

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): KERN REGIONAL CENTER
Mailing address (include room, apt., suite no. and street, or P.O. Box): 3200 NO. SILLECT AV. BAKERSFIELD, CA 93308
2b Employer Identification Number (EIN): 23-7115846
2c Plan Sponsor's telephone number: 661-852-3261
2d Business code (see instructions): 624100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

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	275
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)	92
	6a(2)	80
	6b	76
	6c	102
	6d	258
	6e	7
	6f	265
	6g(1)	
6g(2)		
6h		0
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:
1A

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 checked="" 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 checked="" 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 checked="" 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 KERN REGIONAL CENTER	D Employer Identification Number (EIN) 23-7115846

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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	780127-D1	265	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	1706217
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	53505869

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 ▶ GROUP ANNUITY

b Balance at the end of the previous year **7b** 1443242

c Additions: (1) Contributions deposited during the year	7c(1)	375000	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	51180	
(4) Transferred from separate account.....	7c(4)	2400000	
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 2826180

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4269422

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2532417	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	30788	

▶ PAYMENT TO TRUSTEE: 4,388 & PGBC PAYMENT: 26,400

(5) Total deductions..... **7e(5)** 2563205

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1706217

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KERN REGIONAL CENTER</u>	D Employer Identification Number (EIN) <u>23-7115846</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>52262209</u>
	b Actuarial value	2b	<u>52262209</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>78</u>	<u>33003434</u>
	b For terminated vested participants	<u>105</u>	<u>5245581</u>
	c For active participants	<u>92</u>	<u>13116988</u>
	d Total	<u>275</u>	<u>51366003</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.33 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>26400</u>
	c Target normal cost	6c	<u>26400</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>04/02/2025</u> Date
	<u>MARISA CIANCI</u> Type or print name of actuary	<u>23-08307</u> Most recent enrollment number
	<u>MILLIMAN, INC</u> Firm name	<u>562-661-8984</u> Telephone number (including area code)
	<u>19200 VON KARMAN AVE SUITE 950 IRVINE, CA 92612-8553</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15956
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	15956
10	Interest on line 9 using prior year's actual return of <u>10.15</u> %	0	1620
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8467387
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> %		466553
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		8933940
	d Portion of (c) to be added to prefunding balance		6015170
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6032746

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	101.74 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b	4	
22	Weighted average retirement age	22	60	
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items				
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28	Unpaid minimum required contributions for all prior years	28	0	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0	

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....	31a	26400	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	5136606		502661
b	Waiver amortization installment	0		0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	529061	
35	Balances elected for use to offset funding requirement	Carryover balance		Prefunding balance
		0		529061
36	Additional cash requirement (line 34 minus line 35).....	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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 KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 KERN REGIONAL CENTER	D Employer Identification Number (EIN) 23-7115846	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PENSIONMARK FINANCIAL GROUP LLC

24 E COTA ST STE 200
SANTA BARBARA, CA 93101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	43771	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)

EMPOWER ANNUITY INS CO OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> 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 KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN)	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KERN REGIONAL CENTER	D Employer Identification Number (EIN) 23-7115846	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS VALUE R3**

b Name of sponsor of entity listed in (a): **MFS**

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DEVELOPING MARKETS Y**

b Name of sponsor of entity listed in (a): **INVESCO**

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **COLUMBIA HIGH YIELD BOND ADV**

b Name of sponsor of entity listed in (a): **COLUMBIA MGMT INVESTMENT ADVISERS**

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DWS RREEF REAL ESTATE SECURITIES S**

b Name of sponsor of entity listed in (a): **DWS**

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN US EQUITY R4**

b Name of sponsor of entity listed in (a): **JPMORGAN**

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUND NEW WORLD R4**

b Name of sponsor of entity listed in (a): **AMERICAN FUNDS**

c EIN-PN 90-0342269-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIONEER FUNDAMENTAL GROWTH Y**

b Name of sponsor of entity listed in (a): **AMUNDI US**

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE NEW HORIZONS		
b Name of sponsor of entity listed in (a): T.ROWE PRICE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SMALL CAP OPPS SVC		
b Name of sponsor of entity listed in (a): MASSMUTUAL		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND M		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4587491
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL INFL-PROT AND INC SVC		
b Name of sponsor of entity listed in (a): MASSMUTUAL		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LARGE CAP GROWTH R4		
b Name of sponsor of entity listed in (a): JPMORGAN		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS CAPITAL WORLD GR&INC		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM INTERNATIONAL CAPITAL OPP A		
b Name of sponsor of entity listed in (a): PUTNAM		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG-TERM INVESTMENT-GRADE		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38130900
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR(R) STRATEGIC INCOM		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND Z		
b Name of sponsor of entity listed in (a): PGIM INVESTMENTS		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4636844

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM BOND INDEX ADM

b Name of sponsor of entity listed in (a): VANGUARD

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5092578
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME A

b Name of sponsor of entity listed in (a): PIMCO

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1058056
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a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE SMALL CAP VALUE INSTL

b Name of sponsor of entity listed in (a): DELAWARE FUNDS BY MACQUARIE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 KERN REGIONAL CENTER	D Employer Identification Number (EIN) 23-7115846	

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43588342	53505869
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1443242	1706217
(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	45031584	55212086
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	45031584	55212086

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)	7500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	51179	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		51179
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		5192528
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12743707

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2532417	
(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)		2532417
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(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)	30788	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		30788
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2563205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10180502
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: FARBER HASS HURLEY LLP

(2) EIN: 20-4207759

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		775000
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.)			
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 533984.

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.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 KERN REGIONAL CENTER	D Employer Identification Number (EIN) 23-7115846	

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>36-3046063</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	10

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS

**KERN REGIONAL CENTER
DEFINED BENEFIT RETIREMENT PLAN**

JUNE 30, 2024 AND 2023

**FARBER HASS HURLEY LLP
CERTIFIED PUBLIC ACCOUNTANTS**

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INDEPENDENT AUDITORS' REPORT

To the Pension Committee of
Kern Regional Center Defined Benefit Retirement Plan

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

We have performed audits of the financial statements of Kern Regional Center Defined Benefit Retirement Plan (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 June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kern Regional Center Defined Benefit Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Kern Regional Center Defined Benefit Retirement Plan's ability to continue as a going concern for one year after the date 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kern Regional Center Defined Benefit Retirement Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kern Regional Center Defined Benefit Retirement Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of: 1) Schedule H, line 4i-Schedule of Assets (Held at End of Year) and 2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Farber Hass Hurley LLP

Valencia, California

March 27, 2025

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments at fair value	\$ 55,121,418	\$ 44,896,338
Employer contributions receivable	<u>-</u>	<u>7,500,000</u>
Net assets available for benefits	<u>\$ 55,121,418</u>	<u>\$ 52,396,338</u>

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

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT 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:		
Investment income:		
Net appreciation in fair value of investments	\$ 5,237,106	\$ 3,987,892
Interest income	51,179	49,690
	5,288,285	4,037,582
Employer contributions	-	10,101,367
Total additions	5,288,285	14,138,949
Deductions from net assets attributed to:		
Benefits paid to participants	2,532,417	2,595,545
Payments to PBGC	26,400	188,650
Administrative expenses	4,388	3,031
Total deductions	2,563,205	2,787,226
Net increase	2,725,080	11,351,723
Net assets available for benefits:		
Beginning of year	52,396,338	41,044,615
End of year	\$ 55,121,418	\$ 52,396,338

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

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Kern Regional Center Defined Benefit Retirement Plan (the "Plan"), provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined benefit plan established July 1, 2002 for the benefit all eligible employees of Kern Regional Center (the "Employer" or the "Organization"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective November 7, 2009, the Plan was amended to freeze benefit accruals. Effective July 1, 2011, the Plan was amended to curtail this freeze and reinstate benefit accruals. No additional benefits accrued between these dates. Effective July 1, 2018, the Plan was again amended to freeze participation and accrued benefits under the Plan. In addition, as a result of this final freeze, mandatory employee contributions ceased as of June 30, 2018.

