5%)					20,326,518.45		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 31846V450 - First Am US Treas Mm Cl Z							
07/01/2024 6745049801	B	22,989.000	1.0000		- 22,989	22,989	
07/01/2024 6745049802	B	172,400.000	1.0000		- 172,400	172,400	
07/02/2024 6745049800	B	393,456.390	1.0000		- 393,456	393,456	
07/02/2024 6745049801	B	41,599.710	1.0000		- 41,600	41,600	
07/02/2024 6745049802	B	1,163.720	1.0000		- 1,164	1,164	
07/02/2024 6745049803	B	.030	1.0000				
07/02/2024 6745049809	B	3.580	1.0000		- 4	4	
07/03/2024 6745049801	B	142,003.470	1.0000		- 142,003	142,003	
07/08/2024 6745049801	B	23,741.060	1.0000		- 23,741	23,741	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/11/2024 6745049801	B	79,523.280	1.0000		- 79,523	79,523	
07/11/2024 6745049801	B	27,858.480	1.0000		- 27,858	27,858	
07/15/2024 6745049801	B	22,152.010	1.0000		- 22,152	22,152	
07/15/2024 6745049802	B	953.970	1.0000		- 954	954	
07/16/2024 6745049801	B	2,081.610	1.0000		- 2,082	2,082	
07/16/2024 6745049809	B	847.830	1.0000		- 848	848	
07/19/2024 6745049801	B	15,351.000	1.0000		- 15,351	15,351	
07/22/2024 6745049801	B	29,721.040	1.0000		- 29,721	29,721	
07/22/2024 6745049802	B	87.440	1.0000		- 87	87	
07/26/2024 6745049801	B	3,442.500	1.0000		- 3,443	3,443	
07/31/2024 6745049801	B	13,156.000	1.0000		- 13,156	13,156	
07/31/2024 6745049802	B	1,911,418.180	1.0000		- 1,911,418	1,911,418	
08/01/2024 6745049802	B	47,039.600	1.0000		- 47,040	47,040	
08/02/2024 6745049800	B	410,385.280	1.0000		- 410,385	410,385	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/02/2024 6745049801	B	13,986.560	1.0000		- 13,987	13,987	
08/02/2024 6745049802	B	2,697.080	1.0000		- 2,697	2,697	
08/02/2024 6745049803	B	.030	1.0000				
08/02/2024 6745049809	B	3.590	1.0000		- 4	4	
08/05/2024 6745049801	B	39,220.140	1.0000		- 39,220	39,220	
08/07/2024 6745049801	B	13,918.450	1.0000		- 13,918	13,918	
08/09/2024 6745049801	B	14,626.000	1.0000		- 14,626	14,626	
08/15/2024 6745049801	B	18,821.550	1.0000		- 18,822	18,822	
08/15/2024 6745049802	B	372,827.140	1.0000		- 372,827	372,827	
08/16/2024 6745049801	B	14,800.000	1.0000		- 14,800	14,800	
08/20/2024 6745049802	B	87.490	1.0000		- 87	87	
08/23/2024 6745049801	B	22,636.460	1.0000		- 22,636	22,636	
08/29/2024 6745049801	B	22,188.600	1.0000		- 22,189	22,189	
08/30/2024 6745049801	B	8,089.560	1.0000		- 8,090	8,090	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/04/2024 6745049800	B	400,735.340	1.0000		- 400,735	400,735	
09/04/2024 6745049801	B	30,521.500	1.0000		- 30,522	30,522	
09/04/2024 6745049802	B	11,814.890	1.0000		- 11,815	11,815	
09/04/2024 6745049803	B	.030	1.0000				
09/04/2024 6745049809	B	3.700	1.0000		- 4	4	
09/05/2024 6745049801	B	18,250.800	1.0000		- 18,251	18,251	
09/06/2024 6745049801	B	42,579.000	1.0000		- 42,579	42,579	
09/09/2024 6745049801	B	19,561.500	1.0000		- 19,562	19,562	
09/12/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
09/12/2024 6745049801	B	214,962.910	1.0000		- 214,963	214,963	
09/13/2024 6745049801	B	166,919.010	1.0000		- 166,919	166,919	
09/16/2024 6745049801	B	72,328.710	1.0000		- 72,329	72,329	
09/16/2024 6745049802	B	11,953.080	1.0000		- 11,953	11,953	
09/17/2024 6745049801	B	78,001.220	1.0000		- 78,001	78,001	

