

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GOLDEN GATE REGIONAL CENTER 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GOLDEN GATE REGIONAL CENTER</u></p> <p><u>1355 MARKET STREET</u> <u>SUITE 220</u> <u>SAN FRANCISCO, CA 94103</u></p>	<p>1c Effective date of plan <u>07/01/1978</u></p> <p>2b Employer Identification Number (EIN) <u>94-2461462</u></p> <p>2c Plan Sponsor's telephone number <u>415-546-9222</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/12/2025	LOP HOU
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	415
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	265
	6a(2)	308
	6b	4
	6c	127
	6d	439
	6e	1
	6f	440
	6g(1)	415
6g(2)	440	
6h	17	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2M 2T 3D

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan GOLDEN GATE REGIONAL CENTER 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN GATE REGIONAL CENTER</p>	<p>D Employer Identification Number (EIN) 94-2461462</p>	

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
NATIONWIDE LIFE 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
31-4156830	66869	46680144	440	07/01/2023	06/30/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

LINCOLN FINANCIAL ADVISORS **1300 S. CLINTON ST. STE. 150**
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	0	PAYMENT TO BROKER	4

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

(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	2769211
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 4283704

c Additions: (1) Contributions deposited during the year	7c(1)	108748
(2) Dividends and credits	7c(2)	944
(3) Interest credited during the year	7c(3)	85572
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		

(6) Total additions..... **7c(6)** 195264

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4478968

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18461
(2) Administration charge made by carrier	7e(2)	2199
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		

(5) Total deductions..... **7e(5)** 20660

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4458308

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
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)	0
(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)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan GOLDEN GATE REGIONAL CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN GATE REGIONAL CENTER	D Employer Identification Number (EIN) 94-2461462	

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

NATIONWIDE TRUST CO.	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
31-1592130	

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

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

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

NATIONWIDE TRUST COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 37 51 52 65	TRUST CUSTODIAN	128400	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	89530	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BRINKER CAPITAL INVESTMENTS

17605 WRIGHT ST.
OMAHA, NE 68130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT ADVISORY	154939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINCOLN FINANCIAL ADVISORS

1300 S. CLINTON STREET, STE. 150
FORT WAYNE, IN 46802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 26 27 28 52 71	INVESTMENT ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	81772	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

PRIMARK BENEFITS

875 MAHLER RD. STE. 105
BURLINGAME, CA 94010

94-2320862

(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 35 37 38 50 64 65 70	TPA	31823	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	24464	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

IRON-CO-FID--COMPREHENSIVE

630 DUNDEE RD STE 200
NORTHBROOK, IL 60062

26-2409128

(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?
26 27 28 52	INVESTMENT ADVISOR	27975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINCOLN FINANCIAL ADVISORS	52 55	81772
(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.	
NATIONWIDE TRUST COMPANY 94-2320862	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE TRUST COMPANY	26	89530
(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.	
NATIONWIDE TRUST COMPANY 94-2320862	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRIMARK BENEFITS	59 64 70	24464
(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.	
NATIONWIDE TRUST COMPANY 31-1592130	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE, ADMINISTRATIVE SERVICES FEE

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan GOLDEN GATE REGIONAL CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN GATE REGIONAL CENTER	D Employer Identification Number (EIN) 94-2461462

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	80893	0
(2) Participant contributions	1b(2)	41943	0
(3) Other	1b(3)	1293	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	108676	137405
(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)	51561417	63835048
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4283704	2769211
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	56077926	66741664
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56077926	66741664

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)	3568727	
(B) Participants	2a(1)(B)	1285976	
(C) Others (including rollovers)	2a(1)(C)	54508	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		4909211
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8872	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8872
(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)	1179	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1179
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7584440
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12503702

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1633773	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1633773
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)	101	
(3) Recordkeeping fees.....	2i(3)	13456	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	192634	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		206191
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1839964

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10663738
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LINDQUIST VON HUSEN & JOYCE LLP

(2) EIN: 94-1250261

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan GOLDEN GATE REGIONAL CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN GATE REGIONAL CENTER	D Employer Identification Number (EIN) 94-2461462	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1592130</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	12

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 10 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number J502279A.



