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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/2020

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)
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

2010 NW 150TH AVENUE,SUITE 200
PEMBROKE PINES, FL 33028

2b Employer Identification Number (EIN)
85-6152252

2c Plan Sponsor's telephone number

2d Business code (see instructions)
921000

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.		
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1677
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1581
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1602
b	Retired or separated participants receiving benefits	**6b**	69
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1671
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1671
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	2

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

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

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 4
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

D Employer Identification Number (EIN)
85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED HEALTH CARE

(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
39-2739571	52411	921917	1675	01/01/2025	12/31/2025

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

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
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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

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(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** [X] 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	495427
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

D Employer Identification Number (EIN)
85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED HEALTH CARE

(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
39-2739571	52411	921917	1608	01/01/2025	12/31/2025

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

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

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	(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

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(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** [X] 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	318797
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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

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2025

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B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
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D Employer Identification Number (EIN)
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Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
UNITED HEALTHCARE

(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
39-2739571	52411	921917	1155	01/01/2025	12/31/2025

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

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	

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5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(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** [X] 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	246593
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

D Employer Identification Number (EIN)
85-6152252

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

1 Coverage Information:

(a) Name of insurance carrier
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY

(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
63-0202590	22276	000897-01	1675	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(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** [X] 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	1125466
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

D Employer Identification Number (EIN)
85-6152252

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

NATIONAL EMPLOYEES BENEFIT ADMIN IN

65-0498809

(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?
13 50	NONE	298832	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

BROWN & BROWN

59-0864469

(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	150000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

SUGARMAN & SUSSKIND

59-2539792

(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	86925	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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)

SAGE ADVISORY SERVICES LTD.

5900 SOUTHWEST PKWY
UNIT 1
AUSTIN, TX 78735

(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	15879	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

LAPADULA CARLSON & CO.

65-0292391

(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	15040	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TAMPA FIREFIGHTERS AND POLICE OFFICERS EMPLOYEES HELATH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

D Employer Identification Number (EIN)
85-6152252

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	4047271	2212716
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		1865787
(2) Participant contributions	1b(2)		226793
(3) Other	1b(3)	398365	452674
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	160830	
(2) U.S. Government securities	1c(2)	9278227	6478870
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1411255	4722299
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	815817	2834879
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	16111765	18794018
Liabilities			
1g Benefit claims payable	1g	2054000	2252580
1h Operating payables	1h	5095	31065
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2059095	2283645
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	14052670	16510373

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)	20422501	
(B) Participants	2a(1)(B)	7296730	
(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)		27719231
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20479	
(B) U.S. Government securities	2b(1)(B)	378443	
(C) Corporate debt instruments	2b(1)(C)	95936	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		494858
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25264	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25264
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	75479429	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	75414663	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		64766
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	85011	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		85011

		(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)		134208
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		28523338
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24328481	
(2) To insurance carriers for the provision of benefits	2e(2)	1060817	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		25389298
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	289753	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)	46140	
(6) Bank or trust company trustee/custodial fees	2i(6)	2800	
(7) Actuarial fees	2i(7)	86925	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	33534	
(11) Other expenses	2i(11)	202185	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		676337
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26065635
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2457703
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) [X] 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)** [X] 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: LAPADULA CARLSON + CO **(2)** EIN: 65-0292391

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS' EMPLOYEES' HEALTH PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024
TOGETHER WITH INDEPENDENT AUDITORS' REPORT

LaPadula Carlson + Co.
Certified Public Accountants

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

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LAPADULA
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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Tampa Firefighters' and Police Officers'
Employees' Health Plan
Tampa, Florida

Opinion

We have audited the financial statements of the **Tampa Firefighters' and Police Officers' Employees' Health Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("United States").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditing standards generally accepted in the United States 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 auditing standards generally accepted in the United States, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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.

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.

LaPadula, Carlson + Co.

Coral Gables, Florida
May 7, 2026

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2025 AND 2024

ASSETS

	2025	2024
INVESTMENTS, at fair value		
Corporate and foreign bonds	$ 4,722,299	$ 1,411,255
U.S. Government securities	3,753,749	8,652,215
Government sponsored entities	2,725,121	626,012
Exchange-traded funds	2,834,879	815,817
Money market fund	227,670	160,830
Total investments	14,263,718	11,666,129
RECEIVABLES:		
Employer contributions	1,865,787	-
Participant contributions	226,793	-
Prescription rebates	267,592	328,520
Stop-loss reimbursement	68,516	1,844
Accrued interest	104,335	55,770
Total receivables	2,533,023	386,134
CASH	1,985,046	4,047,271
PREPAID INSURANCE	12,231	12,231
Total assets	18,794,018	16,111,765

LIABILITIES

ACCOUNTS PAYABLE	31,065	5,095
NET ASSETS AVAILABLE FOR BENEFITS	**$ 18,762,953**	**$ 16,106,670**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Contributions -		
Employers	$ 20,422,501	$ 20,462,067
Participants and retirees	7,296,730	7,277,793
Total contributions	27,719,231	27,739,860
Investment income -		
Net appreciation in fair value of investments	283,985	43,422
Interest and dividends	520,122	359,823
Less: investment expenses	(46,140)	(25,579)
Net investment income	757,967	377,666
Total additions	28,477,198	28,117,526
DEDUCTIONS:		
Benefits paid to or for participants	25,190,718	20,164,335
Administrative expenses	630,197	588,610
Total deductions	25,820,915	20,752,945
Increase in net assets available for benefits	2,656,283	7,364,581
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	16,106,670	8,742,089
End of year	**$ 18,762,953**	**$ 16,106,670**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

STATEMENTS OF BENEFIT OBLIGATIONS

AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
OBLIGATION FOR CURRENT BEENFIT COVERAGE, at present value of estimated amounts, Claims payable and claims incurred but not reported	**$ 2,252,580**	**$ 2,054,000**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
NET INCREASE IN OBLIGATIONS FOR CURRENT BENEFIT COVERAGE:		
Increase during the year is attributable to -		
Claims payable and claims incurred but not reported	$ 198,580	$ 2,054,000
NET INCREASE	198,580	2,054,000
TOTAL BENEFIT OBLIGATIONS:		
Beginning of year	2,054,000	-
End of year	**$ 2,252,580**	**$ 2,054,000**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

(1) DESCRIPTION OF THE PLAN

The following description of the **Tampa Firefighters' and Police Officers' Employees' Health Plan** ("Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. Copies are available from National Employee Benefits Administrators, Inc. ("NEBA"), the Plan's third-party administrator.

General

The Plan is a single-employer benefit plan established July 1, 2020, pursuant to a Collective Bargaining Agreement ("CBA") between the City of Tampa ("Employer") and the Tampa Professional Firefighters, Local 754, IAFF ("Local 754") and Tampa Police Benevolent Association, Inc. ("PBA"), collectively the "Union". The Plan provides health benefits to eligible participants and their dependents. It is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits

Effective January 1, 2021, medical, prescription, dental, vision, death, life and disability benefits are provided through an insurance carrier. Effective October 1, 2022, death, life and disability benefits are provided by a third party administrator, Omega Benefit Strategies.

Effective January 1, 2024, the Trustees of the Plan elected to change the method of coverage for medical and prescription benefits from insured coverage to self-insured coverage through United Health Care. Dental benefits are provided by either insured coverage or self-insured coverage.

Health Reimbursement Arrangement

The Plan has a Health Reimbursement Arrangement ("HRA") account that is funded by the Employer, which is designed to reimburse participants for qualified expenses that are paid for medical expenses out-of-pocket. During the year ended December 31, 2025, the Employer reimbursed the Plan $699,707. Reimbursements from the Employer are included in benefits paid for participants in the accompanying statements of changes in net assets available for benefits.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Health Reimbursement Arrangement (continued)

All unused HRA balances at the end of the year will roll over to the following year up to a maximum of $2,000 for single coverage and $4,000 for dependent or family coverage. Included in the accompanying statements of net assets available for benefits are amounts available to reimburse participants for qualifying medical expenses. Activity and aggregate participant balances in HRA's as of and for the years ending December 31, 2025 and 2024, are as follows:

Participant balances	2025	2024
Contributions	$ 1,293,250	$ 1,310,250
Roll over from prior year	1,460,166	1,015,384
Benefit payments	(719,974)	(705,989)
End of year balance	$ 2,033,442	$ 1,619,645

Initial eligibility

All sworn employees of City of Tampa Fire and Police Departments and employees of employers that have entered into a Participation Agreement with the Plan are eligible to participate in the Plan.

A participant will be eligible for coverage upon completion of 30 calendar days of regular employment in a covered position.