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09/19/2024 6745049801	B	15,190.420	1.0000		- 15,190	15,190	
09/20/2024 6745049801	B	147,388.160	1.0000		- 147,388	147,388	
09/20/2024 6745049802	B	87.490	1.0000		- 87	87	
09/23/2024 6745049801	B	6,813.450	1.0000		- 6,813	6,813	
09/25/2024 6745049802	B	1,920,000.000	1.0000		- 1,920,000	1,920,000	
09/26/2024 6745049801	B	27,827.000	1.0000		- 27,827	27,827	
09/26/2024 6745049802	B	45,842.600	1.0000		- 45,843	45,843	
09/30/2024 6745049801	B	21,664.490	1.0000		- 21,664	21,664	
10/01/2024 6745049801	B	22,989.000	1.0000		- 22,989	22,989	
10/02/2024 6745049800	B	382,811.860	1.0000		- 382,812	382,812	
10/02/2024 6745049801	B	14,160.970	1.0000		- 14,161	14,161	
10/02/2024 6745049802	B	13,431.030	1.0000		- 13,431	13,431	
10/02/2024 6745049803	B	.030	1.0000				
10/02/2024 6745049809	B	3.490	1.0000		- 3	3	

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10/07/2024 6745049801	B	20,793.080	1.0000		- 20,793	20,793	
10/11/2024 6745049801	B	14,993.500	1.0000		- 14,994	14,994	
10/11/2024 6745049801	B	15,820.000	1.0000		- 15,820	15,820	
10/15/2024 6745049801	B	71,146.750	1.0000		- 71,147	71,147	
10/15/2024 6745049802	B	96,032.750	1.0000		- 96,033	96,033	
10/18/2024 6745049802	B	65,793.200	1.0000		- 65,793	65,793	
10/21/2024 6745049801	B	29,721.040	1.0000		- 29,721	29,721	
10/21/2024 6745049802	B	88.180	1.0000		- 88	88	
10/24/2024 6745049801	B	15,351.000	1.0000		- 15,351	15,351	
10/31/2024 6745049801	B	14,586.000	1.0000		- 14,586	14,586	
10/31/2024 6745049802	B	222,300.000	1.0000		- 222,300	222,300	
11/01/2024 6745049801	B	49,027.290	1.0000		- 49,027	49,027	
11/01/2024 6745049802	B	34,692.000	1.0000		- 34,692	34,692	
11/04/2024 6745049800	B	381,443.690	1.0000		- 381,444	381,444	

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11/04/2024 6745049801	B	31,048.010	1.0000		- 31,048	31,048	
11/04/2024 6745049802	B	20,027.510	1.0000		- 20,028	20,028	
11/04/2024 6745049803	B	.030	1.0000				
11/04/2024 6745049809	B	3.450	1.0000		- 3	3	
11/05/2024 6745049801	B	22,880.000	1.0000		- 22,880	22,880	
11/06/2024 6745049801	B	13,918.450	1.0000		- 13,918	13,918	
11/15/2024 6745049801	B	48,247.550	1.0000		- 48,248	48,248	
11/15/2024 6745049802	B	1,308.170	1.0000		- 1,308	1,308	
11/20/2024 6745049802	B	88.640	1.0000		- 89	89	
11/21/2024 6745049801	B	9,136.460	1.0000		- 9,136	9,136	
11/22/2024 6745049801	B	14,940.000	1.0000		- 14,940	14,940	
11/25/2024 6745049800	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
11/27/2024 6745049801	B	22,188.600	1.0000		- 22,189	22,189	
11/29/2024 6745049801	B	8,089.560	1.0000		- 8,090	8,090	

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12/02/2024 6745049802	B	92,027.500	1.0000		- 92,028	92,028	
12/03/2024 6745049800	B	358,178.230	1.0000		- 358,178	358,178	
12/03/2024 6745049801	B	26,461.920	1.0000		- 26,462	26,462	
12/03/2024 6745049802	B	19,981.890	1.0000		- 19,982	19,982	
12/03/2024 6745049803	B	.030	1.0000				
12/03/2024 6745049809	B	3.230	1.0000		- 3	3	
12/06/2024 6745049801	B	53,445.500	1.0000		- 53,446	53,446	
12/09/2024 6745049801	B	48,816.000	1.0000		- 48,816	48,816	
12/12/2024 6745049801	B	10,130.980	1.0000		- 10,131	10,131	
12/12/2024 6745049801	B	10,272.580	1.0000		- 10,273	10,273	
12/13/2024 6745049801	B	15,770.000	1.0000		- 15,770	15,770	
12/16/2024 6745049801	B	35,178.000	1.0000		- 35,178	35,178	
12/16/2024 6745049801	B	31,438.760	1.0000		- 31,439	31,439	
12/16/2024 6745049802	B	187,274.390	1.0000		- 187,274	187,274	