GOLDEN GATE REGIONAL CENTER 403(B) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

YEARS ENDED JUNE 30, 2024 AND 2023

GOLDEN GATE REGIONAL CENTER 403(B) PLAN
FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

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* * * *

LINDQUIST
VON HUSEN
& JOYCE llp

Certified Public Accountants

CHARLOTTE SIEW-KUN TAY
CATHY L. HWANG
RITA B. DELA CRUZ
SCOTT K. SMITH
CRISANTO S. FRANCISCO
JOE F. HUIE
KYLE F. GANLEY

SHERMAN G. LEONG

The Plan Administrator and Participants
Golden Gate Regional Center 403(b) Plan

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to perform audits of the financial statements of Golden Gate Regional Center 403(B) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements

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

Management has obtained certifications from a qualified institution as of and for the year ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Due to the unavailability of sufficient Plan accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate, and we do not express an opinion on the supplemental schedule referred to above.

Lindquist, von Husen and Joyce LLP

February 24, 2025

GOLDEN GATE REGIONAL CENTER 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

	2024	2023
Assets:		
Investments (Notes 3 and 4):		
Non-fully benefit responsive investment contract, at contract value	\$ 2,769,211	\$ 4,283,704
Registered investment companies, at fair value	63,835,048	51,561,417
Total investments	66,604,259	55,845,121
Receivables:		
Notes receivable from participants (Note 4)	137,405	108,676
Employer contributions	-	80,893
Participant contributions	-	41,943
Other	-	1,293
Total receivables	137,405	232,805
Total assets	66,741,664	56,077,926
Total liabilities	-	-
Net assets available for benefits	\$ 66,741,664	\$ 56,077,926

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

GOLDEN GATE REGIONAL CENTER 403(B) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Additions to net assets attributed to:		
Contributions:		
Participants	\$ 1,285,976	\$ 1,048,147
Employer	3,568,727	3,610,947
Rollovers	54,508	12,218
	4,909,211	4,671,312
Investment income:		
Net appreciation in fair value of investments	7,584,440	3,529,569
Dividends	1,179	1,748,773
Total investment income	7,585,619	5,278,342
Interest on participant notes receivable (Note 4)	8,872	5,586
Total additions	12,503,702	9,955,240
Deductions from net assets attributed to:		
Benefits paid to participants	1,633,773	4,571,483
Administrative expenses (Note 5)	206,191	348,264
Total deductions	1,839,964	4,919,747
Net increase	10,663,738	5,035,493
Net assets available for benefits:		
Beginning of year	56,077,926	51,042,433
End of year	\$ 66,741,664	\$ 56,077,926

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

GOLDEN GATE REGIONAL CENTER 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of Golden Gate Regional Center (GGRC) 403(B) Plan (the Plan), provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan, sponsored by GGRC, is a 403(b) plan or Tax-Sheltered Annuity covering all employees. The Plan, adopted in 1978 and restated in 2010, is designed to comply with the applicable sections of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Eligible employees may contribute, as of their date of hire, annually up to 100% of eligible compensation as defined in the Plan. The maximum participant contribution to the Plan allowed for participants under the age of 50 was \$23,000 and \$22,500 for 2024 and 2023, respectively, and for participants age 50 and over was \$30,500 and \$30,000 for 2024 and 2023, respectively. These limits are set forth by the Internal Revenue Service and may vary to reflect changes in the Consumer Price Index. At the discretion of the plan administrator, participants may also contribute amounts representing distributions from other qualified plans (rollovers). The Plan also allows participants to make designated Roth contributions on an after-tax basis.

The Plan provides that GGRC contribute annually a percentage amount equal to 10% of employee's eligible compensation, as defined in the Plan, per payroll period. In June 2024, GGRC made an additional retroactive contribution for active employees as of June 2024, equal to 5.455% of eligible compensation received during the period covering July 1, 2023 through May 31, 2024. In June 2023, GGRC made an additional retroactive contribution for active employees as of June 2023, equal to 10.909% of eligible compensation received during the period covering July 1, 2022 through May 31, 2023.

Vesting

Participants are immediately vested in their contributions and earnings thereon. Vesting in GGRC contributions and related earnings are based on years of service. Participants are 100% vested after five years of service.

Participant Accounts

Each participant's account is credited with the participant's contributions, GGRC's contributions and earnings thereon and charged with an allocation of administrative expenses, if any, that are not paid directly by GGRC. Allocations are made based on an equal amount charged to all participant accounts or directly to related participant accounts for certain fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

The Plan's investments are held by Nationwide Trust Company, FSB. Upon enrollment in the Plan, a participant may direct his or her account to be invested in various investment options offered by the Plan.

These investment options have been approved by GGRC. A participant may change his or her investment election for future contributions, or transfer existing balances, from one fund to another by following procedures established by the custodian.