In June 2024, the Organization decided to implement a Liability Driven Investment (LDI) strategy for the Plan's investments to mitigate the Plan's future funding risks. Effective June 12, 2024, the Organization entered into agreements with an investment management company and a consulting company to manage the Plan's investments under this strategy. In connection with this strategy, effective June 12, 2024, the Organization entered into a new trust agreement with Fifth Third Bank, National Association, as a custodian of the Plan's LDI investments (see Note L).

2. Plan Administration

The Plan is administered by the Organization's Pension Committee (the "Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of Plan's investments and monitors investment performance.

3. Funding Policy

The Organization makes annual contributions based on actuarially determined amounts. The Plan satisfied the minimum funding requirements of ERISA for the years ended June 30, 2024 and 2023.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN (Continued)

4. Pension Benefits

Participants are entitled to monthly pension benefits beginning at normal retirement age (generally age 60) equal to the sum of the participant's "frozen accrued benefit" as of November 7, 2009 plus 2.2% (2.5% for managerial participants) of the participant's average monthly compensation (as defined in the plan document) times years of benefit service (as defined). The "frozen accrued benefit" is based on this same formula except that the calculation is based on the participant's average monthly compensation and years of benefit service as of November 7, 2009. The Plan permits early retirement, with a reduced benefit, at ages 50-59 if the participant has completed at least five years of service. In addition, late retirement factors are applied to benefits paid to participants that continue employment beyond the normal retirement age (see Note L).

Plan benefits are generally paid monthly in the form elected by the participant, subject to certain limitations as described in the plan document. If no election is made, the normal retirement benefit is a life annuity for a single participant and a 100% joint and survivor annuity for a married participant. In certain circumstances, a lump sum distribution is available. Monthly benefits are increased by 2% annually on each anniversary following a participant's retirement date, subject to Internal Revenue Code (IRC) limitations. If the value of the participant's account does not exceed \$5,000, then the distribution may only be made in the form of a lump sum and does not require the participant's or the participant's spouse's written consent.

If a participant dies prior to his or her retirement date, the participant's beneficiary shall receive a death benefit equal to the actuarial equivalent of the participant's accrued benefit, determined as if the participant survived to his or her closest retirement date. In addition, the Plan provides for disability benefits if a participant with at least five years of service becomes totally and permanently disabled, as defined in the plan document.

5. Vesting

Vesting of a participant's accrued benefit is based upon the participant's years of service with the Employer as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Notwithstanding the vesting schedule above, any participant regularly scheduled to work less than 20 hours per week, and any participant whose employment terminates due to death or disability, shall be fully vested.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. **Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting.

2. **Use of Estimates**

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

3. **Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note E for discussion of fair value measurements.

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

4. **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

5. **Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in fair value of investments.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

6. Recent Accounting Pronouncement

As of January 1, 2023, the Plan adopted Accounting Standards Codification Topic 326, *Financial Instruments – Credit Losses*, using a modified-retrospective approach. The standard replaces the previous incurred loss model and requires entities to record an estimate of expected losses on financial assets for the remaining estimated life of the asset. This estimate must include consideration of historical experience, current conditions, and reasonable and supportable forecasts. The standard applies to the Plan's Employer contribution receivables. The adoption of this standard did not impact these financial statements.

7. Reclassifications

Certain reclassifications have been made to the June 30, 2023 disclosures to conform to the current year presentation.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on employees' compensation during each year of credited service (see Notes A.1. and A.4. regarding plan freezes). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Milliman, Inc. (contracted by Empower Retirement, LLC), and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of measurement date July 1, 2023 were:

Average retirement age:	60
Interest rate:	6.50%
Mortality rate:	Pri-2012 Separate Annuitant and Non-Annuitant Mortality Tables projected with Scale MP-2021, for males and females.
Assumptions changes:	Interest rate was reduced from 7.00% to 6.50%.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Other changes: Adjustments to the late retirement factors for those who work more than three years pass normal retirement age.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of June 30, 2023 is as follows:

Actuarial present value of vested accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 29,001,406
Other participants	<u>15,537,646</u>
Total vested benefits	44,539,052
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	<u><u>\$ 44,539,052</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended June 30, 2023 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 40,692,687
Increase (decrease) in accumulated plan benefits attributable to:	
Benefits paid	(2,595,545)
Passage of time (reduction in discount period)	2,757,644
Assumption changes	2,434,131
Other changes	<u>1,250,135</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 44,539,052</u></u>

NOTE D - INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Empower Annuity Insurance Company of America, the custodian, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule:

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE D - INFORMATION CERTIFIED BY CUSTODIAN (Continued)

- Investments reflected in the accompanying Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023
- Net investment income reflected in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended June 30, 2024 and 2023
- Investments reflected on the Schedule of Assets (Held at End of Year)

NOTE E - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Separate investments accounts (SIA): Valued on a unit value basis as determined by the custodian. Each SIA is invested in a single mutual fund. The unit value of the SIA is based on the net fair value of the underlying investments held in the account and is used as a practical expedient to estimate fair value. The underlying investments' performance (interest, dividends, and realized and unrealized gains and losses) is reflected in the unit value of the SIA. The unit value is not a publicly quoted price in an active market.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE E - FAIR VALUE MEASUREMENTS (Continued)

Guaranteed fund with Empower Annuity Insurance Company of America ("Empower"): Valued at fair value, as determined by Empower, which takes into consideration the following factors: (1) the interest rate being earned by investments underlying the Guaranteed fund, (2) the assumed interest rate obtainable by Empower on new investments, and (3) the asset flows of an investment with coupons and maturity characteristics based upon the foregoing rates (see Note F).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

Assets at Fair Value as of June 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Guaranteed fund	\$ -	\$ 1,615,549	\$ -	\$ 1,615,549
Investments measured at net asset value ^(a)				53,505,869
Investments at fair value				<u>\$ 55,121,418</u>

Assets at Fair Value as of June 30, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Guaranteed fund	\$ -	\$ 1,307,996	\$ -	\$ 1,307,996
Investments measured at net asset value ^(a)				43,588,342
Investments at fair value				<u>\$ 44,896,338</u>

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE E - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2024 and 2023:

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Separate investment accounts	\$53,505,869	n/a	Daily	Up to 45 days

June 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Separate investment accounts	\$43,588,342	n/a	Daily	Up to 45 days