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12/17/2024 6745049801	B	6,813.450	1.0000		- 6,813	6,813	
12/19/2024 6745049801	B	19,295.000	1.0000		- 19,295	19,295	
12/20/2024 6745049802	B	87.610	1.0000		- 88	88	
12/24/2024 6745049801	B	9,576.000	1.0000		- 9,576	9,576	
12/30/2024 6745049801	B	15,952.000	1.0000		- 15,952	15,952	
12/30/2024 6745049803	B	628.000	1.0000		- 628	628	
12/31/2024 6745049801	B	5,712.490	1.0000		- 5,712	5,712	
12/31/2024 6745049802	B	172,400.000	1.0000		- 172,400	172,400	
01/03/2025 6745049800	B	361,477.290	1.0000		- 361,477	361,477	
01/03/2025 6745049801	B	10,646.810	1.0000		- 10,647	10,647	
01/03/2025 6745049802	B	20,573.730	1.0000		- 20,574	20,574	
01/03/2025 6745049803	B	.180	1.0000				
01/03/2025 6745049809	B	3.210	1.0000		- 3	3	
01/08/2025 6745049801	B	21,873.240	1.0000		- 21,873	21,873	

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01/10/2025 6745049801	B	14,993.500	1.0000		- 14,994	14,994	
01/10/2025 6745049801	B	15,820.000	1.0000		- 15,820	15,820	
01/15/2025 6745049801	B	43,415.000	1.0000		- 43,415	43,415	
01/15/2025 6745049802	B	897.920	1.0000		- 898	898	
01/21/2025 6745049801	B	29,721.040	1.0000		- 29,721	29,721	
01/21/2025 6745049801	B	26,688.260	1.0000		- 26,688	26,688	
01/21/2025 6745049802	B	61.870	1.0000		- 62	62	
01/21/2025 6745049802	B	536.670	1.0000		- 537	537	
01/28/2025 6745049801	B	49.980	1.0000		- 50	50	
01/30/2025 6745049801	B	130,086.270	1.0000		- 130,086	130,086	
01/31/2025 6745049801	B	165,835.300	1.0000		- 165,835	165,835	
02/03/2025 6745049801	B	156,487.030	1.0000		- 156,487	156,487	
02/03/2025 6745049802	B	47,039.600	1.0000		- 47,040	47,040	
02/04/2025 6745049800	B	350,799.980	1.0000		- 350,800	350,800	

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02/04/2025 6745049801	B	136,249.850	1.0000		- 136,250	136,250	
02/04/2025 6745049802	B	20,909.950	1.0000		- 20,910	20,910	
02/04/2025 6745049803	B	2.280	1.0000		- 2	2	
02/04/2025 6745049809	B	3.120	1.0000		- 3	3	
02/05/2025 6745049801	B	102,504.310	1.0000		- 102,504	102,504	
02/06/2025 6745049801	B	121,340.800	1.0000		- 121,341	121,341	
02/07/2025 6745049801	B	164,725.430	1.0000		- 164,725	164,725	
02/12/2025 6745049801	B	22,302.980	1.0000		- 22,303	22,303	
02/13/2025 6745049801	B	150,594.700	1.0000		- 150,595	150,595	
02/14/2025 6745049801	B	767,016.670	1.0000		- 767,017	767,017	
02/18/2025 6745049801	B	269,737.120	1.0000		- 269,737	269,737	
02/18/2025 6745049802	B	2,613,049.280	1.0000		- 2,613,049	2,613,049	
02/19/2025 6745049801	B	142,315.620	1.0000		- 142,316	142,316	
02/20/2025 6745049801	B	94,111.320	1.0000		- 94,111	94,111	