Continuing eligibility

An employee may retain eligibility for coverage under this Plan if the employee is temporarily absent on an approved leave of absence, with the expectation of returning to work following the approved leave as determined by the employer's leave policy, provided that contributions continue to be paid on a timely basis. The employer's classification of an individual is conclusive and binding for purposes of determining eligibility under this Plan. Reclassification of a person's status, for any reason, by a third party, whether by a court, governmental agency or otherwise, without regard to whether or not the employer agrees to such reclassification, will not change a person's eligibility for benefits.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Retiree eligibility

Retiree eligibility for the Plan shall be premised on satisfying at least one of the following conditions:

- An eligible employee who is covered under this Plan, and who retires under the employer's formal retirement plan on or after October 1, 2019 will be eligible to continue participating in the Plan upon retirement, provided the individual continues to make the required contributions as set annually by the plan administrator and such employee has not had a lapse in coverage since the time of his retirement and his enrollment in this Plan.

- An eligible employee who retires on or after October 1, 2019 under an employer's formal retirement plan will be eligible for participation in the Plan, provided such retiree was enrolled in a qualified medical plan pursuant to the Patient Protection and Affordable Care Act ("ACA"), as amended, and has had no lapse in coverage for twelve (12) consecutive months immediately prior to such enrollment in this Plan.

COBRA

A participant and dependent or spouse whose coverage is terminated due to a "qualifying event" shall be eligible to elect continuation of coverage through self-contributions, as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), as amended.

Funding policy

Funding is provided through employer contributions made on behalf of employees working within the jurisdiction of the applicable CBA, contributions paid directly by employees, retirees, and income earned from Plan investments.

Effective January 1, 2024, the monthly employer contribution rate increased to $946.07 and $1,892.15 for single participants and married participants, respectively. Effective January 1, 2025, the monthly employer contribution rate increased to $1,021.25 and $2,042.50 for single participants and married participants, respectively.

Employee and retiree contributions vary by coverage and plan selection.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Termination

Although there is no intent to do so, the Trust agreement provides for termination of the Plan subject to the provisions of the agreement and ERISA. Should the Plan be terminated, the remaining assets would be used for the exclusive purpose of providing benefits to eligible participants.

No covered participant or dependent has a vested right in or would receive any portion of the assets of the Plan, except in the form of benefits. A written plan exists for all medical and other benefits, and for the qualifications required to receive such benefits.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

The Plan's records are in the custody of NEBA. The administrator performs the various administrative functions necessary for the operation of the Plan, including the collection of contributions, payment of insurance premiums and administrative expenses.

Use of estimates

The preparation of these financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments which expose the Plan to concentrations of risk consist of cash and investment securities. The Plan maintains its cash in bank deposit accounts and frequently maintains balances in excess of federally insured limits of $250,000.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risk and uncertainties (continued)

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of the investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements. The Plan's exposure to concentration risk is mitigated by the diversification of investments across a variety of financial instruments and investment strategies.

The Plan invests in certain investments that in turn invest in securities of foreign issuers in various countries. These investments may involve certain considerations and risks not typically associated with investments in the United States, as a result, among other factors, the possibility of future political and economic development and the level of government supervision and regulation of securities in the respective countries. Further, the securities market of a particular country may have capitalization and trading volume concentrated in a limited number of companies and industries. As a result, the Plan's investment portfolio may experience greater volatility and lower liquidity than a portfolio invested in equity securities of companies in the United States. Securities denominated in or expected to settle in foreign currencies are translated into United States dollars at the date of the valuation. Purchases and sales of investment securities and income and expense items denominated in foreign currencies are translated into United States dollars on the respective dates of such transactions.

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date (see Note 6).

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation in the fair value of investments. Investment transactions are recognized on a trade date basis. Interest income is recognized when earned and dividend income is recognized on the ex-dividend date.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions receivable

Contributions receivable at December 31 represent contributions earned but not received at year end as determined by subsequent collections. Since these contributions were received in the subsequent period, an allowance for doubtful accounts is unnecessary.

Benefit obligations

These obligations are determined by the Fund's consultant, Brown & Brown Insurance, and are presented in the accompanying financial statements at present value.

Claims payable – represents the estimated amount of claims reported but unpaid at year end.

Claims incurred but not reported – represents the estimated obligation for claims incurred but unreported at year end. This estimate is based on statistical information concerning the average amount of unreported claims incurred, outstanding and unpaid at year end as well as the claims payment lag.

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, the Plan meets the requirements of the Internal Revenue Code ("IRC") Section 501(c)(9). The Trustees believe the Plan continues to qualify and operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Plan and have concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2024 amounts have been reclassified to conform to the 2025 presentation.

(3) BENEFITS PAID TO OR FOR PARTICIPANTS

Benefits paid to or for participants for the years ended December 31, 2025 and 2024 consisted of the following:

Description	2025	2024
Benefit claims	$ 22,922,393	$ 17,859,067
Medical insurance premiums	495,427	448,487
Dental premiums	318,797	1,050,440
Vision premiums	246,593	237,749
Health Reimbursement Arrangement	748,287	705,989
Less: HRA reimbursement	(699,707)	(1,233,266)
Preventative care fees	33,462	8,925
Stop-loss premiums	1,125,466	1,086,944
Total benefits paid to or for participants	$ 25,190,718	$ 20,164,335

(4) RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per financial statements	$ 18,762,953	$ 16,106,670
Less: Obligations for current benefit coverage	(2,252,580)	(2,054,000)
Net assets available for benefits per Form 5500	$ 16,510,373	$ 14,052,670

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Benefits paid to or for participants per financial statements	$ 25,190,718	$ 20,164,335
Add: Current benefit obligations - end of year	2,252,580	2,054,000
Less: Current benefit obligations - beginning of year	(2,054,000)	-
Benefits paid to or for participants per Form 5500	$ 25,389,298	$ 22,218,335

(5) INVESTMENTS

The assets of the Plan are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Plan's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index.

The Plan's investments are held by Salem Trust Company. The Trustees have established a formal investment policy.

During the years ended December 31, 2025 and 2024, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2025	2024
Corporate and foreign bonds	$ 31,947	$ 13,200
U.S. Government securities	55,197	(19,607)
Government sponsored entities	25,024	(8,455)
Exchange-traded funds	171,817	58,284
Net appreciation in fair value of investments	$ 283,985	$ 43,422

(6) FAIR VALUE MEASUREMENT

The Plan adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures,* which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets' or liabilities' in active markets that the Plan has the ability to access.

- Level 2 – Inputs to the valuation methodology include:

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

(6) FAIR VALUE MEASUREMENT (CONTINUED)

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

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended December 31, 2025 and 2024.

Corporate and foreign bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

U.S. Government securities – The value is calculated using quoted market prices and documented trade history in the security.

Government, agency and state and local securities ("Government sponsored entities" or "GSEs") – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Exchange-traded funds ("ETFs") – An ETF is a type of security that tracks an index, sector, commodity, or other asset, but which can be purchased or sold on a stock exchange the same way a regular stock can. An ETF can be structured to track anything from the price of an individual commodity to a large and diverse collection of securities.

Money market fund – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

The preceding methods may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date and these differences could be material.

The inputs or methodology used for valuating securities are not necessarily an indication of the risk associated with these securities.

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2025 and 2024:

	2025			
Description	Level 1	Level 2	Level 3	Total
Fixed income -				
Corporate and foreign bonds	$ -	$ 4,722,299	$ -	$ 4,722,299
U.S. Government securities	3,753,749	-	-	3,753,749
Government sponsored entities	-	2,725,121	-	2,725,121
Exchange-traded funds	2,834,879	-	-	2,834,879
Money market fund	-	227,670	-	227,670
Total investments	$ 6,588,628	$ 7,675,090	$ -	$ 14,263,718

	2024			
Description	Level 1	Level 2	Level 3	Total
Fixed income -				
Corporate and foreign bonds	$ -	$ 1,411,255	$ -	$ 1,411,255
U.S. Government securities	8,652,215	-	-	8,652,215
Government sponsored entities	-	626,012	-	626,012
Exchange-traded funds	815,817	-	-	815,817
Money market fund	-	160,830	-	160,830
Total investments	$ 9,468,032	$ 2,198,097	$ -	$ 11,666,129

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of levels 1, 2 or 3.

(7) OTHER MATTERS

Stop-Loss Coverage

In order to mitigate the individual unlimited annual claims requirements outlined in the ACA, the Trustees elected to obtain stop-loss coverage from an insurance carrier for individual claims exceeding $500,000 per annum.

(8) PARTY IN INTEREST TRANSACTIONS

The Plan pays various administrative expenses including accounting fees, investment management fees, attorney fees, and other administrative fees. These are party in interest transactions.

(9) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855, *Subsequent Events*, the Plan has evaluated events that occurred through May 7, 2026, which is the date these financial statements were available to be issued. No events have occurred subsequent to the date of the statements of net assets available for benefits and benefit obligations that would require adjustment to, or disclosure in, the financial statements.