NOTE F - GENERAL INVESTMENT ACCOUNT WITH EMPOWER

The Plan is invested in an unallocated Group Annuity Account (GAA) with Empower, which includes assets in a Guaranteed fund with underlying assets in the Guaranteed Interest Account. The book value of the Guaranteed Interest Account equals the sum of the deposits less withdrawals plus interest from the last valuation date at the guaranteed interest rate. The guaranteed interest rate is an effective annual rate of interest credited at its equivalent daily rate to amounts in the Guaranteed Interest Account as of the close of business daily. The establishment of the guaranteed interest rate requires estimation of the future earnings rates, the rate at which existing investments mature, and future cashflows. Empower establishes the guaranteed interest rate on a semi-annual basis, and also establishes an annual minimum interest rate for each year of the contract and a minimum rate for the duration of the contract. The minimum rate under the contract is 3%. Benefit payments are made to participants in the form of lump-sum cash payments or as an annuity. Empower will fully or partially terminate the contract under various circumstances, such as: the Internal Revenue Service (IRS) determines that the Plan no longer meets the requirements of the applicable IRC; there is a termination or partial termination of the Plan; or the Plan terminates the contract.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 55,121,418	\$ 52,396,338
Employer contributions receivable	-	(7,500,000)
Fair market value adjustment	<u>90,668</u>	<u>135,246</u>
Net assets available for benefits per Form 5500	<u>\$ 55,212,086</u>	<u>\$ 45,031,584</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended June 30, 2024:

Net increase in net assets available for benefits per the financial statements	\$ 2,725,080
Net change in:	
Employer contributions receivable	7,500,000
Fair market value adjustment	<u>(44,578)</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 10,180,502</u>

NOTE H - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE H - PLAN TERMINATION (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE I - TAX STATUS

The Plan obtained its latest determination letter dated May 3, 2012, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE J- RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Empower Annuity Insurance Company of America is the custodian of the Plan's investments and Empower Retirement, LLC is the recordkeeper of the Plan and, therefore, transactions with these entities qualify as party-in-interest transactions.

NOTE K - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

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

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE L - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through March 27, 2025, the date the financial statements were available to be issued.

In connection with the Plan's LDI strategy (see Note A.1.), in July 2024 plan assets totaling approximately \$54 million were transferred from Empower to Fifth Third Bank, National Association and were invested primarily in high quality corporate bonds.

The Employer is in the process of formally amending the Plan for changes made to the late retirement factors. These changes have been reflected in the June 30, 2023 actuarial valuation disclosed in Note C. The Employer is also working with the Plan's service providers to make the participants affected by this change whole.

SUPPLEMENTAL SCHEDULES FURNISHED
PURSUANT TO DOL REGULATIONS UNDER ERISA
JUNE 30, 2024

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

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

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
Investments -				
* Empower Annuity Ins. Co. of America	Guaranteed Fund **		\$ 1,622,785	\$ 1,706,217
* Empower Annuity Ins. Co. of America	Vanguard Long-Term Investment Grade Adm		38,121,953	38,130,900
* Empower Annuity Ins. Co. of America	Vanguard Short-Term Bond Index Adm		2,690,617	5,092,578
* Empower Annuity Ins. Co. of America	PIMCO Income A		228,910	1,058,056
* Empower Annuity Ins. Co. of America	PGIM Total Return Bond Z		1,131,313	4,636,844
* Empower Annuity Ins. Co. of America	Fidelity Advisor Total Bond M		1,118,370	4,587,491
	Total investments		\$44,913,948	\$55,212,086

* A party-in-interest as defined by ERISA

** The Guaranteed Fund has been valued at contract value for purposes of this supplemental schedule. Fair value was \$1,615,549 at June 30, 2024.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Series of Transactions</u>								
Empower Annuity Insurance Company of America	Vanguard Short- Term Bond Index Admiral	\$ 2,478,980	\$ -	\$ -	\$ -	\$ 2,478,980	\$ 2,478,980	\$ -
Empower Annuity Insurance Company of America	Guaranteed Fund	\$ 2,775,000	\$ -	\$ -	\$ -	\$ 2,775,000	\$ 2,775,000	\$ -
Empower Annuity Insurance Company of America	Vanguard Long- Term Investment- Grade Admiral	\$38,121,953	\$ -	\$ -	\$ -	\$38,121,953	\$ 38,121,953	\$ -
Empower Annuity Insurance Company of America	American Funds Capitol World Growth & Income R4	\$ -	\$ 3,763,649	\$ -	\$ -	\$ 1,809,674	\$ 3,763,649	\$1,953,975
Empower Annuity Insurance Company of America	Putnam International Captial Opp A	\$ -	\$ 4,035,846	\$ -	\$ -	\$ 696,818	\$ 4,035,846	\$3,339,028
Empower Annuity Insurance Company of America	T. Rowe Price New Horizons	\$ -	\$ 4,029,352	\$ -	\$ -	\$ 776,254	\$ 4,029,352	\$3,253,098

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of Transactions (Continued)								
Empower Annuity Insurance Company of America	JP Morgan Large Cap Growth R4	\$ -	\$ 2,871,555	\$ -	\$ -	\$ 2,076,069	\$ 2,871,555	\$ 795,486
Empower Annuity Insurance Company of America	JP Morgan US Equity R4	\$ -	\$ 6,621,680	\$ -	\$ -	\$ 1,007,713	\$ 6,621,680	\$ 5,613,967
Empower Annuity Insurance Company of America	MFS Value R3	\$ -	\$ 4,794,760	\$ -	\$ -	\$ 858,297	\$ 4,794,760	\$ 3,936,463
Empower Annuity Insurance Company of America	Pioneer Fundamental Growth Y	\$ -	\$ 3,445,406	\$ -	\$ -	\$ 498,307	\$ 3,445,406	\$ 2,947,099
Empower Annuity Insurance Company of America	Columbia High Yield Bond Adv	\$ -	\$ 2,816,378	\$ -	\$ -	\$ 508,975	\$ 2,816,378	\$ 2,307,403
Empower Annuity Insurance Company of America	Guaranteed Fund	\$ -	\$ 2,563,205	\$ -	\$ -	\$ 2,563,205	\$ 2,563,205	\$ -

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transactions								
Empower Annuity Insurance Company of America	Guaranteed Fund	\$ 2,400,000	\$ -	\$ -	\$ -	\$ 2,400,000	\$ 2,400,000	\$ -
Empower Annuity Insurance Company of America	Vanguard Long- Term Investment- Grade Admiral	\$38,121,953	\$ -	\$ -	\$ -	\$38,121,953	\$ 38,121,953	\$ -
Empower Annuity Insurance Company of America	American Funds Capitol World Growth & Income R4	\$ -	\$ 3,607,888	\$ -	\$ -	\$ 1,738,152	\$ 3,607,888	\$1,869,736
Empower Annuity Insurance Company of America	Putnam International Captial Opp A	\$ -	\$ 3,864,918	\$ -	\$ -	\$ 687,863	\$ 3,864,918	\$3,177,055
Empower Annuity Insurance Company of America	T. Rowe Price New Horizons	\$ -	\$ 3,850,157	\$ -	\$ -	\$ 763,233	\$ 3,850,157	\$3,086,924
Empower Annuity Insurance Company of America	JP Morgan Large Cap Growth R4	\$ -	\$ 2,757,169	\$ -	\$ -	\$ 1,982,260	\$ 2,757,169	\$ 774,909