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, reduced by the participant's highest outstanding loan balance in the previous 12 months, or 50% of their vested account balance. The loans are secured by the participant's account and bear interest at rates ranging from 5.25% to 10.00% as of June 30, 2024 and 2023 over a term generally not exceeding five years, or 30 years for a home loan. The Plan's loan policy provides for interest rates at prime plus 2%. Loan repayments are required semi-monthly. The maximum permissible number of loans outstanding at any time is two per participant.

Notes receivable from participants, secured by participant account balances, are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes receivable is reclassified as distributions based upon the terms of the Plan.

Benefit Payments

Upon disability, retirement or termination of employment, a participant with a vested account balance of less than \$5,000 will receive a lump-sum amount, or if \$5,000 or more, a participant may defer a distribution or receive a lump-sum amount or rollover to an IRA or another qualified plan. Effective after December 31, 2023, the limit was increased to \$7,000. The Plan allows for hardship distributions in the event that the participant has insufficient cash or other liquid assets to satisfy the financial need.

Forfeitures

Any forfeiture of employer contributions and earnings thereon due to a participant's withdrawal from the Plan prior to being 100% vested are applied first to pay any plan administrative expenses and then to reduce GGRC's discretionary contribution that would otherwise be made to the Plan. Forfeited nonvested amounts were \$143,606 and \$153,106 during the years ended June 30, 2024 and 2023, respectively. Forfeitures applied to employer contributions were \$166,419 and \$148,100 for the years ended June 30, 2024 and 2023, respectively. Forfeitures available were \$359 and \$19,488 as of June 30, 2024 and 2023, respectively.

Plan Termination

Although it has not expressed any intent to do so, GGRC has the right under the Plan to discontinue contributions and terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contribution accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Contributions and investment income are recognized when earned and benefits when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the non-fully benefit responsive investment contract which is reported at contract value. Under generally accepted accounting principles, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to observable inputs (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy based on inputs are as follows:

Level 1 – Valuations are based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access and therefore do not entail a significant degree of judgment.

Level 2 – Valuations are based on significant inputs that are observable, either directly or indirectly, or quoted prices in markets that are not active, that is, markets in which there are few transactions, the prices are not current or price quotations vary substantially over time or among market makers.

Level 3 – Valuations are based on inputs that are unobservable and significant to the overall fair value measurement and therefore require more judgment.

There have been no changes in the methodologies used at June 30, 2024 and 2023. Following is a description of the valuation methodology used for investments measured at fair value:

Registered Investment Companies (Mutual Funds):

The fair value of mutual funds held by Nationwide Trust Company, FSB is based on the net asset value per share of each fund held by the Plan at year-end. Such investments are categorized as Level 1 of the fair value hierarchy.

The preceding method described may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value could result in different fair value measurements at the reporting date.

Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes dividends and realized and unrealized gains and losses during the year.

Net asset value and fair value were equal for all investments held by the Plan at June 30, 2024 and 2023. Additionally, there were no unfunded commitments to purchase investments at June 30, 2024 and 2023. There were no imposed redemption restrictions on participants.

Non-fully Benefit-Responsive Investment Contract (Nationwide Life Insurance Fixed Contract)

The Plan entered into a fixed income investment contract with Nationwide Life Insurance Company (“NLIC”) during the year ended June 30, 2018. These fixed income investments are assets of NLIC, held in the general account and are credited on a daily basis at annual effective rates. This contract is held at contract value. This contract is a fixed return product with interest rate guarantees (after first period). Deposits are guaranteed in both principal and interest by NLIC. The crediting rate and average yield are the same. The crediting rate for the year ended June 30, 2024 and 2023 was 2.38% and 1.97%, respectively. The fixed contract crediting rate is reset annually. The contract value of the fixed contract at June 30, 2024 and 2023 was \$2,769,211 and \$4,283,704, respectively, which approximates fair value. The fixed contract does not have a maturity date. The fixed contract’s provisions do not provide for a distribution at book value at some specified future date. A contract holder may request a lump sum distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The fixed contract continues in force until all assets have been distributed, or no further payments are due.

GOLDEN GATE REGIONAL CENTER 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

Pre-2009 Investment Custodial Accounts

The Plan’s financial statements do not present information regarding certain investments in custodial accounts issued to current and former employees prior to January 1, 2009. The plan administrator has elected to exclude those accounts and related activity from the Plan’s financial statements for purposes of the annual reporting requirements of the Employee Retirement Income Security Act of 1974 (ERISA) as permitted by Department of Labor Field Assistance Bulletin 2009-02, *Annual Reporting Requirements for 403(b) Plans*. Presentation of this information is required by accounting principles generally accepted in the United States of America. The effects of this departure from generally accepted accounting principles on these financial statements are not reasonably determinable.