SUPPLEMENTAL SCHEDULES

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS:				
AIR LEASE CORP	34,000	3.625% DUE 04/01/2027	$ 33,274	$ 33,609
AIR LEASE CORP	15,000	5.200% DUE 07/15/2031	15,004	15,246
AIRCASTLE LTD	13,000	4.250% DUE 06/15/2026	13,226	12,999
AON NORTH AMERICA INC.	43,000	5.150% DUE 03/01/2029	44,149	44,231
BANK 2024-BNK47	83,000	5.716% DUE 06/15/2057	88,492	88,048
BANK AMERICA CORP	71,000	3.824% DUE 01/20/2028	70,578	70,830
BANK AMERICA CORP	11,000	3.419% DUE 12/20/2028	10,706	10,862
BANK AMERICA CORP	82,000	3.970% DUE 03/05/2029	81,372	81,866
BANK NOVA SCOTIA	37,000	4.932% DUE 02/14/2029	37,503	37,711
BANK OF AMERICA CREDIT CARD	30,000	4.930% DUE 05/15/2029	30,091	30,470
BANK OF NEW YORK MELLON CORP	32,000	3.750% DUE 12/31/2099	31,204	31,525
BANK SER 2025-BNK50	10,000	5.652% DUE 05/17/2068	10,299	10,564
BANK5 2024-5YR8 SE 2024-5YR8 CL A-3	126,000	5.884% DUE 08/17/2057	131,633	131,959
BANK5 2025-5YR13	10,000	5.753% DUE 01/17/2058	10,300	10,484
BBCMS MORTGAGE TRUST 2025-5C33	119,000	5.839% DUE 03/15/2058	125,498	125,281
BBCMS MORTGAGE TRUST 2025-5C34	126,000	5.659% DUE 05/17/2058	132,015	131,916
BBCMS MORTGAGE TRUST 2025-5C36	126,000	5.517% DUE 08/16/2058	131,484	131,433
BENCHMARK 2024-V8 MORTGAGE TRUST	71,000	6.189% DUE 07/17/2057	75,121	74,975
BENCHMARK 2025-V13 MORTGAGE TRUST	10,000	5.815% DUE 02/15/2058	10,300	10,503
BENCHMARK 2025-V15 MORTGAGE TRUST	28,000	5.805% DUE 06/17/2058	29,428	29,488
BMO 2024-5C4 MORTGAGE TRUST	27,000	6.526% DUE 05/17/2057	28,369	28,646
BMO 2025-C12 MORTGAGE TRUST	10,000	5.871% DUE 06/17/2058	10,300	10,703
BOEING CO	61,000	5.150% DUE 05/01/2030	62,546	62,678
BROADCOM INC SR	62,000	4.350% DUE 02/15/2030	62,517	62,405
CANADIAN IMPERIAL BANK OF COMMER	47,000	4.580% DUE 09/08/2031	47,305	47,358
CAPITAL ONE FINANCIAL CORP	11,000	1.878% DUE 11/02/2027	9,613	10,793
CAPITAL ONE FINANCIAL CORP	63,000	6.312% DUE 06/08/2029	66,029	66,115
CAPITAL ONE FINANCIAL CORP	83,000	5.817% DUE 02/01/2034	86,724	86,870
CAPITAL ONE MLT-AST	70,000	3.920% DUE 09/17/2029	68,893	70,196
CBRE SERVICES INC	20,000	4.900% DUE 01/15/2033	20,088	20,096
CHARLES SCHWAB CORP	32,000	4.000% DUE 03/18/2021	31,535	31,804
CITIGROUP INC	25,000	1.462% DUE 06/09/2027	22,923	24,713
CITIGROUP INC	7,000	3.887% DUE 01/10/2028	6,647	6,987
CITIGROUP INC	18,000	3.520% DUE 10/27/2028	16,291	17,839
CITIGROUP INC	82,000	5.174% DUE 02/13/2030	84,510	84,144
CITIGROUP INC	43,000	3.980% DUE 03/20/2030	42,312	42,610
CITIGROUP INC	39,000	4.952% DUE 05/07/2031	40,004	39,834
CITIGROUP INC	56,000	6.174% DUE 05/25/2034	59,539	59,471
CNH INDUSTRIAL CAPITAL LLC	11,000	1.450% DUE 07/15/2026	10,451	10,837
CNO FINANCIAL GROUP INC	24,000	6.450% DUE 06/15/2034	25,553	25,391
COPT DEFENSE PROPERTIES LP	44,000	4.500% DUE 10/15/2030	43,933	43,786

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
CORPORATE OFFICE PROPERTIES L P	41,000	2.750% DUE 04/15/2031	36,926	37,398
DIGITAL REALTY TRUST LP	59,000	5.550% DUE 01/15/2028	60,713	60,597
DOMINION ENERGY INC	25,000	4.350% DUE 08/15/2032	24,551	24,546
DTE ENERGY CO	7,000	4.875% DUE 06/01/2028	6,851	7,121
DTE ENERGY CO	24,000	5.200% DUE 04/01/2030	24,905	24,763
DUKE ENERGY CORP	58,000	3.400% DUE 06/15/2029	56,122	56,615
ENERGY TRANSFER OPERATING LP	46,000	6.400% DUE 12/01/2030	49,767	49,690
ENTERGY CORP	28,000	2.400% DUE 06/15/2031	25,145	25,147
EPR PROPERTIES	34,000	3.750% DUE 08/15/2027	32,576	32,938
EPR PROPERTIES	42,000	4.750% DUE 11/15/2030	41,496	41,673
EQUIFAX INC	33,000	5.100% DUE 12/15/2027	33,715	33,617
EXTRA SPACE STORAGE LP	19,000	4.950% DUE 01/15/2033	19,121	19,206
FORD CREDIT AUTO	40,000	4.960% DUE 05/15/2030	39,998	40,883
FORD CREDIT FLR OW	25,000	4.060% DUE 09/15/2030	24,997	25,074
GOLDMAN SACHS GROUP INC	84,000	1.948% DUE 10/21/2027	80,181	82,580
GOLDMAN SACHS GROUP INC	82,000	3.814% DUE 04/23/2029	80,841	81,519
GOLDMAN SACHS GROUP INC	62,000	3.102% DUE 02/24/2033	56,535	57,116
HCA INC	27,000	5.875% DUE 02/01/2029	28,096	28,137
HCA INC	32,000	3.375% DUE 03/15/2029	31,119	31,175
HEWLETT PACKARD ENTERPRISE CO	67,000	4.550% DUE 10/15/2029	67,428	67,385
HUNTINGTON BANCSHARES INC	42,000	6.141% DUE 11/18/2039	43,659	43,767
JBS USA LUX	36,000	3.625% DUE 01/15/2032	33,315	33,688
JP MORGAN CHASE BANK	9,000	1.470% DUE 09/22/2027	8,227	8,836
JP MORGAN CHASE BANK	19,000	3.540% DUE 05/01/2028	18,733	18,893
JP MORGAN CHASE COMMERCIAL	8,303	2.559% DUE 08/17/2049	7,849	8,278
KITE REALTY GROUP	37,000	5.200% DUE 08/15/2032	37,801	37,802
KYNDRYL HOLDINGS INC	34,000	3.150% DUE 10/15/2031	30,833	31,033
LPL HOLDINGS INC	31,000	5.700% DUE 05/20/2027	31,488	31,594
LPL HOLDINGS INC	43,000	5.200% DUE 03/15/2030	43,793	44,003
M&T BANK CORP	52,000	5.400% DUE 07/30/2035	52,539	52,513
MYLAN NV	8,000	3.950% DUE 06/15/2026	7,962	7,982
NEXTERA ENERGY CAP HOLDINGS INC	67,000	4.900% DUE 03/15/2029	68,477	68,665
ORACLE CORP	26,000	2.300% DUE 03/25/2028	24,718	24,794
ORACLE CORP	38,000	4.800% DUE 09/26/2032	38,058	36,686
PHILLIPS EDISON GROCERY CTR	31,000	5.250% DUE 08/15/2032	31,766	31,685
PLAINS ALL AMER PIPELINE	21,000	5.600% DUE 01/15/2036	21,109	21,243
PNC FINANCIAL SERVICES GROUP	26,000	3.400% DUE 09/13/2031	25,030	25,489
PRIMERICA INC	48,000	2.800% DUE 11/19/2031	43,114	43,566
PRUDENTIAL FINANCIAL INC	35,000	5.700% DUE 09/15/2048	35,452	35,352
QUANTA SERVICES INC	51,000	4.500% DUE 01/15/2031	51,276	51,042