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transactions (Continued)								
Empower Annuity Insurance Company of America	JP Morgan US Equity R4	\$ -	\$ 6,350,122	\$ -	\$ -	\$ 994,148	\$ 6,350,122	\$5,355,974
Empower Annuity Insurance Company of America	MFS Value R3	\$ -	\$ 4,593,168	\$ -	\$ -	\$ 844,624	\$ 4,593,168	\$3,748,544
Empower Annuity Insurance Company of America	Pioneer Fundamental Growth Y	\$ -	\$ 3,303,081	\$ -	\$ -	\$ 491,740	\$ 3,303,081	\$2,811,341
Empower Annuity Insurance Company of America	Columbia High Yield Bond Adv	\$ -	\$ 2,692,210	\$ -	\$ -	\$ 501,973	\$ 2,692,210	\$2,190,237

Schedule SB, Line 26a – Schedule of Active Participant Data
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of July 1, 2023, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	11	-	-	-	-	-	-	-	-	11
35-39	-	-	7	-	1	-	-	-	-	-	-	8
40-44	-	-	6	4	9	1	-	-	-	-	-	20
45-49	-	-	3	3	6	-	-	-	-	-	-	12
50-54	-	-	3	2	4	6	4	1	-	-	-	20
55-59	-	-	-	1	3	2	2	1	1	-	-	10
60-64	-	-	1	-	2	1	2	-	-	-	-	6
65-69	-	-	-	-	2	-	-	-	-	-	-	2
70+	-	-	1	-	1	-	1	-	-	-	-	3
Total	-	-	32	10	28	10	9	2	1	-	-	92

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Actuarial Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets as of the valuation date, plus the discounted value of receivable employer contributions, if any, using the effective interest rate for the prior plan year.

PBGC Variable Rate Premium Method

The Standard Method is used for the PBGC variable-rate premium calculation (adopted July 1, 2023).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods since Prior Valuation

The PBGC variable-rate premium method was changed from the Alternative Method to the Standard Method.

Summary of Actuarial Assumptions

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been prescribed by statute and regulation or selected to reasonably anticipate future experience with respect to these variables. The plan lacks credible data to complete a recent study given the small size of the non-retired population. Despite this, for non-prescribed assumptions, we monitor the demographic experience of the Plan each year for material gains and losses arising from the assumptions. Other actuarial assumptions could also be reasonable and would yield different results.

Economic Assumptions

Information on economic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 27.

Interest Rate

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium-funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	2.50%	5.26%
Segment 2 (5–20 years)	5.00%	3.83%	5.23%
Segment 3 (20+ years)	5.74%	4.06%	5.16%
Effective Interest Rate	5.33%	3.90%	5.20%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the segment rate floor and applicable segment rate stabilization.

Maximum deductible: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect the segment rate floor or segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation (adopted July 1, 2023).

FASB ASC Topic 960: 6.50% per year

Rationale: See Investment Return.

Expense Load: Actual prior year expenses (net of PBGC premium paid) plus current year PBGC premium.

Rationale: See Investment Return.

Cost of Living Adjustment: Benefits are assumed to receive a 2.00% increase per year.

Rationale: The Plan provides a COLA tied to CPI, not to exceed 2.00%. Milliman's long-term capital market inflation assumption is 2.33%.

Accumulated Employee Contribution Increase Rate: 4.62% per year until assumed member retirement age

Rationale: Plan members receive interest on their contributions each year until they retire. The plan states that the July 120% federal mid-term rate is used to increase contributions each year. The above rate reflects the 120% federal mid-term rate as of the valuation date.

Accumulated Employee Contribution and Money Purchase Plan Account Balance Lump Sum Conversion Assumptions

Plan members receive a benefit that is not lower than the sum of the annuitized value of their accumulated contributions and money purchase plan account balance.

ERISA minimum funding: As required by IRS §430, lump sums were converted using “annuity substitution” rules, as prescribed by law. The balances were converted using 417(e) mortality.

FASB ASC Topic 960: Lump sums were converted using 2.45% interest and 417(e) mortality.

Rationale: The plan states that the June 417(e) segment rates and 417(e) mortality are used to convert the accumulated contributions and the money purchase plan account balance to an annuity. The above interest rate is based on the 30 year expected return on US AA Corporate Bonds and Milliman’s capital market assumptions, adjusted for the Plan’s COLA.

Investment Return

Assumption: 6.50% compounded annually. This reflects the best estimate of trust returns over the 10-20 year horizon based on current market conditions.

Rationale: The investment return assumption represents the expected long term return on Plan assets based on the Plan’s asset allocation and Milliman’s capital market assumptions.

Salary Scale: Not Applicable

Rationale: Plan is frozen.

Expenses: \$26,400 is the amount of the PBGC Premium to be paid in the 2023 plan year. Only the PBGC premium was paid in the previous plan year.

Rationale: Per Pension Protection Act of 2006, an expense load is required for plans that pay administrative expenses from the trust. The expense load is the actual prior year expenses (net of PBGC premium paid) plus current year PBGC premium.

Demographic Assumptions

PPA Funding Mortality: Separate Annuitant and Non-Annuitant Mortality Tables, sex-distinct, as prescribed by IRC Section 430(h)(3)(A) for IRS funding requirements.

Rationale: The basis chosen was selected by the plan sponsor, which were limited to available options prescribed by law.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

FASB ASC Topic 960 Mortality: Pri-2012 Separate Annuitant and Non- Annuitant Mortality Tables, projected with Scale MP-2021, for males and females.

Rationale: The projection reflects the Society of Actuaries' Retirement Plans Experience Committee's (RPEC) mortality table (Pri-2012 Mortality Tables) and mortality improvement scale (MP-2021). The plan sponsor has elected the mortality assumption described above. Due to uncertainties regarding the effects of COVID-19 (both short- and long-term), no adjustments due to the pandemic have been made to the MP-2021 mortality improvement scale.

Incidence of Disability: None.

Terminations Prior To Retirement

Active employees are assumed to terminate based on sample rates from the following table.

Age	Rate
25	7.7242%
35	6.2764%
45	3.9753%
55	0.9394%
65	0.0000%

Rationale: Due to the small number of terminations, there was insufficient data to develop plan specific termination rates. Instead, termination rates were based on the Society of Actuaries 2003 Small Plan table – with adjustment to reflect a high-level comparison of the actual and expected terminations based on that table.

Retirement Age: 60

Rationale: Due to the small number of retirements, there was insufficient data to develop plan specific retirement rates. Instead, retirement rates were based on general market trends, while also taking into account plan specific features and general observations from the participant data.

Percent Married and Assumed Age Difference Assumption: It is assumed that 100% of participants are married and that male spouses are 3 years older than female spouses.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Benefit: 100% participants are assumed to elect the Modified Cash Refund Annuity form of benefit at retirement.