Estimates

The preparation of financial statements in conformity with the accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events

Management has evaluated subsequent events through February 24, 2025, the date on which the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

The Plan’s investments consist of shares of directly held mutual funds and fixed income investments invested in an insurance company general account. Investments in mutual funds are participant-directed.

The following presents by level, within the fair value hierarchy, the Plan’s investments at fair value as of June 30, 2024 and 2023:

	2024			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 63,835,048	\$ -	\$ -	\$ 63,835,048
Total	\$ 63,835,048	\$ -	\$ -	\$ 63,835,048
	2023			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 51,561,417	\$ -	\$ -	\$ 51,561,417
Total	\$ 51,561,417	\$ -	\$ -	\$ 51,561,417

The following presents the non-fully benefit-responsive investment contract, issued through a fixed income contract with NLIC, at contract value as of June 30, 2024 and 2023:

	2024	2023
Fixed contract	\$ 2,769,211	\$ 4,283,704

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 4 – INFORMATION CERTIFIED BY THE PLAN’S CUSTODIAN

The investments and notes receivable from participants included in the statements of net assets available for benefits at June 30, 2024 and 2023, and the related investment income and interest on notes receivable from participants included in the statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, as well as the information provided in Note 3 and the supplemental Schedule of Assets (Held at End of Year), have been derived from information certified as complete and accurate by Nationwide Trust Company, FSB, the Plan’s custodian, in accordance with Section 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 5 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments in mutual funds and insurance company general account are managed by Nationwide Trust Company, FSB, the Plan’s custodian, and related transactions qualify as parties-in-interest transactions. Fees paid by the Plan related to administrative services were \$206,191 and \$348,264 for the year ended June 30, 2024 and 2023, respectively.

GGRC also paid Nationwide Trust Company, FSB, Primark Benefits and Lindquist von Husen & Joyce LLP certain administrative expenses related to the Plan amounting to \$38,312 and \$36,083 for 2024 and 2023, respectively.

NOTE 6 – TAX STATUS

The Plan is a participant in the Primark Benefits Volume Submitted 403(b) Plan which is an acceptable plan under section 403(b) of the Internal Revenue Code (IRC) pursuant to an opinion letter dated April 2020. The plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the IRC.

The plan administrator believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Plan’s federal Form 5500 is subject to examination by regulatory agencies generally for three years after filing.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various mutual funds and an insurance company general account through annuity contracts with the custodian. Such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated, it is at least reasonably possible that changes in the values of investments will occur in the near-term and that such changes could materially affect participants’ account balances and the amounts reported in the statements of net assets available for benefits.

SUPPLEMENTARY INFORMATION

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

EIN: 94-2461462, PLAN NO. 003

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
* Nationwide Trust Company, FSB registered investment companies:				
Mutual Fund	AB Hi Inc I	**	\$	54,026
Mutual Fund	Abrdn Emrg MktexChina Inst	**		2,588
Mutual Fund	Allspr Disc SMIDCapGr Inst	**		64,022
Mutual Fund	Amana Gr Inv	**		101,297
Mutual Fund	AmCent Val R6	**		8,783
Mutual Fund	AmFds Am Hi Inc Tr R6	**		19,446
Mutual Fund	AmFds Cap Wld Gr Inc R6	**		25,680
Mutual Fund	AmFds EuroPacfc Gr R6	**		165,174
Mutual Fund	AmFds Fdmntl Inv R6	**		34,574
Mutual Fund	AmFds Gr Fd Am R6	**		537,833
Mutual Fund	AmFds New Wld R6	**		178,887
Mutual Fund	AQR Eq Mkt Nutrl I	**		646,525
Mutual Fund	Artisan Intl Val Inst	**		908,724
Mutual Fund	Baird Cor Pls Bd Inst	**		596,916
Mutual Fund	BlkRk 80/20 TrgtAlloc Inst	**		2,408,449
Mutual Fund	BlkRk Hlth Scnc Oppr Inst	**		159,410
Mutual Fund	BrwnAdv Sustnbl Gr Inst	**		17,751
Mutual Fund	CohenStrs RealEst Sec Inst	**		293,106
Mutual Fund	Dblinc Cor Fxd Inc I	**		3,736,264
Mutual Fund	Dfa Intl Lgcap Gr	**		258,451
Mutual Fund	DFA US SmCap Inst	**		948,626
Mutual Fund	DWS Glbl Infr S	**		101,389
Mutual Fund	EV Inc Fd of Boston R6	**		10,472
Mutual Fund	Fed Hrms Gov Oblgtns Prmr	**		18,888
Mutual Fund	Fed Hrms Inst HiYldBd Inst	**		381,288
Mutual Fund	Fed Hrms Prudnt Bear Inst	**		27,278
Mutual Fund	Fid 500 Indx	**		6,160,570
Mutual Fund	Fid Emrg Mkt Indx	**		13,225
Mutual Fund	Fid Govt MnyMkt K6	**		107,991
Mutual Fund	Fid Infl Prtct Bd Indx	**		167,533
Mutual Fund	Fid Intl Indx	**		34,421
Mutual Fund	Fid MdCap Indx	**		21,436
Mutual Fund	Fid RealEst Indx	**		11,062
Mutual Fund	Fid SmCap Indx	**		21,483
Mutual Fund	Fid Ttl Mkt Indx	**		74,339
Mutual Fund	Fid US Bd Indx	**		213,417
Mutual Fund	FidAdv Enrgy I	**		212,852
Mutual Fund	FidAdv Gr Oppr Inst	**		469,722
Mutual Fund	FidAdv Strat Divd Inc Inst	**		96,567
Mutual Fund	Fnkln Inc Adv	**		55,293
Mutual Fund	Fnkln US Govt Sec Adv	**		3,185
Mutual Fund	GdmnScs MdCap Val Inst	**		17,407
Mutual Fund	Harbor Intl Inst	**		1,205,951
Mutual Fund	Invscs Disc MdCapGr Y	**		35,967
Mutual Fund	Invscs Divrs Divd R5	**		37,935
Mutual Fund	Invscs GoldSpecMnrls Y	**		154,293
Mutual Fund	Invscs SmCap Eq R5	**		5,593
Mutual Fund	Invscs Flotng Rt Esg R5	**		36,578
Mutual Fund	Ivy Asst Strat N	**		25,663