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
RADIAN GROUP INC	36,000	6.200% DUE 05/15/2029	37,620	37,740
REGIONS FINANCIAL CORP	45,000	5.721% DUE 06/06/2030	46,682	46,914
SEMPRA ENERGY	24,000	5.500% DUE 08/01/2033	25,044	25,063
SOUTHERN CO	26,000	5.200% DUE 06/15/2033	26,719	26,713
SOUTHERN POWER CO	25,000	4.250% DUE 10/01/2030	25,022	24,933
SOUTHWEST AIRLINES CO	42,000	4.375% DUE 11/15/2028	41,979	42,088
SOUTHWESTERN ENERGY CO	51,000	4.750% DUE 02/01/2032	49,875	50,312
STATE STREET CORP	30,000	6.450% DUE 02/06/2025	30,932	31,081
T MOBILE USA	47,000	3.750% DUE 04/15/2027	46,119	46,852
T MOBILE USA	39,000	2.550% DUE 02/15/2031	35,452	35,630
TARGA RES CORP	15,000	4.350% DUE 01/15/2029	14,991	15,042
TOYOTA AUTO REC TRUST	45,000	4.430% DUE 04/15/2030	44,988	45,569
TRUIST FINANCIAL CORP	63,000	7.161% DUE 10/30/2029	68,202	67,963
TRUIST FINANCIAL CORP	43,000	5.434% DUE 01/24/2030	44,365	44,519
UBS COML MORTGAGE TRUST	3,342	3.345% DUE 11/17/2050	3,618	3,317
US BANCORP DEL	26,000	3.700% DUE 10/26/2031	25,159	25,373
VERIZON COMMUNICATIONS INC	37,000	4.329% DUE 09/21/2028	37,222	37,304
VERIZON COMMUNICATIONS INC	44,000	4.750% DUE 01/15/2033	43,945	43,966
VERIZON MASTER TRUST	25,000	4.170% DUE 08/20/2030	24,994	25,152
VERIZON MASTER TRUST	20,000	4.620% DUE 11/20/2030	19,929	20,293
VERIZON MASTER TRUST	165,000	3.960% DUE 08/20/2031	164,884	165,378
VIATRIS INC	19,000	2.700% DUE 06/22/2030	16,600	17,368
VMWARE INC	78,000	3.900% DUE 08/21/2027	77,440	78,029
WELLS FARGO & CO	45,000	2.392% DUE 06/02/2028	43,881	43,969
WELLS FARGO & CO	56,000	4.808% DUE 07/25/2028	56,760	56,627
WELLS FARGO & CO	69,000	5.574% DUE 07/25/2029	70,556	71,476
WELLS FARGO & CO	36,000	2.572% DUE 02/11/2031	32,118	33,624
WELLS FARGO CARD ISSUANCE	35,000	4.340% DUE 05/15/2030	34,999	35,465
WELLS FARGO COMMERCIAL MORTGAGE	20,000	5.645% DUE 02/15/2058	20,600	21,108
WILLIS NORTH AMERICA INC	52,000	4.550% DUE 03/15/2031	51,917	52,064
		Total corporate bonds	**4,696,653**	**4,722,299**
U.S. GOVERNMENT AND GSE SECURITIES:				
U.S. GOVERNMENT -				
U.S. TREASURY BILLS	189,000	DTD DUE 02/05/2026	187,769	187,769
U.S. TREASURY BILLS	190,000	DTD DUE 03/05/2026	188,481	188,481
U.S. TREASURY NOTES	76,000	3.375% DUE 09/15/2027	75,271	75,860

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):				
U.S. GOVERNMENT (CONTINUED) -				
U.S. TREASURY NOTES	185,000	4.250% DUE 01/15/2028	187,404	187,725
U.S. TREASURY NOTES	306,000	3.875% DUE 03/15/2028	308,385	308,463
U.S. TREASURY NOTES	281,000	3.750% DUE 05/15/2028	282,412	282,526
U.S. TREASURY NOTES	497,000	3.875% DUE 07/15/2028	501,576	501,195
U.S. TREASURY NOTES	395,000	3.625% DUE 08/15/2028	396,187	396,002
U.S. TREASURY NOTES	48,000	4.000% DUE 03/31/2030	48,371	48,611
U.S. TREASURY NOTES	57,000	3.750% DUE 05/31/2030	57,345	57,140
U.S. TREASURY NOTES	41,000	4.000% DUE 05/31/2030	41,232	41,522
U.S. TREASURY NOTES	168,000	3.875% DUE 06/30/2030	169,736	169,267
U.S. TREASURY NOTES	472,000	3.875% DUE 07/31/2030	476,448	475,483
U.S. TREASURY NOTES	176,000	3.750% DUE 08/31/2031	175,737	175,416
U.S. TREASURY NOTES	134,000	4.625% DUE 02/15/2035	140,572	139,093
U.S. TREASURY NOTES	123,375	1.875% DUE 07/15/2035	124,357	123,370
U.S. TREASURY NOTES	393,000	4.250% DUE 08/15/2035	399,842	395,826
		Total U.S. Government	3,761,125	3,753,749
GSE SECURITIES -				
FEDERAL HOME LOAN MTG CORP	7,000	2.250% DUE 01/25/2032	5,904	6,276
FEDERAL HOME LOAN MTG CORP	127,900	3.500% DUE 05/01/2052	114,631	118,534
FEDERAL HOME LOAN MTG CORP	333,959	3.500% DUE 09/01/2052	311,743	309,503
FEDERAL HOME LOAN MTG CORP	51,431	4.000% DUE 10/01/2052	47,614	49,060
FEDERAL HOME LOAN MTG CORP	8,649	5.000% DUE 04/01/2053	8,490	8,653
FEDERAL HOME LOAN MTG CORP	69,909	5.500% DUE 08/01/2053	69,540	71,093
FEDERAL HOME LOAN MTG CORP	30,318	5.000% DUE 10/01/2053	29,525	30,360
FEDERAL HOME LOAN MTG CORP	39,120	5.000% DUE 11/01/2053	37,650	39,148
FEDERAL HOME LOAN MTG CORP	114,562	5.000% DUE 12/01/2053	111,680	114,467
FEDERAL HOME LOAN MTG CORP	31,930	5.000% DUE 01/01/2054	30,958	31,896
FEDERAL HOME LOAN MTG CORP	198,623	4.000% DUE 11/01/2054	190,120	188,464
FEDERAL HOME LOAN MTG CORP	311,091	5.000% DUE 11/01/2054	311,285	310,319
FEDERAL HOME LOAN MTG CORP	159,063	4.500% DUE 07/01/2055	155,919	155,323
FEDERAL HOME LOAN MTG CORP	36,793	5.500% DUE 12/01/2055	37,236	37,316
FEDERAL HOME LOAN MTG CORP	55,000	5.000% DUE 01/01/2056	54,704	54,864
FEDERAL NATL MTG ASSN	29,399	3.500% DUE 04/01/2052	28,700	27,246
FEDERAL NATL MTG ASSN	55,363	3.500% DUE 05/01/2052	50,979	51,309
FEDERAL NATL MTG ASSN	94,258	3.500% DUE 08/01/2052	87,995	87,355
FEDERAL NATL MTG ASSN	57,166	5.000% DUE 01/01/2054	56,177	57,104