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02/20/2025 6745049802	B	61.900	1.0000		- 62	62	
02/21/2025 6745049801	B	206,103.260	1.0000		- 206,103	206,103	
02/24/2025 6745049801	B	69,904.570	1.0000		- 69,905	69,905	
02/25/2025 6745049801	B	200,636.140	1.0000		- 200,636	200,636	
02/26/2025 6745049801	B	99,374.540	1.0000		- 99,375	99,375	
02/27/2025 6745049801	B	92,149.920	1.0000		- 92,150	92,150	
02/28/2025 6745049801	B	14,800.000	1.0000		- 14,800	14,800	
03/03/2025 6745049801	B	23,908.860	1.0000		- 23,909	23,909	
03/04/2025 6745049800	B	313,465.620	1.0000		- 313,466	313,466	
03/04/2025 6745049801	B	32,125.380	1.0000		- 32,125	32,125	
03/04/2025 6745049802	B	22,115.620	1.0000		- 22,116	22,116	
03/04/2025 6745049803	B	2.040	1.0000		- 2	2	
03/04/2025 6745049809	B	2.790	1.0000		- 3	3	
03/07/2025 6745049801	B	67,125.500	1.0000		- 67,126	67,126	

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03/10/2025 6745049801	B	21,141.000	1.0000		- 21,141	21,141	
03/12/2025 6745049800	B	3,000,000.000	1.0000		- 3,000,000	3,000,000	
03/13/2025 6745049801	B	10,130.980	1.0000		- 10,131	10,131	
03/14/2025 6745049801	B	31,364.000	1.0000		- 31,364	31,364	
03/17/2025 6745049801	B	12,189.000	1.0000		- 12,189	12,189	
03/17/2025 6745049802	B	11,972.640	1.0000		- 11,973	11,973	
03/19/2025 6745049801	B	11,099.530	1.0000		- 11,100	11,100	
03/20/2025 6745049802	B	61.910	1.0000		- 62	62	
03/25/2025 6745049801	B	7,286.400	1.0000		- 7,286	7,286	
03/26/2025 6745049802	B	1,916,425.000	1.0000		- 1,916,425	1,916,425	
03/27/2025 6745049801	B	42,540.200	1.0000		- 42,540	42,540	
03/31/2025 6745049801	B	21,664.490	1.0000		- 21,664	21,664	
04/01/2025 6745049801	B	24,174.000	1.0000		- 24,174	24,174	
04/02/2025 6745049800	B	351,830.760	1.0000		- 351,831	351,831	

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04/02/2025 6745049801	B	13,147.390	1.0000		- 13,147	13,147	
04/02/2025 6745049802	B	31,300.660	1.0000		- 31,301	31,301	
04/02/2025 6745049803	B	2.250	1.0000		- 2	2	
04/02/2025 6745049809	B	3.070	1.0000		- 3	3	
04/07/2025 6745049801	B	21,873.240	1.0000		- 21,873	21,873	
04/08/2025 6745049801	B	7,798.860	1.0000		- 7,799	7,799	
04/09/2025 6745049801	B	15,494.100	1.0000		- 15,494	15,494	
04/10/2025 6745049801	B	10,752.800	1.0000		- 10,753	10,753	
04/11/2025 6745049801	B	24,014.270	1.0000		- 24,014	24,014	
04/11/2025 6745049801	B	15,820.000	1.0000		- 15,820	15,820	
04/15/2025 6745049801	B	322,786.420	1.0000		- 322,786	322,786	
04/15/2025 6745049802	B	4,216,068.530	1.0000		- 4,216,069	4,216,069	
04/16/2025 6745049801	B	4,237.660	1.0000		- 4,238	4,238	
04/16/2025 6745049801	B	28,083.630	1.0000		- 28,084	28,084	

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04/17/2025 6745049801	B	7,953.960	1.0000		- 7,954	7,954	
04/21/2025 6745049801	B	34,494.850	1.0000		- 34,495	34,495	
04/21/2025 6745049802	B	65,802.350	1.0000		- 65,802	65,802	
04/21/2025 6745049802	B	97.710	1.0000		- 98	98	
04/22/2025 6745049801	B	4,008.870	1.0000		- 4,009	4,009	
04/23/2025 6745049801	B	10,068.400	1.0000		- 10,068	10,068	
04/24/2025 6745049801	B	8,893.110	1.0000		- 8,893	8,893	
04/25/2025 6745049801	B	4,480.000	1.0000		- 4,480	4,480	
04/30/2025 6745049801	B	14,586.000	1.0000		- 14,586	14,586	
04/30/2025 6745049802	B	222,300.000	1.0000		- 222,300	222,300	
05/01/2025 6745049801	B	49,027.290	1.0000		- 49,027	49,027	
05/01/2025 6745049802	B	34,692.000	1.0000		- 34,692	34,692	
05/02/2025 6745049800	B	343,423.360	1.0000		- 343,423	343,423	
05/02/2025 6745049801	B	11,153.100	1.0000		- 11,153	11,153	