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

EIN: 94-2461462, PLAN NO. 003

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
*	Nationwide Trust Company, FSB registered investment companies:			
	Mutual Fund	Impax Sustnbl Alloc Inst	**	2,432
	Mutual Fund	JnsHndrsn AdptRskMgdUSEq N	**	165,379
	Mutual Fund	LeggM BW Gbl Oppr Bd Inst	**	123,379
	Mutual Fund	LeggM ClrBrdg LgCap Gr I	**	46,213
	Mutual Fund	MetWest Ultra Shrt Bd I	**	1,574,482
	Mutual Fund	NW Geneva SmCapGr Inst Svc	**	3,601,534
	Mutual Fund	NW SmCap Indx R6	**	60,116
	Mutual Fund	PIMCO Intl BdUSDlrHdgInst	**	57,104
	Mutual Fund	PIMCO Ttl Rtn Inst	**	72,682
	Mutual Fund	PIMCOComdyRealRtnStratInst	**	8,163
	Mutual Fund	Ptmn LgCap Gr Y	**	3,773,632
	Mutual Fund	TIAACRF LfCycInd 2010 Inst	**	380
	Mutual Fund	TIAACRF LfCycInd 2015 Inst	**	1,036
	Mutual Fund	TIAACRF LfCycInd 2025 Inst	**	90,915
	Mutual Fund	TIAACRF LfCycInd 2030 Inst	**	518,610
	Mutual Fund	TIAACRF LfCycInd 2035 Inst	**	535,401
	Mutual Fund	TIAACRF LfCycInd 2040 Inst	**	125,841
	Mutual Fund	TIAACRF LfCycInd 2045 Inst	**	736,402
	Mutual Fund	TIAACRF LfCycInd 2050 Inst	**	473,784
	Mutual Fund	TIAACRF LfCycInd 2055 Inst	**	239,171
	Mutual Fund	TIAACRF LfCycInd 2060 Inst	**	653,832
	Mutual Fund	TIAACRF LfCycInd 2065 Inst	**	117,051
	Mutual Fund	TIAACRF LfCycIndRtInc Inst	**	21,940
	Mutual Fund	TRowePr Blue Chip Gr	**	159,875
	Mutual Fund	TRowePr Comm Tech	**	17,003
	Mutual Fund	TRowePr Gr Stk	**	21,465
	Mutual Fund	TRowePr Hlth Scnc	**	159,612
	Mutual Fund	VanEck Intl Inv Gold Inst	**	70,784
	Mutual Fund	Vic Syc Estblshd Val I	**	2,757,835
	Mutual Fund	Virtus Tech Inst	**	327,349
	Mutual Fund	Vngrd 500 Index Fd AS	**	57,863
	Mutual Fund	Vngrd Bal Indx Adml	**	7,387,445
	Mutual Fund	Vngrd Cnsmr Stpls Adml	**	58,009
	Mutual Fund	Vngrd Comdty Strat Adml	**	549,052
	Mutual Fund	Vngrd Divd Gr Inv	**	1,555,617
	Mutual Fund	Vngrd Emrg Mkt StkIndxAdml	**	1,183,462
	Mutual Fund	Vngrd Extnd Mkt Indx Adml	**	2,664
	Mutual Fund	Vngrd Fin Indx Adml	**	125,896
	Mutual Fund	Vngrd GNMA Adml	**	96,710
	Mutual Fund	Vngrd Gr Indx Adml	**	33,714
	Mutual Fund	Vngrd Hi Yld Corp Adml	**	108,390
	Mutual Fund	Vngrd Hlth Care Indx Adml	**	43,447
	Mutual Fund	Vngrd Infl Prtct Sec Adml	**	126,807
	Mutual Fund	Vngrd Info Tech Indx Adml	**	129,929
	Mutual Fund	Vngrd Intl Val Inv	**	817,999
	Mutual Fund	Vngrd Intmdtrminvtgrd Adml	**	159,281
	Mutual Fund	Vngrd Lt Trsry Adml	**	112,906
	Mutual Fund	Vngrd MdCap Gr Indx Adml	**	56,029