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):				
GSE SECURITIES (CONTINUED) -				
FEDERAL NATL MTG ASSN	55,741	5.500% DUE 03/01/2054	55,165	56,566
FEDERAL NATL MTG ASSN	7,383	5.500% DUE 06/01/2054	7,354	7,492
FEDERAL NATL MTG ASSN	14,163	5.500% DUE 11/01/2054	14,022	14,392
FEDERAL NATL MTG ASSN	308,812	5.000% DUE 11/01/2054	308,956	308,157
FEDERAL NATL MTG ASSN	298,565	5.500% DUE 11/01/2054	302,763	302,837
FEDERAL NATL MTG ASSN	27,959	5.000% DUE 12/01/2054	27,222	27,889
FEDERAL NATL MTG ASSN	23,366	5.500% DUE 12/01/2054	23,273	23,711
FEDERAL NATL MTG ASSN	185,148	5.000% DUE 12/01/2054	185,285	184,689
FEDERAL NATL MTG ASSN	21,515	5.000% DUE 02/01/2055	21,194	21,470
FEDERAL NATL MTG ASSN	31,200	4.000% DUE 08/01/2052	29,109	29,628
		Total GSE Securities	2,715,193	2,725,121
		Total U.S. Government and GSE Securities	**6,476,318**	**6,478,870**
EXCHANGE TRADED FUNDS:				
FRANKLIN FTSE CANADA	1,235	SHARES EXCHANGE TRADED FUND	57,940	59,651
ISHARES CORE MSCI EAFE	3,581	SHARES EXCHANGE TRADED FUND	292,925	320,356
ISHARES CORE MSCI EMERGING	2,645	SHARES EXCHANGE TRADED FUND	158,741	177,797
ISHARES CORE S&P 500	801	SHARES EXCHANGE TRADED FUND	513,294	548,637
ISHARES CORE S&P SMALL-CAP	1,898	SHARES EXCHANGE TRADED FUND	227,516	228,102
ISHARES MSCI EMERGING MARKETS ASIA	967	SHARES EXCHANGE TRADED FUND	79,779	90,917
ISHARES MSCI USA VALUE FACTOR	855	SHARES EXCHANGE TRADED FUND	107,583	116,904
ISHARES US HEALTHCARE PROVIDERS	3,000	SHARES EXCHANGE TRADED FUND	141,893	143,826
JPMORGAN US QUALITY FACTOR	2,277	SHARES EXCHANGE TRADED FUND	133,674	143,861
SPDR S&P WORLD EX-US	9,010	SHARES EXCHANGE TRADED FUND	384,873	400,134
STATE STREET SPDR S&P 500 GROWTH	3,550	SHARES EXCHANGE TRADED FUND	352,549	378,785
STATE STREET SPDR S&P BANK	2,310	SHARES EXCHANGE TRADED FUND	139,882	140,193
STATE STREET SPDR S&P RETAIL	1,005	SHARES EXCHANGE TRADED FUND	86,674	85,716
		Total exchange traded funds	**2,677,323**	**2,834,879**
MONEY MARKET FUND,				
GOLDMAN SACHS FS GOVERNMENT	227,670	SHARES - MONEY MARKET FUND	**227,670**	**227,670**
		Total investments	**$ 14,077,964**	**$ 14,263,718**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Goldman Sachs FS Government ADM	Money Market Fund	$ 41,806,785	$ -	$ -	$ 41,806,785	$ 41,806,785	$ -
Goldman Sachs FS Government ADM	Money Market Fund	-	41,739,945	-	41,739,945	41,739,945	-
U.S. Treasury Bill 05/15/2025	U.S Government	529,420	-	-	529,420	529,420	-
U.S. Treasury Bill 05/15/2025	U.S Government	-	247,347	-	247,008	247,347	339
U.S. Treasury Bill 05/31/2030	U.S Government	505,903	-	-	505,903	505,903	-
U.S. Treasury Bill 05/31/2030	U.S Government	-	483,195	-	484,370	483,195	(1,175)
U.S. Treasury Bill 06/30/2025	U.S Government	536,487	-	-	536,487	536,487	-
U.S. Treasury Bill 06/30/2025	U.S Government	-	366,161	-	366,751	366,161	(590)
U.S. Treasury Bill 08/15/2028	U.S Government	723,167	-	-	723,167	723,167	-
U.S. Treasury Bill 08/15/2028	U.S Government	-	326,929	-	326,980	326,929	(51)
U.S. Treasury Bill 07/17/2025	U.S Government	1,035,208	-	-	1,035,208	1,035,208	-
U.S. Treasury Bill 07/17/2025	U.S Government	-	1,035,208	-	1,035,208	1,035,208	-
U.S. Treasury Bill 08/14/2025	U.S Government	964,227	-	-	964,227	964,227	-
U.S. Treasury Bill 08/14/2025	U.S Government	-	964,226	-	964,226	964,226	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 02/20/2025	U.S Government	119,366	-	-	119,366	119,366	-
U.S. Treasury Bill 02/20/2025	U.S Government	-	1,018,673	-	1,018,673	1,018,673	-
U.S. Treasury Bill 09/11/2025	U.S Government	887,781	-	-	887,781	887,781	-
U.S. Treasury Bill 09/11/2025	U.S Government	-	887,781	-	887,781	887,781	-
U.S. Treasury Bill 10/23/2025	U.S Government	891,149	-	-	891,149	891,149	-
U.S. Treasury Bill 10/23/2025	U.S Government	-	901,194	-	891,149	901,194	10,044
U.S. Treasury Bill 08/26/2025	U.S Government	1,043,327	-	-	1,043,327	1,043,327	-
U.S. Treasury Bill 08/26/2025	U.S Government	-	1,043,327	-	1,043,327	1,043,327	-
U.S. Treasury Bill 11/13/2025	U.S Government	891,902	-	-	891,902	891,902	-
U.S. Treasury Bill 11/13/2025	U.S Government	-	901,085	-	891,902	901,085	9,183
U.S. Treasury Bill 05/15/2025	U.S Government	99,502	-	-	99,502	99,502	-
U.S. Treasury Bill 05/15/2025	U.S Government	-	1,031,016	-	1,031,016	1,031,016	-
U.S. Treasury Bill 12/11/2025	U.S Government	890,299	-	-	890,299	890,299	-
U.S. Treasury Bill 12/11/2025	U.S Government	-	901,384	-	890,299	901,384	11,085

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 06/12/2025	U.S Government	1,035,186	-	-	1,035,186	1,035,186	-
U.S. Treasury Bill 06/12/2025	U.S Government	-	1,035,186	-	1,035,186	1,035,186	-
U.S. Treasury Bill 12/18/2025	U.S Government	892,409	-	-	892,409	892,409	-
U.S. Treasury Bill 12/18/2025	U.S Government	-	901,740	-	892,410	901,740	9,330
U.S. Treasury Bill 01/08/2026	U.S Government	892,541	-	-	892,541	892,541	-
U.S. Treasury Bill 01/08/2026	U.S Government	-	901,712	-	892,543	901,712	9,169
U.S. Treasury Bill 07/10/2025	U.S Government	1,025,043	-	-	1,025,043	1,025,043	-
U.S. Treasury Bill 07/10/2025	U.S Government	-	1,025,043	-	1,025,043	1,025,043	-
U.S. Treasury Bill 02/05/2026	U.S Government	894,767	-	-	894,767	894,767	-
U.S. Treasury Bill 02/05/2026	U.S Government	-	902,194	-	894,767	902,194	7,427
U.S. Treasury Bill 02/06/2025	U.S Government	117,570	-	-	117,570	117,570	-
U.S. Treasury Bill 02/06/2025	U.S Government	-	1,018,363	-	1,018,363	1,018,363	-
U.S. Treasury Bill 08/07/2025	U.S Government	1,023,167	-	-	1,023,167	1,023,167	-
U.S. Treasury Bill 08/07/2025	U.S Government	-	1,023,167	-	1,023,167	1,023,167	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 02/12/2026	U.S Government	919,785	-	-	919,785	919,785	-
U.S. Treasury Bill 02/12/2026	U.S Government	-	926,266	-	919,785	926,266	6,481
U.S. Treasury Bill 03/05/2026	U.S Government	921,899	-	-	921,899	921,899	-
U.S. Treasury Bill 03/05/2026	U.S Government	-	926,348	-	921,899	926,348	4,449
U.S. Treasury Bill 03/06/2025	U.S Government	110,232	-	-	110,232	110,232	-
U.S. Treasury Bill 03/06/2025	U.S Government	-	1,019,628	-	1,019,628	1,019,628	-
U.S. Treasury Bill 09/04/2025	U.S Government	966,561	-	-	966,561	966,561	-
U.S. Treasury Bill 09/04/2025	U.S Government	-	966,561	-	966,561	966,561	-
U.S. Treasury Bill 03/12/2026	U.S Government	898,116	-	-	898,116	898,116	-
U.S. Treasury Bill 03/12/2026	U.S Government	-	901,033	-	898,116	901,033	2,917
U.S. Treasury Bill 03/13/2025	U.S Government	111,142	-	-	111,142	111,142	-
U.S. Treasury Bill 03/13/2025	U.S Government	-	1,018,952	-	1,018,952	1,018,952	-
U.S. Treasury Bill 04/02/2026	U.S Government	902,932	-	-	902,932	902,932	-
U.S. Treasury Bill 04/02/2026	U.S Government	-	904,022	-	902,932	904,022	1,090

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 10/02/2025	U.S Government	891,124	-	-	891,124	891,124	-
U.S. Treasury Bill 10/02/2025	U.S Government	-	891,125	-	891,125	891,125	-
U.S. Treasury Bill 04/10/2025	U.S Government	45,499	-	-	45,499	45,499	-
U.S. Treasury Bill 04/10/2025	U.S Government	-	1,020,769	-	1,020,769	1,020,769	-
U.S. Treasury Bill 04/24/2025	U.S Government	100,731	-	-	100,731	100,731	-
U.S. Treasury Bill 04/24/2025	U.S Government	-	1,031,546	-	1,031,546	1,031,546	-
U.S. Treasury Bill 05/01/2025	U.S Government	99,661	-	-	99,661	99,661	-
U.S. Treasury Bill 05/01/2025	U.S Government	-	1,030,752	-	1,030,752	1,030,752	-
U.S. Treasury Bill 10/30/2025	U.S Government	891,335	-	-	891,335	891,335	-
U.S. Treasury Bill 10/30/2025	U.S Government	-	901,481	-	891,335	891,335	-
U.S. Treasury Bill 06/26/2025	U.S Government	1,029,835	-	-	1,029,835	1,029,835	-
U.S. Treasury Bill 06/26/2025	U.S Government	-	1,029,835	-	1,029,835	1,029,835	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning and ending

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Tampa Firefighters and Police Officers Employees Helath Plan

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 7/1/2020

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)
TRUSTEES OF TAMPA FIREFIGHTERS AND OFFERS EMPLOYEE HEALTH PLAN

Electronic Filing Only

2010 NW 150th Avenue,Suite 200
Pembroke Pines FL 33028

2b Employer Identification Number (EIN)
85-6152252

2c Plan Sponsor's telephone number

2d Business code (see instructions)
921000

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	Andrew Carter	7/30/2026	Andrew Carter
	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 [X] Same as Plan Sponsor
Same