Rationale: We believe this assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participation Data: As of July 1, 2023, including all eligible active, terminated vested, and retired participants as reported by Empower's administration group.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Series of Transactions</u>								
Empower Annuity Insurance Company of America	Vanguard Short-Term Bond Index Admiral	\$ 2,478,980	\$ -	\$ -	\$ -	\$ 2,478,980	\$ 2,478,980	\$ -
Empower Annuity Insurance Company of America	Guaranteed Fund	\$ 2,775,000	\$ -	\$ -	\$ -	\$ 2,775,000	\$ 2,775,000	\$ -
Empower Annuity Insurance Company of America	Vanguard Long-Term Investment-Grade Admiral	\$38,121,953	\$ -	\$ -	\$ -	\$38,121,953	\$ 38,121,953	\$ -
Empower Annuity Insurance Company of America	American Funds Capitol World Growth & Income R4	\$ -	\$ 3,763,649	\$ -	\$ -	\$ 1,809,674	\$ 3,763,649	\$ 1,953,975
Empower Annuity Insurance Company of America	Putnam International Capital Opp A	\$ -	\$ 4,035,846	\$ -	\$ -	\$ 696,818	\$ 4,035,846	\$ 3,339,028
Empower Annuity Insurance Company of America	T. Rowe Price New Horizons	\$ -	\$ 4,029,352	\$ -	\$ -	\$ 776,254	\$ 4,029,352	\$ 3,253,098

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of Transactions (Continued)								
Empower Annuity Insurance Company of America	JP Morgan Large Cap Growth R4	\$ -	\$ 2,871,555	\$ -	\$ -	\$ 2,076,069	\$ 2,871,555	\$ 795,486
Empower Annuity Insurance Company of America	JP Morgan US Equity R4	\$ -	\$ 6,621,680	\$ -	\$ -	\$ 1,007,713	\$ 6,621,680	\$ 5,613,967
Empower Annuity Insurance Company of America	MFS Value R3	\$ -	\$ 4,794,760	\$ -	\$ -	\$ 858,297	\$ 4,794,760	\$ 3,936,463
Empower Annuity Insurance Company of America	Pioneer Fundamental Growth Y	\$ -	\$ 3,445,406	\$ -	\$ -	\$ 498,307	\$ 3,445,406	\$ 2,947,099
Empower Annuity Insurance Company of America	Columbia High Yield Bond Adv	\$ -	\$ 2,816,378	\$ -	\$ -	\$ 508,975	\$ 2,816,378	\$ 2,307,403
Empower Annuity Insurance Company of America	Guaranteed Fund	\$ -	\$ 2,563,205	\$ -	\$ -	\$ 2,563,205	\$ 2,563,205	\$ -

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transactions								
Empower Annuity Insurance Company of America	Guaranteed Fund	\$ 2,400,000	\$ -	\$ -	\$ -	\$ 2,400,000	\$ 2,400,000	\$ -
Empower Annuity Insurance Company of America	Vanguard Long-Term Investment-Grade Admiral	\$38,121,953	\$ -	\$ -	\$ -	\$38,121,953	\$ 38,121,953	\$ -
Empower Annuity Insurance Company of America	American Funds Capitol World Growth & Income R4	\$ -	\$ 3,607,888	\$ -	\$ -	\$ 1,738,152	\$ 3,607,888	\$1,869,736
Empower Annuity Insurance Company of America	Putnam International Capital Opp A	\$ -	\$ 3,864,918	\$ -	\$ -	\$ 687,863	\$ 3,864,918	\$3,177,055
Empower Annuity Insurance Company of America	T. Rowe Price New Horizons	\$ -	\$ 3,850,157	\$ -	\$ -	\$ 763,233	\$ 3,850,157	\$3,086,924
Empower Annuity Insurance Company of America	JP Morgan Large Cap Growth R4	\$ -	\$ 2,757,169	\$ -	\$ -	\$ 1,982,260	\$ 2,757,169	\$ 774,909

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transactions (Continued)								
Empower Annuity Insurance Company of America	JP Morgan US Equity R4	\$ -	\$ 6,350,122	\$ -	\$ -	\$ 994,148	\$ 6,350,122	\$ 5,355,974
Empower Annuity Insurance Company of America	MFS Value R3	\$ -	\$ 4,593,168	\$ -	\$ -	\$ 844,624	\$ 4,593,168	\$ 3,748,544
Empower Annuity Insurance Company of America	Pioneer Fundamental Growth Y	\$ -	\$ 3,303,081	\$ -	\$ -	\$ 491,740	\$ 3,303,081	\$ 2,811,341
Empower Annuity Insurance Company of America	Columbia High Yield Bond Adv	\$ -	\$ 2,692,210	\$ -	\$ -	\$ 501,973	\$ 2,692,210	\$ 2,190,237

<p>SCHEDULE SB (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>Single-Employer Defined Benefit Plan Actuarial Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<p>A Name of plan KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT 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 or 5500-SF KERN REGIONAL CENTER</p>	<p>D Employer Identification Number (EIN) 23-7115846</p>	
<p>E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B</p>	<p>F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500</p>	

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2023

2 Assets:		
a Market value.....	2a	52,262,209
b Actuarial value.....	2b	52,262,209

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	78	33,003,434	33,003,434
b For terminated vested participants.....	105	5,245,581	5,245,581
c For active participants.....	92	13,116,988	13,117,054
d Total.....	275	51,366,003	51,366,069

4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 5.33%

6 Target normal cost		
a Present value of current plan year accruals.....	6a	0
b Expected plan-related expenses.....	6b	26,400
c Target normal cost.....	6c	26,400

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<p>Marisa Cianci <i>MCC</i></p> <p style="text-align: center;">Signature of actuary</p>	<p style="text-align: center;">4/2/2025</p> <p style="text-align: center;">Date</p>
	<p>MARISA CIANCI</p> <p style="text-align: center;">Type or print name of actuary</p>	<p style="text-align: center;">2308307</p> <p style="text-align: center;">Most recent enrollment number</p>
	<p>Milliman, Inc</p> <p style="text-align: center;">Firm name</p>	<p style="text-align: center;">562-661-8984</p> <p style="text-align: center;">Telephone number (including area code)</p>
	<p>19200 Von Karman Ave Suite 950</p> <p>Irvine CA 92612-8553</p> <p style="text-align: center;">Address of the firm</p>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	15,956
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	15,956
10	Interest on line 9 using prior year's actual return of <u>10.15%</u>	0	1,620
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		8,467,387
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51%</u>		466,553
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c	Total available at beginning of current plan year to add to prefunding balance.....		8,933,940
d	Portion of (c) to be added to prefunding balance.....		6,015,170
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	6,032,746

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	90.00 %
15	Adjusted funding target attainment percentage.....	15	101.74 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4

22 Weighted average retirement age 22 60

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years..... 28 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) 29 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	26,400
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,136,606	502,661
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount 33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... 34 529,061

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	529,061	529,061

36 Additional cash requirement (line 34 minus line 35)..... 36 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... 37 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... 39 0

40 Unpaid minimum required contributions for all years..... 40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Part V – Summary of Plan Provisions
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Plan: Kern Regional Center Defined Benefit Retirement Plan

Employee Identification Number/Plan Number: 23-7115846/003

Effective Date: July 1, 2002

Plan Year: July 1 through June 30

Employer: Kern Regional Center

Employee: Any person who is employed by the Employer.

Eligible Employee: Any Employee except those who are not reported on the payroll records as a common law employee, who are not scheduled to work at least 16 hours per week, who elected to remain in the Kern Regional Center Money Purchase Plan as of July 1, 2002, who are leased employees, and employees of an Affiliated Employer.

Participation: Eligible Employees shall begin to participate on the date coinciding with the attainment of age 18 and the agreement to make contributions of 6.2% of Compensation to the Plan.

Vested Service: A full year of Vesting Service is earned for each Plan Year in which an employee works 1,000 or more hours.

Benefit Service: A full year of Benefit Service is earned for each Plan Year in which an employee works 1,720 or more hours. If less than that number of hours is worked, an employee will be credited at the rate of total hours of service over 1,720, not to exceed one.

Compensation: Wages, salaries, fees for professional services, and other amounts received for personal services actually rendered in the course of employment with the Employer maintaining the Plan to the extent that the amounts are includible in gross income. Compensation taken into account in determining benefit accruals shall be limited with accordance to Code Section 401(a)(17)(b).