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

EIN: 94-2461462, PLAN NO. 003

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
*	Nationwide Trust Company, FSB registered investment companies:			
	Mutual Fund	Vngrd MdCap Val Indx Adml	**	69,654
	Mutual Fund	Vngrd Mid-Cap Idx Fd AS	**	2,734
	Mutual Fund	Vngrd RealEst Indx Adml	**	64,413
	Mutual Fund	Vngrd STInflPrtSecInd Adml	**	649,817
	Mutual Fund	Vngrd Strat SmCap Eq Inv	**	98,157
	Mutual Fund	Vngrd Ttl Bnd Mkt Idx Adm	**	272,115
	Mutual Fund	Vngrd Ttl Intl Bd Idx Adml	**	93,752
	Mutual Fund	Vngrd Ttl IntlStkIndx Adml	**	3,428,520
	Mutual Fund	Vngrd Ttl StMkt Indx Fd AS	**	3,662,981
	Mutual Fund	Vngrd Val Indx Adml	**	2,075,144
	Mutual Fund	Vngrd Wlsly Inc Adml	**	1,557,491
	Mutual Fund	Vngrd Wndsr Adml	**	1,485,380
	Mutual Fund	WlmBlr Sm Md Gr I	**	52,547
	Mutual Fund	Pimco Global Bond Opportunities Fund (U.S. Dollar-Hedged) - Institutional C	**	3,403
	Mutual Fund	Fidelity Environment And Alternative Energy Fund	**	96,951
	Mutual Fund	De Ivy Mdcap Gr I	**	101,363
	Mutual Fund	Prncpl Mdcap R6	**	6,100
	Mutual Fund	Prudntl Jnisl Util Z	**	18,724
	Mutual Fund	Fidelity Select Semiconductors Portfolio	**	88,850
	Total registered investment companies			<u>63,835,048</u>
*	Nationwide Life Insurance Company:			
	Insurance company			
	general account	Fixed Contract, 2.38%	**	2,769,211
*	Participant loans	5.25% to 10.00%, secured by account balances, with maturity dates through April 2053		<u>137,405</u>
	Total			<u>\$ 66,741,664</u>

