

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/15/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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: PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT CORPORATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT C
2b Employer Identification Number (EIN): 94-1655715
2c Plan Sponsor's telephone number: 925-988-7645
2d Business code (see instructions): 813000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	332
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)	28
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **11/15/2024**

A Name of plan PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT C	D Employer Identification Number (EIN) 94-1655715

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
MASSMUTUAL LIFE INSURANCE CO.

(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	748539-DI	0	01/01/2024	11/15/2024

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

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

(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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	(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	

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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	

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	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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 CONTRACT

b Balance at the end of the previous year **7b** 230889

c Additions: (1) Contributions deposited during the year	7c(1)	1464398
	7c(2)	174
	7c(3)	146516
	7c(4)	49515776
	7c(5)	

(6) Total additions **7c(6)** 51126864

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 51357753

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	51011927
(2) Administration charge made by carrier.....	7e(2)	345826
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 51357753

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **11/15/2024**

A Name of plan PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT C	D Employer Identification Number (EIN) 94-1655715	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEWFRONT RETIREMENT SERVICES, INC.

450 SANSOME STREET
SUITE 300
SAN FRANCISCO, CA 94111

(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	23192	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 ANNTY INS. CO. OF AMERICA

8515 E 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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/15/2024	
A Name of plan PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT C	D Employer Identification Number (EIN) 94-1655715

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(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)	50949905	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	230889	0
(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	51180794	0
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	51180794	0

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)	1464398	
(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)		1464398
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)	146516	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		146516
(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)	410857	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		410857
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1752250
c Other income	2c		174
d Total income. Add all income amounts in column (b) and enter total	2d		269695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51011927	
(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)		51011927
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)	357365	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	81197	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		438562
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51450489

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-51180794
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: **CBIZ CPAS, P.C.**

(2) EIN: **43-1947695**

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		40000000
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 0.

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 542382.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/15/2024

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT CORPORATION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT C</u>	D Employer Identification Number (EIN) <u>94-1655715</u>	

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): 04-1590850 36-2723087

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		37
---	--	----

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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501166A.

PENSION PLAN FOR EMPLOYEES OF
GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

(Liquidation Basis of Accounting)

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

PENSION PLAN FOR EMPLOYEES OF
GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

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INDEPENDENT AUDITORS' REPORT

TO THE INVESTMENT COMMITTEE AND PARTICIPANTS OF
PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

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

We have performed the audits of the financial statements of PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK, A NONPROFIT MUTUAL BENEFIT CORPORATION (“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 (in liquidation) as of November 13, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the period from January 1, 2024 through November 13, 2024 and the year ended December 31, 2023, 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 qualified institutions as of November 13, 2024 and December 31, 2023 and for the period from January 1, 2024 through November 13, 2024 and the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 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 on the Financial Statements

We conducted our audit 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 on 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 these 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 Schedule Required by ERISA

The supplemental Schedule H – Line 4j: Schedule of Reportable Transactions for the period from January 1, 2024 through November 13, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

CBIZ CPAs P.C.

San Francisco, California
September 16, 2025

PENSION PLAN FOR EMPLOYEES OF
GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT COMPANY

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (in Liquidation)

November 13, 2024 and December 31, 2023

	2024	2023
<u>ASSETS</u>		
<u>INVESTMENTS, AT FAIR VALUE</u>		
Mutual Funds	\$ -	\$ 50,949,905
Immediate Participation Guaranteed Contract	-	230,889
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	\$ -	\$ 51,180,794

PENSION PLAN FOR EMPLOYEES OF
GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT COMPANY

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (in Liquidation)

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

	2024	2023
<u>ADDITIONS</u>		
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
<u>INVESTMENT INCOME (LOSS)</u>		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (1,752,076)	\$ 4,477,813
Interest Income	557,373	1,464,113
<u>NET INVESTMENT INCOME (LOSS)</u>	(1,194,703)	5,941,926
<u>EMPLOYER CONTRIBUTIONS</u>	1,464,398	-
<u>TOTAL ADDITIONS AND INVESTMENT INCOME (LOSS), NET</u>	269,695	5,941,926
<u>DEDUCTIONS</u>		
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>		
<u>BENEFITS PAID</u>		
Participants	10,177,007	3,444,772
PBGC	351,382	-
Annuity Purchase	40,483,538	-
<u>TOTAL BENEFITS PAID</u>	51,011,927	3,444,772
<u>ADMINISTRATIVE EXPENSES</u>	438,562	195,592
<u>TOTAL DEDUCTIONS</u>	51,450,489	3,640,364
<u>NET INCREASE (DECREASE) IN NET ASSETS</u>	(51,180,794)	2,301,562
<u>NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR</u>	51,180,794	48,879,232
<u>NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR</u>	\$ -	\$ 51,180,794

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Pension Plan for Employees of Golden Rain Foundation of Walnut Creek, a Nonprofit Mutual Benefit Corporation (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan was established on January 1, 1968 by the Golden Rain Foundation of Walnut Creek (the “Company”, “Employer”, “Plan sponsor” or “Golden Rain Foundation”) to provide retirement benefits for certain eligible employees. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, and certain provisions of the Internal Revenue Code (“IRC”).