Average Annual Compensation: The highest average annual Compensation received for any three consecutive years of Benefit Service (or the Participant's full period of employment, if shorter) during the ten consecutive years of Benefit Service immediately preceding the date the Participant terminates employment.

Freeze Date: The Plan was initially frozen November 7, 2009. Benefit accruals were reinstated July 1, 2011. The Plan was subsequently fully frozen effective June 30, 2018.

Accrued Benefit: The Normal Retirement Benefit as calculated using Benefit Service and Average Annual Earnings to the date of determination.

Frozen Accrued Benefit: A Participant's Accrued Benefit under the Plan determined as of November 7, 2009. A Participant's Frozen Accrued Benefit will not be adjusted by Average Annual Compensation earned after the Freeze Date.

Normal Retirement Date: The first day of the month coinciding with or immediately following the later of age 60 or completion of 5 years of Vesting Service.

Normal Retirement Benefit: The greater of (1) and (2):

Schedule SB, Part V – Summary of Plan Provisions
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

(1) The sum of (i) and (ii):

- (i) For non-managerial Participants, 2.2% Average Annual Compensation multiplied by years of Benefit Service as a non-manager. For managerial Participants, 2.5% Average Annual Compensation multiplied by years of Benefit Service as a manager. (Benefit Service after the Freeze Date)
- (ii) The Frozen Accrued Benefit

(2) The sum of (a) and (b):

- (a) The monthly benefit derived from the Participant's Money Purchase Plan account balance as of June 30, 2002, increased with interest at 6% annually to the Participant's Normal Retirement Date, payable as a single life annuity. Balances are converted to a single life annuity using the plan's 417(e) interest and mortality assumptions.
- (b) The monthly benefit derived from the Employee Mandatory Contributions, increased with interest at the 120% federal mid-term rate to the Participant's Normal Retirement Date, payable as a single life annuity. Balances are converted to a single life annuity using the plan's 417(e) interest and mortality assumptions.

Early Retirement Date: The first day of the month coinciding with or immediately following the later of age 50 and the completion of 5 years of Vesting Service.

Early Retirement Benefit: The Participant's Accrued Benefit multiplied by the early retirement factor (ERF) from the following table:

Years Prior to NRD	ERF
1	0.937
2	0.879
3	0.825
4	0.776
5	0.730
6	0.688
7	0.648
8	0.612
9	0.578
10	0.546

Late Retirement Date: The first day of the month coinciding with or next following a Participant's actual Retirement Date after having reached Normal Retirement Date.

Late Retirement Benefit: The Participant's Accrued Benefit multiplied by the greater of the Plan's actuarial equivalence and the late retirement factor (LRF) from the following table:

Years After to NRD	LRF
1	1.067
2	1.136
3+	1.209

Termination Benefit: A Participant who has at least one year of Vesting Service has a nonforfeitable right to the percentage of his or her Accrued Benefit determined in accordance with the following table:

Schedule SB, Part V – Summary of Plan Provisions
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

<u>Years of Service</u>	<u>Percentage</u>
1	25%
2	50%
3	75%
4	100%

Normal Form: A reduced Joint and Survivor Annuity if the Participant is married. A life annuity if the Participant is single.

Optional Forms: 100%, 75%, or 50% Joint and Survivor Annuities, life annuity, and lump sum payment up to \$30,000.

Actuarial Equivalence:

Optional forms other than lump sum payments: Monthly payments shall be the actuarial equivalent of the monthly benefit payable as a single life annuity at the participant's Normal Retirement Date determined using an interest rate equal to 7.0% and mortality based on the 1983 Group Annuity Mortality Table.

Lump sum payments: The lump sum payment amount shall be the actuarial equivalent of the monthly benefit payable as a single life annuity at the participant's Normal Retirement Date determined using the applicable interest rate and mortality table prescribed under Code Section 417(e)(3).

Disability Benefit: A Participant who has at least five years of Benefit Service is eligible to receive a Disability Benefit.

A Participant with at least five years of Benefit Service, but less than ten years shall receive a monthly benefit equal to the product of 1.8% of Average Annual Compensation multiplied by years of Benefit Service, divided by 12.

A Participant with at least ten years of Benefit Service, but less than 18.518 years shall receive a monthly benefit equal to the product of 1.8% of Average Compensation multiplied by years of Benefit Service plus the additional number of years the Participant would have worked had he or she continued working until Normal Retirement Age, such sum not to exceed 18.518 years, divided by 12.

A Participant with 18.518 or more years of Benefit Service shall receive a monthly benefit equal to the product of 1.8% of Average Annual Compensation multiplied by years of Benefit Service, divided by 12.

Death Benefits:

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the Participant is vested, then the death benefit is a Qualified Pre-Retirement Survivor Annuity equal to a 50% Joint and Survivor Annuity.

Post-retirement: None except as provided by the annuity form elected.

Summary of Plan Provision Changes:

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Actuarial Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets as of the valuation date, plus the discounted value of receivable employer contributions, if any, using the effective interest rate for the prior plan year.

PBGC Variable Rate Premium Method

The Standard Method is used for the PBGC variable-rate premium calculation (adopted July 1, 2023).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods since Prior Valuation

The PBGC variable-rate premium method was changed from the Alternative Method to the Standard Method.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

Summary of Actuarial Assumptions

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been prescribed by statute and regulation or selected to reasonably anticipate future experience with respect to these variables. The plan lacks credible data to complete a recent study given the small size of the non-retired population. Despite this, for non-prescribed assumptions, we monitor the demographic experience of the Plan each year for material gains and losses arising from the assumptions. Other actuarial assumptions could also be reasonable and would yield different results.

Economic Assumptions

Information on economic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 27.

Interest Rate

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor’s interest rate election. The PBGC interest rates are based on the Plan Sponsor’s elected method for determining the premium-funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	2.50%	5.26%
Segment 2 (5–20 years)	5.00%	3.83%	5.23%
Segment 3 (20+ years)	5.74%	4.06%	5.16%
Effective Interest Rate	5.33%	3.90%	5.20%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the segment rate floor and applicable segment rate stabilization.

Maximum deductible: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect the segment rate floor or segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation (adopted July 1, 2023).

FASB ASC Topic 960: 6.50% per year

Rationale: See Investment Return.

Expense Load: Actual prior year expenses (net of PBGC premium paid) plus current year PBGC premium.

Rationale: See Investment Return.

Cost of Living Adjustment: Benefits are assumed to receive a 2.00% increase per year.

Rationale: The Plan provides a COLA tied to CPI, not to exceed 2.00%. Milliman’s long-term capital market inflation assumption is 2.33%.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

Accumulated Employee Contribution Increase Rate: 4.62% per year until assumed member retirement age

Rationale: Plan members receive interest on their contributions each year until they retire. The plan states that the July 120% federal mid-term rate is used to increase contributions each year. The above rate reflects the 120% federal mid-term rate as of the valuation date.

Accumulated Employee Contribution and Money Purchase Plan Account Balance Lump Sum Conversion Assumptions

Plan members receive a benefit that is not lower than the sum of the annuitized value of their accumulated contributions and money purchase plan account balance.

ERISA minimum funding: As required by IRS §430, lump sums were converted using “annuity substitution” rules, as prescribed by law. The balances were converted using 417(e) mortality.