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**	1,677
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1,581
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,602
b	Retired or separated participants receiving benefits	**6b**	69
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	1,671
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1,671
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	2

Electronic Filing Only

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A, 4B, 4D, 4E

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 4
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

Electronic Filing Only

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Goldman Sachs FS Government ADM	Money Market Fund	$ 41,806,785	$ -	$ -	$ 41,806,785	$ 41,806,785	$ -
Goldman Sachs FS Government ADM	Money Market Fund	-	41,739,945	-	41,739,945	41,739,945	-
U.S. Treasury Bill 05/15/2025	U.S Government	529,420	-	-	529,420	529,420	-
U.S. Treasury Bill 05/15/2025	U.S Government	-	247,347	-	247,008	247,347	339
U.S. Treasury Bill 05/31/2030	U.S Government	505,903	-	-	505,903	505,903	-
U.S. Treasury Bill 05/31/2030	U.S Government	-	483,195	-	484,370	483,195	(1,175)
U.S. Treasury Bill 06/30/2025	U.S Government	536,487	-	-	536,487	536,487	-
U.S. Treasury Bill 06/30/2025	U.S Government	-	366,161	-	366,751	366,161	(590)
U.S. Treasury Bill 08/15/2028	U.S Government	723,167	-	-	723,167	723,167	-
U.S. Treasury Bill 08/15/2028	U.S Government	-	326,929	-	326,980	326,929	(51)
U.S. Treasury Bill 07/17/2025	U.S Government	1,035,208	-	-	1,035,208	1,035,208	-
U.S. Treasury Bill 07/17/2025	U.S Government	-	1,035,208	-	1,035,208	1,035,208	-
U.S. Treasury Bill 08/14/2025	U.S Government	964,227	-	-	964,227	964,227	-
U.S. Treasury Bill 08/14/2025	U.S Government	-	964,226	-	964,226	964,226	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 02/20/2025	U.S Government	119,366	-	-	119,366	119,366	-
U.S. Treasury Bill 02/20/2025	U.S Government	-	1,018,673	-	1,018,673	1,018,673	-
U.S. Treasury Bill 09/11/2025	U.S Government	887,781	-	-	887,781	887,781	-
U.S. Treasury Bill 09/11/2025	U.S Government	-	887,781	-	887,781	887,781	-
U.S. Treasury Bill 10/23/2025	U.S Government	891,149	-	-	891,149	891,149	-
U.S. Treasury Bill 10/23/2025	U.S Government	-	901,194	-	891,149	901,194	10,044
U.S. Treasury Bill 08/26/2025	U.S Government	1,043,327	-	-	1,043,327	1,043,327	-
U.S. Treasury Bill 08/26/2025	U.S Government	-	1,043,327	-	1,043,327	1,043,327	-
U.S. Treasury Bill 11/13/2025	U.S Government	891,902	-	-	891,902	891,902	-
U.S. Treasury Bill 11/13/2025	U.S Government	-	901,085	-	891,902	901,085	9,183
U.S. Treasury Bill 05/15/2025	U.S Government	99,502	-	-	99,502	99,502	-
U.S. Treasury Bill 05/15/2025	U.S Government	-	1,031,016	-	1,031,016	1,031,016	-
U.S. Treasury Bill 12/11/2025	U.S Government	890,299	-	-	890,299	890,299	-
U.S. Treasury Bill 12/11/2025	U.S Government	-	901,384	-	890,299	901,384	11,085

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 06/12/2025	U.S Government	1,035,186	-	-	1,035,186	1,035,186	-
U.S. Treasury Bill 06/12/2025	U.S Government	-	1,035,186	-	1,035,186	1,035,186	-
U.S. Treasury Bill 12/18/2025	U.S Government	892,409	-	-	892,409	892,409	-
U.S. Treasury Bill 12/18/2025	U.S Government	-	901,740	-	892,410	901,740	9,330
U.S. Treasury Bill 01/08/2026	U.S Government	892,541	-	-	892,541	892,541	-
U.S. Treasury Bill 01/08/2026	U.S Government	-	901,712	-	892,543	901,712	9,169
U.S. Treasury Bill 07/10/2025	U.S Government	1,025,043	-	-	1,025,043	1,025,043	-
U.S. Treasury Bill 07/10/2025	U.S Government	-	1,025,043	-	1,025,043	1,025,043	-
U.S. Treasury Bill 02/05/2026	U.S Government	894,767	-	-	894,767	894,767	-
U.S. Treasury Bill 02/05/2026	U.S Government	-	902,194	-	894,767	902,194	7,427
U.S. Treasury Bill 02/06/2025	U.S Government	117,570	-	-	117,570	117,570	-
U.S. Treasury Bill 02/06/2025	U.S Government	-	1,018,363	-	1,018,363	1,018,363	-
U.S. Treasury Bill 08/07/2025	U.S Government	1,023,167	-	-	1,023,167	1,023,167	-
U.S. Treasury Bill 08/07/2025	U.S Government	-	1,023,167	-	1,023,167	1,023,167	-

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TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 02/12/2026	U.S Government	919,785	-	-	919,785	919,785	-
U.S. Treasury Bill 02/12/2026	U.S Government	-	926,266	-	919,785	926,266	6,481
U.S. Treasury Bill 03/05/2026	U.S Government	921,899	-	-	921,899	921,899	-
U.S. Treasury Bill 03/05/2026	U.S Government	-	926,348	-	921,899	926,348	4,449
U.S. Treasury Bill 03/06/2025	U.S Government	110,232	-	-	110,232	110,232	-
U.S. Treasury Bill 03/06/2025	U.S Government	-	1,019,628	-	1,019,628	1,019,628	-
U.S. Treasury Bill 09/04/2025	U.S Government	966,561	-	-	966,561	966,561	-
U.S. Treasury Bill 09/04/2025	U.S Government	-	966,561	-	966,561	966,561	-
U.S. Treasury Bill 03/12/2026	U.S Government	898,116	-	-	898,116	898,116	-
U.S. Treasury Bill 03/12/2026	U.S Government	-	901,033	-	898,116	901,033	2,917
U.S. Treasury Bill 03/13/2025	U.S Government	111,142	-	-	111,142	111,142	-
U.S. Treasury Bill 03/13/2025	U.S Government	-	1,018,952	-	1,018,952	1,018,952	-
U.S. Treasury Bill 04/02/2026	U.S Government	902,932	-	-	902,932	902,932	-
U.S. Treasury Bill 04/02/2026	U.S Government	-	904,022	-	902,932	904,022	1,090