As the plan administrator, the Company, was responsible for keeping accurate and complete records with regard to the Plan’s operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and to government regulations, and providing participants with any reports and documents required by law. The Plan was administered by the Company’s Investment Committee (the “Committee”). The Committee had overall responsibility for the operation and administration of the Plan. The Committee determined the appropriateness of the Plan’s investment selections and monitored investment performance.

Empower Annuity Insurance Company (“EAIC”), an affiliate of Empower Retirement LLC, had been granted power of attorney over the group annuity contract issued by Massachusetts Mutual Life Insurance Company (“MassMutual”) discussed in Note 6.

Plan Termination – The Board of Directors of Golden Rain Foundation approved the termination of the Plan effective December 31, 2023. The Plan administrator submitted an application with the Pension Benefit Guaranty Corporation (the “PBGC”) (a U.S. government agency) for approval to terminate the Plan and received an acknowledgement from the PBGC on March 12, 2024. The termination is also subject to review by the Department of Labor. The Plan was fully liquidated as of November 13, 2024. The net assets of the Plan were allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order of priority indicated:

- a) 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.
- b) Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All unvested benefits.

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Plan Termination (Continued) – Certain benefits under the Plan are insured by the PBGC in the event of Plan termination. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, certain disability benefits and survivors' 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. There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Based on input from service providers and the selected annuity contract provider, the Company made employer contributions necessary for the annuity contract purchase and to otherwise fully-fund lump sum distributions. During the period from February 29, 2024 to April 12, 2024, participants were provided the option of electing to receive a payment of their benefit under the Plan in the form of a single lump sum distribution provided that they have not already begun to receive benefit payments under the Plan. Lump sum distributions of \$8,457,109 were paid out in 2024. Benefits related to missing participants in the amount of \$351,382 were transferred to the PBGC. For those participants currently receiving guaranteed annuities, assets of \$1,309,381 were transferred to Empower Annuity Insurance Company of America in accordance with a contractual agreement. For those participants currently receiving benefits or those who did not elect to receive a lump sum distribution, the Company entered into an agreement with United of Omaha Life Insurance Company ("United of Omaha") for the purchase of a Group Annuity Contract in the amount of \$39,174,157, which were transferred to United of Omaha in July 2024. United of Omaha assumed the Plan's obligation to distribute future annuity payments to the remaining Plan retirees. Residual assets of \$17,118 remained in the Plan after the July 31, 2024 final distribution date to satisfy remaining expenses. As of November 13, 2024, the Plan's asset value was \$0.

Eligibility – Participation in the Plan was frozen effective May 1, 2009 and any covered employee who was an active participant in the Plan as of May 1, 2009 continued as an active participant until the participant was terminated or until December 31, 2023, when the Plan was terminated. No additional participants were permitted to be covered under the Plan.

Pension Benefits – Participants retiring before June 15, 1994, were entitled to monthly pension benefits equal to 2.25% of average monthly earnings, plus 0.50% of average monthly earnings in excess of covered compensation, as defined, multiplied by the number of years of credited benefit service, up to a maximum of 35 years. Participants retiring after June 15, 1994, were entitled to monthly pension benefits equal to 2.00% of average monthly earnings, plus 0.50% of average monthly earnings in excess of covered compensation, as defined, multiplied by the number of years of benefit service, up to a maximum of 35 years. Monthly pension benefits were the greater of the amount determined using the above calculations performed on the participant's actual retirement date or, the participant's normal retirement date multiplied by a late retirement factor up to the maximum benefit permitted under Section 415 of the IRC. Participants could elect to receive the value of their accumulated plan benefit as a lump-sum distribution if it was under \$5,000, or they could elect to receive their benefit as an annuity.

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Pension Benefits (Continued) – Benefit accruals were frozen with respect to the following classes of participants as of the applicable effective date: (a) benefits for participants who are members of the Rossmoor Public Safety Officers’ Association, the California Nurses Association or whose job classification as an employee of the plan sponsor was that of Homemaker were frozen effective December 31, 1996; (b) benefits for participants whose job classification was that of public safety officer or public safety sergeant were frozen effective June 30, 2005; and (c) benefits for participants who validly elected to opt out of participation in the Plan.

Normal retirement age was 62 years of age. Participants could elect early retirement at 55 years of age with an actuarially reduced amount of benefits. The Plan also provided disability benefits and death benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan’s financial statements are prepared on the liquidation basis of accounting in conformity with accounting principles generally accepted in the United States of America (“US GAAP”).