FASB ASC Topic 960: Lump sums were converted using 2.45% interest and 417(e) mortality.

Rationale: The plan states that the June 417(e) segment rates and 417(e) mortality are used to convert the accumulated contributions and the money purchase plan account balance to an annuity. The above interest rate is based on the 30 year expected return on US AA Corporate Bonds and Milliman’s capital market assumptions, adjusted for the Plan’s COLA.

Investment Return

Assumption: 6.50% compounded annually. This reflects the best estimate of trust returns over the 10-20 year horizon based on current market conditions.

Rationale: The investment return assumption represents the expected long term return on Plan assets based on the Plan’s asset allocation and Milliman’s capital market assumptions.

Salary Scale: Not Applicable

Rationale: Plan is frozen.

Expenses: \$26,400 is the amount of the PBGC Premium to be paid in the 2023 plan year. Only the PBGC premium was paid in the previous plan year.

Rationale: Per Pension Protection Act of 2006, an expense load is required for plans that pay administrative expenses from the trust. The expense load is the actual prior year expenses (net of PBGC premium paid) plus current year PBGC premium.

Demographic Assumptions

PPA Funding Mortality: Separate Annuitant and Non-Annuitant Mortality Tables, sex-distinct, as prescribed by IRC Section 430(h)(3)(A) for IRS funding requirements.

Rationale: The basis chosen was selected by the plan sponsor, which were limited to available options prescribed by law.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

FASB ASC Topic 960 Mortality: Pri-2012 Separate Annuitant and Non- Annuitant Mortality Tables, projected with Scale MP-2021, for males and females.

Rationale: The projection reflects the Society of Actuaries' Retirement Plans Experience Committee's (RPEC) mortality table (Pri-2012 Mortality Tables) and mortality improvement scale (MP-2021). The plan sponsor has elected the mortality assumption described above. Due to uncertainties regarding the effects of COVID-19 (both short- and long-term), no adjustments due to the pandemic have been made to the MP-2021 mortality improvement scale.

Incidence of Disability: None.

Terminations Prior To Retirement

Active employees are assumed to terminate based on sample rates from the following table.

Age	Rate
25	7.7242%
35	6.2764%
45	3.9753%
55	0.9394%
65	0.0000%

Rationale: Due to the small number of terminations, there was insufficient data to develop plan specific termination rates. Instead, termination rates were based on the Society of Actuaries 2003 Small Plan table – with adjustment to reflect a high-level comparison of the actual and expected terminations based on that table.

Retirement Age: 60

Rationale: Due to the small number of retirements, there was insufficient data to develop plan specific retirement rates. Instead, retirement rates were based on general market trends, while also taking into account plan specific features and general observations from the participant data.

Percent Married and Assumed Age Difference Assumption: It is assumed that 100% of participants are married and that male spouses are 3 years older than female spouses.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Benefit: 100% participants are assumed to elect the Modified Cash Refund Annuity form of benefit at retirement.

Rationale: We believe this assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participation Data: As of July 1, 2023, including all eligible active, terminated vested, and retired participants as reported by Empower's administration group.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

Description of Weighted Average Retirement Age

<i>(A)</i> Age	<i>(B)</i> Retirement Age	<i>(C)</i> Number Active at Beginning of year =[(C)-(D)] prior year	<i>(D)</i> Retiring At Age Shown =(B) x (C)	<i>(E)</i> Retired At End Of Year =(C) - (D)	<i>(E)</i> Retirement Age (weight) =(A) x (D)
60	1.0000	1.0000	1.0000	0.0000	60.0000
Total					60.0000

60.0000 is the expected retirement age in the absence of other decrements.

Schedule SB, Line 26a – Schedule of Active Participant Data
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of July 1, 2023, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	11	-	-	-	-	-	-	-	-	11
35-39	-	-	7	-	1	-	-	-	-	-	-	8
40-44	-	-	6	4	9	1	-	-	-	-	-	20
45-49	-	-	3	3	6	-	-	-	-	-	-	12
50-54	-	-	3	2	4	6	4	1	-	-	-	20
55-59	-	-	-	1	3	2	2	1	1	-	-	10
60-64	-	-	1	-	2	1	2	-	-	-	-	6
65-69	-	-	-	-	2	-	-	-	-	-	-	2
70+	-	-	1	-	1	-	1	-	-	-	-	3
Total	-	-	32	10	28	10	9	2	1	-	-	92

Schedule SB, Line 24 – Change in Actuarial Assumptions
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

Changes in Actuarial Assumptions

The actuarial methods and assumptions used in this valuation are the same as those used in the prior valuation except as follows:

- The statutory segment interest rates and mortality for determining minimum funding requirements and potential benefit restrictions, the Maximum Deductible Contribution, and PBGC premiums were updated as prescribed by law.
- The administrative expense load component of the Target Normal Cost was updated from \$188,650 to \$26,400.
- The Accumulated Employee Contribution Increase rate was updated to from 3.59% to 4.62%.
- The ASC 960 interest rate was updated from 7.00% to 6.50%.
- The interest rates used for PBGC variable rate premium purposes were updated as noted above in effect for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with PBGC requirements and the 2023 Plan Sponsor election to use the standard method to calculate the PBGC variable rate premium.

Schedule SB, Line 32 – Schedule of Amortization Bases
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning July 1, 2023 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations					
	<u>Date</u> <u>Established</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Present Value</u> <u>Factor</u>	<u>Present</u> <u>Value</u>
a.	7/1/2022	\$697,163	14	10.414263	\$7,260,439
b.	Total	697,163			7,260,439
2. Shortfall Amortization for current plan year					
a.	Applicable Funding Target				51,366,069
b.	Actuarial Value of Assets less Carryover and Prefunding Balances				46,229,463
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?				No
d.	Funding Shortfall [(a) - (b), but not < \$0]				5,136,606
e.	Net Funding Shortfall [If (d) > \$0, (d) - (1b), otherwise n/a]				(2,123,833)
f.	Amortization factor				10.919330
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]				(\$194,502)
3. Total Shortfall Amortizations [(1b) + (2g), but not < \$0]					
					502,661

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

Description of Weighted Average Retirement Age

(A) Age	(B) Retirement Age	(C) Number Active at Beginning of year =[(C)-(D)] prior year	(D) Retiring At Age Shown =(B) x (C)	(E) Retired At End Of Year =(C) - (D)	(E) Retirement Age (weight) =(A) x (D)
60	1.0000	1.0000	1.0000	0.0000	60.0000
Total					60.0000

60.0000 is the expected retirement age in the absence of other decrements.

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Plan: Kern Regional Center Defined Benefit Retirement Plan

Employee Identification Number/Plan Number: 23-7115846/003

Effective Date: July 1, 2002

Plan Year: July 1 through June 30

Employer: Kern Regional Center

Employee: Any person who is employed by the Employer.

Eligible Employee: Any Employee except those who are not reported on the payroll records as a common law employee, who are not scheduled to work at least 16 hours per week, who elected to remain in the Kern Regional Center Money Purchase Plan as of July 1, 2002, who are leased employees, and employees of an Affiliated Employer.

Participation: Eligible Employees shall begin to participate on the date coinciding with the attainment of age 18 and the agreement to make contributions of 6.2% of Compensation to the Plan.

Vested Service: A full year of Vesting Service is earned for each Plan Year in which an employee works 1,000 or more hours.