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 85-6152252

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill 10/02/2025	U.S Government	891,124	-	-	891,124	891,124	-
U.S. Treasury Bill 10/02/2025	U.S Government	-	891,125	-	891,125	891,125	-
U.S. Treasury Bill 04/10/2025	U.S Government	45,499	-	-	45,499	45,499	-
U.S. Treasury Bill 04/10/2025	U.S Government	-	1,020,769	-	1,020,769	1,020,769	-
U.S. Treasury Bill 04/24/2025	U.S Government	100,731	-	-	100,731	100,731	-
U.S. Treasury Bill 04/24/2025	U.S Government	-	1,031,546	-	1,031,546	1,031,546	-
U.S. Treasury Bill 05/01/2025	U.S Government	99,661	-	-	99,661	99,661	-
U.S. Treasury Bill 05/01/2025	U.S Government	-	1,030,752	-	1,030,752	1,030,752	-
U.S. Treasury Bill 10/30/2025	U.S Government	891,335	-	-	891,335	891,335	-
U.S. Treasury Bill 10/30/2025	U.S Government	-	901,481	-	891,335	891,335	-
U.S. Treasury Bill 06/26/2025	U.S Government	1,029,835	-	-	1,029,835	1,029,835	-
U.S. Treasury Bill 06/26/2025	U.S Government	-	1,029,835	-	1,029,835	1,029,835	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS:				
AIR LEASE CORP	34,000	3.625% DUE 04/01/2027	$ 33,274	$ 33,609
AIR LEASE CORP	15,000	5.200% DUE 07/15/2031	15,004	15,246
AIRCASTLE LTD	13,000	4.250% DUE 06/15/2026	13,226	12,999
AON NORTH AMERICA INC.	43,000	5.150% DUE 03/01/2029	44,149	44,231
BANK 2024-BNK47	83,000	5.716% DUE 06/15/2057	88,492	88,048
BANK AMERICA CORP	71,000	3.824% DUE 01/20/2028	70,578	70,830
BANK AMERICA CORP	11,000	3.419% DUE 12/20/2028	10,706	10,862
BANK AMERICA CORP	82,000	3.970% DUE 03/05/2029	81,372	81,866
BANK NOVA SCOTIA	37,000	4.932% DUE 02/14/2029	37,503	37,711
BANK OF AMERICA CREDIT CARD	30,000	4.930% DUE 05/15/2029	30,091	30,470
BANK OF NEW YORK MELLON CORP	32,000	3.750% DUE 12/31/2099	31,204	31,525
BANK SER 2025-BNK50	10,000	5.652% DUE 05/17/2068	10,299	10,564
BANK5 2024-5YR8 SE 2024-5YR8 CL A-3	126,000	5.884% DUE 08/17/2057	131,633	131,959
BANK5 2025-5YR13	10,000	5.753% DUE 01/17/2058	10,300	10,484
BBCMS MORTGAGE TRUST 2025-5C33	119,000	5.839% DUE 03/15/2058	125,498	125,281
BBCMS MORTGAGE TRUST 2025-5C34	126,000	5.659% DUE 05/17/2058	132,015	131,916
BBCMS MORTGAGE TRUST 2025-5C36	126,000	5.517% DUE 08/16/2058	131,484	131,433
BENCHMARK 2024-V8 MORTGAGE TRUST	71,000	6.189% DUE 07/17/2057	75,121	74,975
BENCHMARK 2025-V13 MORTGAGE TRUST	10,000	5.815% DUE 02/15/2058	10,300	10,503
BENCHMARK 2025-V15 MORTGAGE TRUST	28,000	5.805% DUE 06/17/2058	29,428	29,488
BMO 2024-5C4 MORTGAGE TRUST	27,000	6.526% DUE 05/17/2057	28,369	28,646
BMO 2025-C12 MORTGAGE TRUST	10,000	5.871% DUE 06/17/2058	10,300	10,703
BOEING CO	61,000	5.150% DUE 05/01/2030	62,546	62,678
BROADCOM INC SR	62,000	4.350% DUE 02/15/2030	62,517	62,405
CANADIAN IMPERIAL BANK OF COMMER	47,000	4.580% DUE 09/08/2031	47,305	47,358
CAPITAL ONE FINANCIAL CORP	11,000	1.878% DUE 11/02/2027	9,613	10,793
CAPITAL ONE FINANCIAL CORP	63,000	6.312% DUE 06/08/2029	66,029	66,115
CAPITAL ONE FINANCIAL CORP	83,000	5.817% DUE 02/01/2034	86,724	86,870
CAPITAL ONE MLT-AST	70,000	3.920% DUE 09/17/2029	68,893	70,196
CBRE SERVICES INC	20,000	4.900% DUE 01/15/2033	20,088	20,096
CHARLES SCHWAB CORP	32,000	4.000% DUE 03/18/2021	31,535	31,804
CITIGROUP INC	25,000	1.462% DUE 06/09/2027	22,923	24,713
CITIGROUP INC	7,000	3.887% DUE 01/10/2028	6,647	6,987
CITIGROUP INC	18,000	3.520% DUE 10/27/2028	16,291	17,839
CITIGROUP INC	82,000	5.174% DUE 02/13/2030	84,510	84,144
CITIGROUP INC	43,000	3.980% DUE 03/20/2030	42,312	42,610
CITIGROUP INC	39,000	4.952% DUE 05/07/2031	40,004	39,834
CITIGROUP INC	56,000	6.174% DUE 05/25/2034	59,539	59,471
CNH INDUSTRIAL CAPITAL LLC	11,000	1.450% DUE 07/15/2026	10,451	10,837
CNO FINANCIAL GROUP INC	24,000	6.450% DUE 06/15/2034	25,553	25,391
COPT DEFENSE PROPERTIES LP	44,000	4.500% DUE 10/15/2030	43,933	43,786

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TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
CORPORATE OFFICE PROPERTIES L P	41,000	2.750% DUE 04/15/2031	36,926	37,398
DIGITAL REALTY TRUST LP	59,000	5.550% DUE 01/15/2028	60,713	60,597
DOMINION ENERGY INC	25,000	4.350% DUE 08/15/2032	24,551	24,546
DTE ENERGY CO	7,000	4.875% DUE 06/01/2028	6,851	7,121
DTE ENERGY CO	24,000	5.200% DUE 04/01/2030	24,905	24,763
DUKE ENERGY CORP	58,000	3.400% DUE 06/15/2029	56,122	56,615
ENERGY TRANSFER OPERATING LP	46,000	6.400% DUE 12/01/2030	49,767	49,690
ENTERGY CORP	28,000	2.400% DUE 06/15/2031	25,145	25,147
EPR PROPERTIES	34,000	3.750% DUE 08/15/2027	32,576	32,938
EPR PROPERTIES	42,000	4.750% DUE 11/15/2030	41,496	41,673
EQUIFAX INC	33,000	5.100% DUE 12/15/2027	33,715	33,617
EXTRA SPACE STORAGE LP	19,000	4.950% DUE 01/15/2033	19,121	19,206
FORD CREDIT AUTO	40,000	4.960% DUE 05/15/2030	39,998	40,883
FORD CREDIT FLR OW	25,000	4.060% DUE 09/15/2030	24,997	25,074
GOLDMAN SACHS GROUP INC	84,000	1.948% DUE 10/21/2027	80,181	82,580
GOLDMAN SACHS GROUP INC	82,000	3.814% DUE 04/23/2029	80,841	81,519
GOLDMAN SACHS GROUP INC	62,000	3.102% DUE 02/24/2033	56,535	57,116
HCA INC	27,000	5.875% DUE 02/01/2029	28,096	28,137
HCA INC	32,000	3.375% DUE 03/15/2029	31,119	31,175
HEWLETT PACKARD ENTERPRISE CO	67,000	4.550% DUE 10/15/2029	67,428	67,385
HUNTINGTON BANCSHARES INC	42,000	6.141% DUE 11/18/2039	43,659	43,767
JBS USA LUX	36,000	3.625% DUE 01/15/2032	33,315	33,688
JP MORGAN CHASE BANK	9,000	1.470% DUE 09/22/2027	8,227	8,836
JP MORGAN CHASE BANK	19,000	3.540% DUE 05/01/2028	18,733	18,893
JP MORGAN CHASE COMMERCIAL	8,303	2.559% DUE 08/17/2049	7,849	8,278
KITE REALTY GROUP	37,000	5.200% DUE 08/15/2032	37,801	37,802
KYNDRYL HOLDINGS INC	34,000	3.150% DUE 10/15/2031	30,833	31,033
LPL HOLDINGS INC	31,000	5.700% DUE 05/20/2027	31,488	31,594
LPL HOLDINGS INC	43,000	5.200% DUE 03/15/2030	43,793	44,003
M&T BANK CORP	52,000	5.400% DUE 07/30/2035	52,539	52,513
MYLAN NV	8,000	3.950% DUE 06/15/2026	7,962	7,982
NEXTERA ENERGY CAP HOLDINGS INC	67,000	4.900% DUE 03/15/2029	68,477	68,665
ORACLE CORP	26,000	2.300% DUE 03/25/2028	24,718	24,794
ORACLE CORP	38,000	4.800% DUE 09/26/2032	38,058	36,686
PHILLIPS EDISON GROCERY CTR	31,000	5.250% DUE 08/15/2032	31,766	31,685
PLAINS ALL AMER PIPELINE	21,000	5.600% DUE 01/15/2036	21,109	21,243
PNC FINANCIAL SERVICES GROUP	26,000	3.400% DUE 09/13/2031	25,030	25,489
PRIMERICA INC	48,000	2.800% DUE 11/19/2031	43,114	43,566
PRUDENTIAL FINANCIAL INC	35,000	5.700% DUE 09/15/2048	35,452	35,352
QUANTA SERVICES INC	51,000	4.500% DUE 01/15/2031	51,276	51,042