* Party-in-interest as defined by ERISA

** Not required for Section 403(b)(1) annuity contracts and Section 403(b)(7) custodial accounts

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

EIN: 94-2461462, PLAN NO. 003

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
* Nationwide Trust Company, FSB registered investment companies:				
Mutual Fund	AB Hi Inc I	**	\$	54,026
Mutual Fund	Abrdn Emrg MktexChina Inst	**		2,588
Mutual Fund	Allspr Disc SMIDCapGr Inst	**		64,022
Mutual Fund	Amana Gr Inv	**		101,297
Mutual Fund	AmCent Val R6	**		8,783
Mutual Fund	AmFds Am Hi Inc Tr R6	**		19,446
Mutual Fund	AmFds Cap Wld Gr Inc R6	**		25,680
Mutual Fund	AmFds EuroPacfc Gr R6	**		165,174
Mutual Fund	AmFds Fdmntl Inv R6	**		34,574
Mutual Fund	AmFds Gr Fd Am R6	**		537,833
Mutual Fund	AmFds New Wld R6	**		178,887
Mutual Fund	AQR Eq Mkt Nutrl I	**		646,525
Mutual Fund	Artisan Intl Val Inst	**		908,724
Mutual Fund	Baird Cor Pls Bd Inst	**		596,916
Mutual Fund	BlkRk 80/20 TrgtAlloc Inst	**		2,408,449
Mutual Fund	BlkRk Hlth Scnc Oppr Inst	**		159,410
Mutual Fund	BrwnAdv Sustnbl Gr Inst	**		17,751
Mutual Fund	CohenStrs RealEst Sec Inst	**		293,106
Mutual Fund	Dblinc Cor Fxd Inc I	**		3,736,264
Mutual Fund	Dfa Intl Lgcap Gr	**		258,451
Mutual Fund	DFA US SmCap Inst	**		948,626
Mutual Fund	DWS Glbl Infr S	**		101,389
Mutual Fund	EV Inc Fd of Boston R6	**		10,472
Mutual Fund	Fed Hrms Gov Oblgtns Prmr	**		18,888
Mutual Fund	Fed Hrms Inst HiYldBd Inst	**		381,288
Mutual Fund	Fed Hrms Prudnt Bear Inst	**		27,278
Mutual Fund	Fid 500 Indx	**		6,160,570
Mutual Fund	Fid Emrg Mkt Indx	**		13,225
Mutual Fund	Fid Govt MnyMkt K6	**		107,991
Mutual Fund	Fid Infl Prtct Bd Indx	**		167,533
Mutual Fund	Fid Intl Indx	**		34,421
Mutual Fund	Fid MdCap Indx	**		21,436
Mutual Fund	Fid RealEst Indx	**		11,062
Mutual Fund	Fid SmCap Indx	**		21,483
Mutual Fund	Fid Ttl Mkt Indx	**		74,339
Mutual Fund	Fid US Bd Indx	**		213,417
Mutual Fund	FidAdv Enrgy I	**		212,852
Mutual Fund	FidAdv Gr Oppr Inst	**		469,722
Mutual Fund	FidAdv Strat Divd Inc Inst	**		96,567
Mutual Fund	Fnkln Inc Adv	**		55,293
Mutual Fund	Fnkln US Govt Sec Adv	**		3,185
Mutual Fund	GdmnScs MdCap Val Inst	**		17,407
Mutual Fund	Harbor Intl Inst	**		1,205,951
Mutual Fund	Invscs Disc MdCapGr Y	**		35,967
Mutual Fund	Invscs Divrs Divd R5	**		37,935
Mutual Fund	Invscs GoldSpecMnrls Y	**		154,293
Mutual Fund	Invscs SmCap Eq R5	**		5,593
Mutual Fund	Invscs Flotng Rt Esg R5	**		36,578
Mutual Fund	Ivy Asst Strat N	**		25,663