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05/02/2025 6745049802	B	43,196.260	1.0000		- 43,196	43,196	
05/02/2025 6745049803	B	2.170	1.0000		- 2	2	
05/02/2025 6745049809	B	2.970	1.0000		- 3	3	
05/05/2025 6745049801	B	41,412.110	1.0000		- 41,412	41,412	
05/07/2025 6745049801	B	29,269.450	1.0000		- 29,269	29,269	
05/09/2025 6745049801	B	15,450.000	1.0000		- 15,450	15,450	
05/12/2025 6745049801	B	17,368.370	1.0000		- 17,368	17,368	
05/15/2025 6745049801	B	28,989.080	1.0000		- 28,989	28,989	
05/15/2025 6745049801	B	6,933.130	1.0000		- 6,933	6,933	
05/15/2025 6745049802	B	800.580	1.0000		- 801	801	
05/19/2025 6745049801	B	16,000.000	1.0000		- 16,000	16,000	
05/20/2025 6745049802	B	9.160	1.0000		- 9	9	
05/28/2025 6745049801	B	12,695.130	1.0000		- 12,695	12,695	
05/29/2025 6745049801	B	5,974.670	1.0000		- 5,975	5,975	

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/30/2025 6745049801	B	30,863.890	1.0000		- 30,864	30,864	
06/02/2025 6745049801	B	53,941.500	1.0000		- 53,942	53,942	
06/02/2025 6745049802	B	92,027.500	1.0000		- 92,028	92,028	
06/03/2025 6745049800	B	355,957.430	1.0000		- 355,957	355,957	
06/03/2025 6745049802	B	52,710.330	1.0000		- 52,710	52,710	
06/03/2025 6745049803	B	2.250	1.0000		- 2	2	
06/03/2025 6745049809	B	3.080	1.0000		- 3	3	
06/04/2025 6745049801	B	24,746.610	1.0000		- 24,747	24,747	
06/05/2025 6745049801	B	46,531.720	1.0000		- 46,532	46,532	
06/06/2025 6745049801	B	65,181.850	1.0000		- 65,182	65,182	
06/09/2025 6745049801	B	18,573.790	1.0000		- 18,574	18,574	
06/09/2025 6745049801	B	10,113.280	1.0000		- 10,113	10,113	
06/10/2025 6745049801	B	8,268.120	1.0000		- 8,268	8,268	
06/11/2025 6745049801	B	15,731.210	1.0000		- 15,731	15,731	

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/12/2025 6745049801	B	25,415.730	1.0000		- 25,416	25,416	
06/13/2025 6745049801	B	21,672.490	1.0000		- 21,672	21,672	
06/16/2025 6745049801	B	24,640.760	1.0000		- 24,641	24,641	
06/16/2025 6745049802	B	4,257,349.490	1.0000		- 4,257,349	4,257,349	
06/17/2025 6745049801	B	10,227.190	1.0000		- 10,227	10,227	
06/18/2025 6745049801	B	10,077.980	1.0000		- 10,078	10,078	
06/20/2025 6745049801	B	7,306.950	1.0000		- 7,307	7,307	
06/20/2025 6745049802	B	9.160	1.0000		- 9	9	
06/23/2025 6745049801	B	18,307.940	1.0000		- 18,308	18,308	
06/24/2025 6745049801	B	11,255.070	1.0000		- 11,255	11,255	
06/25/2025 6745049801	B	13,345.850	1.0000		- 13,346	13,346	
06/26/2025 6745049801	B	25,292.770	1.0000		- 25,293	25,293	
06/27/2025 6745049801	B	22,624.080	1.0000		- 22,624	22,624	
06/30/2025 6745049801	B	14,604.140	1.0000		- 14,604	14,604	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/30/2025 6745049802	B	172,400.000	1.0000		- 172,400	172,400	
Total For Buys				0	37,689,404	37,689,404	0
07/05/2024 6745049801	S	- 6,159.650	1.0000		6,160	6,160	
07/08/2024 6745049801	S	- 3,040.640	1.0000		3,041	3,041	
07/09/2024 6745049801	S	- 122,828.300	1.0000		122,828	122,828	
07/10/2024 6745049801	S	- 76,851.470	1.0000		76,851	76,851	
07/12/2024 6745049801	S	- 41,035.480	1.0000		41,035	41,035	
07/15/2024 6745049809	S	- 847.830	1.0000		848	848	
07/16/2024 6745049800	S	- 3,924,412.000	1.0000		3,924,412	3,924,412	
07/17/2024 6745049801	S	- 8,505.890	1.0000		8,506	8,506	
07/18/2024 6745049801	S	- 240,808.830	1.0000		240,809	240,809	
07/26/2024 6745049800	S	- 5,902.980	1.0000		5,903	5,903	
08/26/2024 6745049800	S	- 5,971.680	1.0000		5,972	5,972	
08/28/2024 6745049800	S	- 208,221.990	1.0000		208,222	208,222	