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TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
RADIAN GROUP INC	36,000	6.200% DUE 05/15/2029	37,620	37,740
REGIONS FINANCIAL CORP	45,000	5.721% DUE 06/06/2030	46,682	46,914
SEMPRA ENERGY	24,000	5.500% DUE 08/01/2033	25,044	25,063
SOUTHERN CO	26,000	5.200% DUE 06/15/2033	26,719	26,713
SOUTHERN POWER CO	25,000	4.250% DUE 10/01/2030	25,022	24,933
SOUTHWEST AIRLINES CO	42,000	4.375% DUE 11/15/2028	41,979	42,088
SOUTHWESTERN ENERGY CO	51,000	4.750% DUE 02/01/2032	49,875	50,312
STATE STREET CORP	30,000	6.450% DUE 02/06/2025	30,932	31,081
T MOBILE USA	47,000	3.750% DUE 04/15/2027	46,119	46,852
T MOBILE USA	39,000	2.550% DUE 02/15/2031	35,452	35,630
TARGA RES CORP	15,000	4.350% DUE 01/15/2029	14,991	15,042
TOYOTA AUTO REC TRUST	45,000	4.430% DUE 04/15/2030	44,988	45,569
TRUIST FINANCIAL CORP	63,000	7.161% DUE 10/30/2029	68,202	67,963
TRUIST FINANCIAL CORP	43,000	5.434% DUE 01/24/2030	44,365	44,519
UBS COML MORTGAGE TRUST	3,342	3.345% DUE 11/17/2050	3,618	3,317
US BANCORP DEL	26,000	3.700% DUE 10/26/2031	25,159	25,373
VERIZON COMMUNICATIONS INC	37,000	4.329% DUE 09/21/2028	37,222	37,304
VERIZON COMMUNICATIONS INC	44,000	4.750% DUE 01/15/2033	43,945	43,966
VERIZON MASTER TRUST	25,000	4.170% DUE 08/20/2030	24,994	25,152
VERIZON MASTER TRUST	20,000	4.620% DUE 11/20/2030	19,929	20,293
VERIZON MASTER TRUST	165,000	3.960% DUE 08/20/2031	164,884	165,378
VIATRIS INC	19,000	2.700% DUE 06/22/2030	16,600	17,368
VMWARE INC	78,000	3.900% DUE 08/21/2027	77,440	78,029
WELLS FARGO & CO	45,000	2.392% DUE 06/02/2028	43,881	43,969
WELLS FARGO & CO	56,000	4.808% DUE 07/25/2028	56,760	56,627
WELLS FARGO & CO	69,000	5.574% DUE 07/25/2029	70,556	71,476
WELLS FARGO & CO	36,000	2.572% DUE 02/11/2031	32,118	33,624
WELLS FARGO CARD ISSUANCE	35,000	4.340% DUE 05/15/2030	34,999	35,465
WELLS FARGO COMMERCIAL MORTGAGE	20,000	5.645% DUE 02/15/2058	20,600	21,108
WILLIS NORTH AMERICA INC	52,000	4.550% DUE 03/15/2031	51,917	52,064
		Total corporate bonds	**4,696,653**	**4,722,299**
U.S. GOVERNMENT AND GSE SECURITIES:				
U.S. GOVERNMENT -				
U.S. TREASURY BILLS	189,000	DTD DUE 02/05/2026	187,769	187,769
U.S. TREASURY BILLS	190,000	DTD DUE 03/05/2026	188,481	188,481
U.S. TREASURY NOTES	76,000	3.375% DUE 09/15/2027	75,271	75,860

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TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):				
U.S. GOVERNMENT (CONTINUED) -				
U.S. TREASURY NOTES	185,000	4.250% DUE 01/15/2028	187,404	187,725
U.S. TREASURY NOTES	306,000	3.875% DUE 03/15/2028	308,385	308,463
U.S. TREASURY NOTES	281,000	3.750% DUE 05/15/2028	282,412	282,526
U.S. TREASURY NOTES	497,000	3.875% DUE 07/15/2028	501,576	501,195
U.S. TREASURY NOTES	395,000	3.625% DUE 08/15/2028	396,187	396,002
U.S. TREASURY NOTES	48,000	4.000% DUE 03/31/2030	48,371	48,611
U.S. TREASURY NOTES	57,000	3.750% DUE 05/31/2030	57,345	57,140
U.S. TREASURY NOTES	41,000	4.000% DUE 05/31/2030	41,232	41,522
U.S. TREASURY NOTES	168,000	3.875% DUE 06/30/2030	169,736	169,267
U.S. TREASURY NOTES	472,000	3.875% DUE 07/31/2030	476,448	475,483
U.S. TREASURY NOTES	176,000	3.750% DUE 08/31/2031	175,737	175,416
U.S. TREASURY NOTES	134,000	4.625% DUE 02/15/2035	140,572	139,093
U.S. TREASURY NOTES	123,375	1.875% DUE 07/15/2035	124,357	123,370
U.S. TREASURY NOTES	393,000	4.250% DUE 08/15/2035	399,842	395,826
		Total U.S. Government	3,761,125	3,753,749
GSE SECURITIES -				
FEDERAL HOME LOAN MTG CORP	7,000	2.250% DUE 01/25/2032	5,904	6,276
FEDERAL HOME LOAN MTG CORP	127,900	3.500% DUE 05/01/2052	114,631	118,534
FEDERAL HOME LOAN MTG CORP	333,959	3.500% DUE 09/01/2052	311,743	309,503
FEDERAL HOME LOAN MTG CORP	51,431	4.000% DUE 10/01/2052	47,614	49,060
FEDERAL HOME LOAN MTG CORP	8,649	5.000% DUE 04/01/2053	8,490	8,653
FEDERAL HOME LOAN MTG CORP	69,909	5.500% DUE 08/01/2053	69,540	71,093
FEDERAL HOME LOAN MTG CORP	30,318	5.000% DUE 10/01/2053	29,525	30,360
FEDERAL HOME LOAN MTG CORP	39,120	5.000% DUE 11/01/2053	37,650	39,148
FEDERAL HOME LOAN MTG CORP	114,562	5.000% DUE 12/01/2053	111,680	114,467
FEDERAL HOME LOAN MTG CORP	31,930	5.000% DUE 01/01/2054	30,958	31,896
FEDERAL HOME LOAN MTG CORP	198,623	4.000% DUE 11/01/2054	190,120	188,464
FEDERAL HOME LOAN MTG CORP	311,091	5.000% DUE 11/01/2054	311,285	310,319
FEDERAL HOME LOAN MTG CORP	159,063	4.500% DUE 07/01/2055	155,919	155,323
FEDERAL HOME LOAN MTG CORP	36,793	5.500% DUE 12/01/2055	37,236	37,316
FEDERAL HOME LOAN MTG CORP	55,000	5.000% DUE 01/01/2056	54,704	54,864
FEDERAL NATL MTG ASSN	29,399	3.500% DUE 04/01/2052	28,700	27,246
FEDERAL NATL MTG ASSN	55,363	3.500% DUE 05/01/2052	50,979	51,309
FEDERAL NATL MTG ASSN	94,258	3.500% DUE 08/01/2052	87,995	87,355
FEDERAL NATL MTG ASSN	57,166	5.000% DUE 01/01/2054	56,177	57,104

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

TAMPA FIREFIGHTERS' AND POLICE OFFICERS'

EMPLOYEES' HEALTH PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 85-6152252

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):				
GSE SECURITIES (CONTINUED) -				
FEDERAL NATL MTG ASSN	55,741	5.500% DUE 03/01/2054	55,165	56,566
FEDERAL NATL MTG ASSN	7,383	5.500% DUE 06/01/2054	7,354	7,492
FEDERAL NATL MTG ASSN	14,163	5.500% DUE 11/01/2054	14,022	14,392
FEDERAL NATL MTG ASSN	308,812	5.000% DUE 11/01/2054	308,956	308,157
FEDERAL NATL MTG ASSN	298,565	5.500% DUE 11/01/2054	302,763	302,837
FEDERAL NATL MTG ASSN	27,959	5.000% DUE 12/01/2054	27,222	27,889
FEDERAL NATL MTG ASSN	23,366	5.500% DUE 12/01/2054	23,273	23,711
FEDERAL NATL MTG ASSN	185,148	5.000% DUE 12/01/2054	185,285	184,689
FEDERAL NATL MTG ASSN	21,515	5.000% DUE 02/01/2055	21,194	21,470
FEDERAL NATL MTG ASSN	31,200	4.000% DUE 08/01/2052	29,109	29,628
		Total GSE Securities	2,715,193	2,725,121
		Total U.S. Government and GSE Securities	**6,476,318**	**6,478,870**
EXCHANGE TRADED FUNDS:				
FRANKLIN FTSE CANADA	1,235	SHARES EXCHANGE TRADED FUND	57,940	59,651
ISHARES CORE MSCI EAFE	3,581	SHARES EXCHANGE TRADED FUND	292,925	320,356
ISHARES CORE MSCI EMERGING	2,645	SHARES EXCHANGE TRADED FUND	158,741	177,797
ISHARES CORE S&P 500	801	SHARES EXCHANGE TRADED FUND	513,294	548,637
ISHARES CORE S&P SMALL-CAP	1,898	SHARES EXCHANGE TRADED FUND	227,516	228,102
ISHARES MSCI EMERGING MARKETS ASIA	967	SHARES EXCHANGE TRADED FUND	79,779	90,917
ISHARES MSCI USA VALUE FACTOR	855	SHARES EXCHANGE TRADED FUND	107,583	116,904
ISHARES US HEALTHCARE PROVIDERS	3,000	SHARES EXCHANGE TRADED FUND	141,893	143,826
JPMORGAN US QUALITY FACTOR	2,277	SHARES EXCHANGE TRADED FUND	133,674	143,861
SPDR S&P WORLD EX-US	9,010	SHARES EXCHANGE TRADED FUND	384,873	400,134
STATE STREET SPDR S&P 500 GROWTH	3,550	SHARES EXCHANGE TRADED FUND	352,549	378,785
STATE STREET SPDR S&P BANK	2,310	SHARES EXCHANGE TRADED FUND	139,882	140,193
STATE STREET SPDR S&P RETAIL	1,005	SHARES EXCHANGE TRADED FUND	86,674	85,716
		Total exchange traded funds	**2,677,323**	**2,834,879**
MONEY MARKET FUND,				
GOLDMAN SACHS FS GOVERNMENT	227,670	SHARES - MONEY MARKET FUND	**227,670**	**227,670**
		Total investments	**$ 14,077,964**	**$ 14,263,718**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.