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

EIN: 94-2461462, PLAN NO. 003

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
*	Nationwide Trust Company, FSB registered investment companies:			
	Mutual Fund	Impax Sustnbl Alloc Inst	**	2,432
	Mutual Fund	JnsHndrsn AdptRskMgdUSEq N	**	165,379
	Mutual Fund	LeggM BW Gbl Oppr Bd Inst	**	123,379
	Mutual Fund	LeggM ClrBrdg LgCap Gr I	**	46,213
	Mutual Fund	MetWest Ultra Shrt Bd I	**	1,574,482
	Mutual Fund	NW Geneva SmCapGr Inst Svc	**	3,601,534
	Mutual Fund	NW SmCap Indx R6	**	60,116
	Mutual Fund	PIMCO Intl BdUSDlrHdgInst	**	57,104
	Mutual Fund	PIMCO Ttl Rtn Inst	**	72,682
	Mutual Fund	PIMCOComdyRealRtnStratInst	**	8,163
	Mutual Fund	Ptmn LgCap Gr Y	**	3,773,632
	Mutual Fund	TIAACRF LfCycInd 2010 Inst	**	380
	Mutual Fund	TIAACRF LfCycInd 2015 Inst	**	1,036
	Mutual Fund	TIAACRF LfCycInd 2025 Inst	**	90,915
	Mutual Fund	TIAACRF LfCycInd 2030 Inst	**	518,610
	Mutual Fund	TIAACRF LfCycInd 2035 Inst	**	535,401
	Mutual Fund	TIAACRF LfCycInd 2040 Inst	**	125,841
	Mutual Fund	TIAACRF LfCycInd 2045 Inst	**	736,402
	Mutual Fund	TIAACRF LfCycInd 2050 Inst	**	473,784
	Mutual Fund	TIAACRF LfCycInd 2055 Inst	**	239,171
	Mutual Fund	TIAACRF LfCycInd 2060 Inst	**	653,832
	Mutual Fund	TIAACRF LfCycInd 2065 Inst	**	117,051
	Mutual Fund	TIAACRF LfCycIndRtInc Inst	**	21,940
	Mutual Fund	TRowePr Blue Chip Gr	**	159,875
	Mutual Fund	TRowePr Comm Tech	**	17,003
	Mutual Fund	TRowePr Gr Stk	**	21,465
	Mutual Fund	TRowePr Hlth Scnc	**	159,612
	Mutual Fund	VanEck Intl Inv Gold Inst	**	70,784
	Mutual Fund	Vic Syc Estblshd Val I	**	2,757,835
	Mutual Fund	Virtus Tech Inst	**	327,349
	Mutual Fund	Vngrd 500 Index Fd AS	**	57,863
	Mutual Fund	Vngrd Bal Indx Adml	**	7,387,445
	Mutual Fund	Vngrd Cnsmr Stpls Adml	**	58,009
	Mutual Fund	Vngrd Comdty Strat Adml	**	549,052
	Mutual Fund	Vngrd Divd Gr Inv	**	1,555,617
	Mutual Fund	Vngrd Emrg Mkt StkIndxAdml	**	1,183,462
	Mutual Fund	Vngrd Extnd Mkt Indx Adml	**	2,664
	Mutual Fund	Vngrd Fin Indx Adml	**	125,896
	Mutual Fund	Vngrd GNMA Adml	**	96,710
	Mutual Fund	Vngrd Gr Indx Adml	**	33,714
	Mutual Fund	Vngrd Hi Yld Corp Adml	**	108,390
	Mutual Fund	Vngrd Hlth Care Indx Adml	**	43,447
	Mutual Fund	Vngrd Infl Prtct Sec Adml	**	126,807
	Mutual Fund	Vngrd Info Tech Indx Adml	**	129,929
	Mutual Fund	Vngrd Intl Val Inv	**	817,999
	Mutual Fund	Vngrd Intmdtrminvtgrd Adml	**	159,281
	Mutual Fund	Vngrd Lt Trsry Adml	**	112,906
	Mutual Fund	Vngrd MdCap Gr Indx Adml	**	56,029

GOLDEN GATE REGIONAL CENTER 403(B) PLAN

EIN: 94-2461462, PLAN NO. 003

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
*	Nationwide Trust Company, FSB registered investment companies:			
	Mutual Fund	Vngrd MdCap Val Indx Adml	**	69,654
	Mutual Fund	Vngrd Mid-Cap Idx Fd AS	**	2,734
	Mutual Fund	Vngrd RealEst Indx Adml	**	64,413
	Mutual Fund	Vngrd STInflPrtSecInd Adml	**	649,817
	Mutual Fund	Vngrd Strat SmCap Eq Inv	**	98,157
	Mutual Fund	Vngrd Ttl Bnd Mkt Idx Adm	**	272,115
	Mutual Fund	Vngrd Ttl Intl Bd Idx Adml	**	93,752
	Mutual Fund	Vngrd Ttl IntlStkIndx Adml	**	3,428,520
	Mutual Fund	Vngrd Ttl StMkt Indx Fd AS	**	3,662,981
	Mutual Fund	Vngrd Val Indx Adml	**	2,075,144
	Mutual Fund	Vngrd Wlsly Inc Adml	**	1,557,491
	Mutual Fund	Vngrd Wndsr Adml	**	1,485,380
	Mutual Fund	WlmBlr Sm Md Gr I	**	52,547
	Mutual Fund	Pimco Global Bond Opportunities Fund (U.S. Dollar-Hedged) - Institutional C	**	3,403
	Mutual Fund	Fidelity Environment And Alternative Energy Fund	**	96,951
	Mutual Fund	De Ivy Mdcap Gr I	**	101,363
	Mutual Fund	Prncpl Mdcap R6	**	6,100
	Mutual Fund	Prudntl Jnisl Util Z	**	18,724
	Mutual Fund	Fidelity Select Semiconductors Portfolio	**	88,850
	Total registered investment companies			<u>63,835,048</u>
*	Nationwide Life Insurance Company:			
	Insurance company			
	general account	Fixed Contract, 2.38%	**	2,769,211
*	Participant loans	5.25% to 10.00%, secured by account balances, with maturity dates through April 2053		<u>137,405</u>
	Total			<u>\$ 66,741,664</u>

* Party-in-interest as defined by ERISA

** Not required for Section 403(b)(1) annuity contracts and Section 403(b)(7) custodial accounts