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LA COUNTY FIRE 1014 HW-CONSOLIDATED
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/13/2024 6745049801	S	- 329,698.790	1.0000		329,699	329,699	
09/18/2024 6745049801	S	- 155,932.070	1.0000		155,932	155,932	
09/26/2024 6745049800	S	- 5,997.680	1.0000		5,998	5,998	
10/25/2024 6745049801	S	- 1,388,986.270	1.0000		1,388,986	1,388,986	
10/28/2024 6745049800	S	- 6,078.790	1.0000		6,079	6,079	
11/22/2024 6745049800	S	- 218,779.920	1.0000		218,780	218,780	
11/26/2024 6745049800	S	- 6,088.950	1.0000		6,089	6,089	
12/26/2024 6745049800	S	- 6,127.870	1.0000		6,128	6,128	
01/27/2025 6745049800	S	- 6,112.120	1.0000		6,112	6,112	
02/24/2025 6745049800	S	- 212,596.250	1.0000		212,596	212,596	
02/26/2025 6745049800	S	- 6,048.910	1.0000		6,049	6,049	
03/06/2025 6745049801	S	- 3,019,330.050	1.0000		3,019,330	3,019,330	
03/20/2025 6745049801	S	- 369,923.740	1.0000		369,924	369,924	
03/26/2025 6745049800	S	- 6,086.210	1.0000		6,086	6,086	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/14/2025 6745049801	S	- 283,411.060	1.0000		283,411	283,411	
04/25/2025 6745049800	S	- 6,091.860	1.0000		6,092	6,092	
05/21/2025 6745049800	S	- 214,617.370	1.0000		214,617	214,617	
05/27/2025 6745049800	S	- 6,013.600	1.0000		6,014	6,014	
05/27/2025 6745049801	S	- 1,868.610	1.0000		1,869	1,869	
06/03/2025 6745049801	S	- 4,966.720	1.0000		4,967	4,967	
06/26/2025 6745049800	S	- 6,131.870	1.0000		6,132	6,132	
Total For Sells				0	10,905,477	10,905,477	0
Total First Am US Treas Mm Cl Z				0	48,594,881	48,594,881	0
GRAND TOTAL				0	48,594,881	48,594,881	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

EIN 95-3846186

Plan No. 501

Plan Year Ended June 30, 2025

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

EIN 95-3846186

Plan No. 501

Plan Year Ended June 30, 2025

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

EIN 95-3846186

Plan No. 501

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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
1a	Name of plan LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 HEALTH AND WELFARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/16/1966
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) BOARD OF TRUSTEES L.A. CO. FIRE FIGHTERS LOCAL 1014 HEALTH AND WELF 3460 FLETCHER AVENUE EL MONTE CA 91731
2b	Employer Identification Number (EIN) 95-3846186
2c	Plan Sponsor's telephone number (310) 639-1014
2d	Business code (see instructions) 624200

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

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

SIGN HERE	<i>Diana McIntyre, RN</i>	4/29/26	DIANA MCINTYRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 5,338
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) 2,982 6a(2) 3,069 6b 2,466 6c 0 6d 5,535 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 3

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

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

4A 4B 4D 4E 4F 4L 4Q

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

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 3
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

ACCIDENTAL DEATH AND DISMEMBERMENT

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 _____