Benefit Service: A full year of Benefit Service is earned for each Plan Year in which an employee works 1,720 or more hours. If less than that number of hours is worked, an employee will be credited at the rate of total hours of service over 1,720, not to exceed one.

Compensation: Wages, salaries, fees for professional services, and other amounts received for personal services actually rendered in the course of employment with the Employer maintaining the Plan to the extent that the amounts are includible in gross income. Compensation taken into account in determining benefit accruals shall be limited with accordance to Code Section 401(a)(17)(b).

Average Annual Compensation: The highest average annual Compensation received for any three consecutive years of Benefit Service (or the Participant's full period of employment, if shorter) during the ten consecutive years of Benefit Service immediately preceding the date the Participant terminates employment.

Freeze Date: The Plan was initially frozen November 7, 2009. Benefit accruals were reinstated July 1, 2011. The Plan was subsequently fully frozen effective June 30, 2018.

Accrued Benefit: The Normal Retirement Benefit as calculated using Benefit Service and Average Annual Earnings to the date of determination.

Frozen Accrued Benefit: A Participant's Accrued Benefit under the Plan determined as of November 7, 2009. A Participant's Frozen Accrued Benefit will not be adjusted by Average Annual Compensation earned after the Freeze Date.

Normal Retirement Date: The first day of the month coinciding with or immediately following the later of age 60 or completion of 5 years of Vesting Service.

Normal Retirement Benefit: The greater of (1) and (2):

Schedule SB, Part V – Summary of Plan Provisions
 Kern Regional Center Defined Benefit Retirement Plan
 EIN/PN: 23-7115846/003

(1) The sum of (i) and (ii):

(i) For non-managerial Participants, 2.2% Average Annual Compensation multiplied by years of Benefit Service as a non-manager. For managerial Participants, 2.5% Average Annual Compensation multiplied by years of Benefit Service as a manager. (Benefit Service after the Freeze Date)

(ii) The Frozen Accrued Benefit

(2) The sum of (a) and (b):

(a) The monthly benefit derived from the Participant's Money Purchase Plan account balance as of June 30, 2002, increased with interest at 6% annually to the Participant's Normal Retirement Date, payable as a single life annuity. Balances are converted to a single life annuity using the plan's 417(e) interest and mortality assumptions.

(b) The monthly benefit derived from the Employee Mandatory Contributions, increased with interest at the 120% federal mid-term rate to the Participant's Normal Retirement Date, payable as a single life annuity. Balances are converted to a single life annuity using the plan's 417(e) interest and mortality assumptions.

Early Retirement Date: The first day of the month coinciding with or immediately following the later of age 50 and the completion of 5 years of Vesting Service.

Early Retirement Benefit: The Participant's Accrued Benefit multiplied by the early retirement factor (ERF) from the following table:

Years Prior to NRD	ERF
1	0.937
2	0.879
3	0.825
4	0.776
5	0.730
6	0.688
7	0.648
8	0.612
9	0.578
10	0.546

Late Retirement Date: The first day of the month coinciding with or next following a Participant's actual Retirement Date after having reached Normal Retirement Date.

Late Retirement Benefit: The Participant's Accrued Benefit multiplied by the greater of the Plan's actuarial equivalence and the late retirement factor (LRF) from the following table:

Years After to NRD	LRF
1	1.067
2	1.136
3+	1.209

Termination Benefit: A Participant who has at least one year of Vesting Service has a nonforfeitable right to the percentage of his or her Accrued Benefit determined in accordance with the following table:

Schedule SB, Part V – Summary of Plan Provisions
Kern Regional Center Defined Benefit Retirement Plan
EIN/PN: 23-7115846/003

<u>Years of Service</u>	<u>Percentage</u>
1	25%
2	50%
3	75%
4	100%

Normal Form: A reduced Joint and Survivor Annuity if the Participant is married. A life annuity if the Participant is single.

Optional Forms: 100%, 75%, or 50% Joint and Survivor Annuities, life annuity, and lump sum payment up to \$30,000.

Actuarial Equivalence:

Optional forms other than lump sum payments: Monthly payments shall be the actuarial equivalent of the monthly benefit payable as a single life annuity at the participant's Normal Retirement Date determined using an interest rate equal to 7.0% and mortality based on the 1983 Group Annuity Mortality Table.

Lump sum payments: The lump sum payment amount shall be the actuarial equivalent of the monthly benefit payable as a single life annuity at the participant's Normal Retirement Date determined using the applicable interest rate and mortality table prescribed under Code Section 417(e)(3).

Disability Benefit: A Participant who has at least five years of Benefit Service is eligible to receive a Disability Benefit.

A Participant with at least five years of Benefit Service, but less than ten years shall receive a monthly benefit equal to the product of 1.8% of Average Annual Compensation multiplied by years of Benefit Service, divided by 12.

A Participant with at least ten years of Benefit Service, but less than 18.518 years shall receive a monthly benefit equal to the product of 1.8% of Average Compensation multiplied by years of Benefit Service plus the additional number of years the Participant would have worked had he or she continued working until Normal Retirement Age, such sum not to exceed 18.518 years, divided by 12.

A Participant with 18.518 or more years of Benefit Service shall receive a monthly benefit equal to the product of 1.8% of Average Annual Compensation multiplied by years of Benefit Service, divided by 12.

Death Benefits:

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the Participant is vested, then the death benefit is a Qualified Pre-Retirement Survivor Annuity equal to a 50% Joint and Survivor Annuity.

Post-retirement: None except as provided by the annuity form elected.

Summary of Plan Provision Changes:

None.

KERN REGIONAL CENTER DEFINED BENEFIT RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 23-7115846

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

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
Investments -				
* Empower Annuity Ins. Co. of America	Guaranteed Fund **		\$ 1,622,785	\$ 1,706,217
* Empower Annuity Ins. Co. of America	Vanguard Long-Term Investment Grade Adm		38,121,953	38,130,900
* Empower Annuity Ins. Co. of America	Vanguard Short-Term Bond Index Adm		2,690,617	5,092,578
* Empower Annuity Ins. Co. of America	PIMCO Income A		228,910	1,058,056
* Empower Annuity Ins. Co. of America	PGIM Total Return Bond Z		1,131,313	4,636,844
* Empower Annuity Ins. Co. of America	Fidelity Advisor Total Bond M		1,118,370	4,587,491
	Total investments		<u>\$44,913,948</u>	<u>\$55,212,086</u>

* A party-in-interest as defined by ERISA

** The Guaranteed Fund has been valued at contract value for purposes of this supplemental schedule. Fair value was \$1,615,549 at June 30, 2024.

Shortfall Amortization

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	<u>Date</u> <u>Established</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Present Value</u> <u>Factor</u>	<u>Present</u> <u>Value</u>
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e.	Net Funding Shortfall [If (d) > \$0, (d) - (1b), otherwise n/a]				(2,123,833)
f.	Amortization factor				10.919330
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]				(\$194,502)
3. Total Shortfall Amortizations [(1b) + (2g), but not < \$0]					
					502,661

Changes in Actuarial Assumptions

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- The Accumulated Employee Contribution Increase rate was updated to from 3.59% to 4.62%.
- The ASC 960 interest rate was updated from 7.00% to 6.50%.
- The interest rates used for PBGC variable rate premium purposes were updated as noted above in effect for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with PBGC requirements and the 2023 Plan Sponsor election to use the standard method to calculate the PBGC variable rate premium.