Use of Estimates – The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the disclosures of the actuarial present value of accumulated plan benefits, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s investment committee determines the Plan’s valuation policies utilizing information provided by Empower Trust Company, LLC (“Empower Trust”), the Plan’s actuary and an investment advisor. See Note 4 for further 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. Net appreciation or depreciation in the fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits were those future periodic payments that were attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits included benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died or become disabled, and (c) present eligible employees or their beneficiaries.

The accumulated plan benefits for active employees were based on their average compensation during the five years preceding the valuation date. Benefits for retired or former employees or their beneficiaries were based on the employee’s average compensation during the employee’s highest consecutive five years during the last ten years of credited service.

The actuarial present value of accumulated plan benefits was determined by an independent actuary and was the amount that resulted 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 such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits are made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31 rather than January 1 there would be no material differences.

Payments of Benefits – Benefit payments are recorded when paid.

Expenses – Certain expenses of maintaining the Plan were paid directly by the Company or by the Plan as provided by the Plan document. Expenses that were paid directly by the Company were excluded from these financial statements. Expenses paid by the Plan included fees paid to the PBGC (see Note 1). Certain investment management expenses paid by the Plan were netted against appreciation or depreciation of fair value of investments.

Concentrations – As of December 31, 2023, three investments accounted for approximately 95% of total investments.

NOTE 3 – FUNDING POLICY

Golden Rain Foundation made contributions to the Plan in amounts determined by the Plan’s actuary to meet the minimum funding requirements specified by ERISA. Periodically, the Plan sponsor evaluated the Plan’s funded status and made additional contributions in excess of the minimum amounts when deemed appropriate after taking into consideration the Company’s financial status. The Company’s 2024 contributions met the minimum funding requirements of ERISA. There were no contributions made for 2023.

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 4 – 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes to these methodologies in 2024 or 2023.

Following is a summary of the valuation methods used by the Plan to determine fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-end mutual funds that were registered with the Securities and Exchange Commission. These funds were required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

Immediate Participation Guarantee Contract – Valued at fair value by the insurance company based on a market value formula approach that used the Barclays Capital U.S. Aggregate Index.

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The preceding methods 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 table set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Total Assets in the Fair Value Hierarchy:				
Mutual Funds	\$ 50,949,905	\$ -	\$ -	\$ 50,949,905
Immediate Participation Guarantee Contract	-	-	230,889	\$ 230,889
Investments at Fair Value	<u>\$ 50,949,905</u>	<u>\$ -</u>	<u>\$ 230,889</u>	<u>\$ 51,180,794</u>

The following table sets forth a summary of changes in the fair value of the Plan’s Level 3 assets for the period from January 1, 2024 through November 13, 2024 and the year ended December 31, 2023:

	<u>Immediate Participation Guarantee Contract</u>
Balance, January 1, 2023	\$ 1,690,816
Interest Income	37,823
Purchases	4,903
Distributions	(2,809,604)
Transfers into Level 3	1,306,952
Balance, December 31, 2023	230,889
Interest Income	146,516
Purchases	1,601,310
Distributions	(51,494,491)
Transfers into Level 3	49,515,776
Balance, November 13, 2024	<u>\$ -</u>

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 5 – CERTIFIED INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance as permitted by 29 CFR 250.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust and EAIC, the custodians of the Plan, have certified to the completeness and accuracy of all investments presented on the Statements of Net Assets Available for Benefits as of November 13, 2024 and December 31, 2023 and the investment information presented in Note 4, and the related investment income (loss) reflected in the reflected in the Statements of Changes in Net Assets Available for Benefits for the period from January 1, 2024 through November 13, 2024 and the year ended December 31, 2023 and the supplemental Schedule H, Line 4j: Schedule of Reportable Transactions for the period from January 1, 2024 through November 13, 2024.

The Plan’s independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 6 – GUARANTEED INVESTMENT CONTRACT

The Plan had entered into a guaranteed investment contract with EAIC. EAIC maintained the contributions in an unallocated general account fund to which it adds actual earnings of the guaranteed investment account for the calendar year. The interest rate was guaranteed but was subject to change for each succeeding period. When changed, the new rate applied only to funds deposited from the date of change.

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of November 13, 2024 and January 1, 2024, were as follows:

	<u>November 13, 2024</u>	<u>January 1, 2024</u>
Vested Benefits:		
Participants Currently Receiving Payments	\$ -	\$ 11,896,593
Terminated Vested Participants	-	5,051,344
Other Vested Participants	-	<u>35,791,754</u>
Actuarial Present Value of Accumulated Plan Benefits	<u>\$ -</u>	<u>\$ 52,739,691</u>

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Changes in the actuarial present value of accumulated plan benefits were as follows:

Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2023	\$ 49,551,241
Increase (Decrease) Attributable to:	
Benefits Accumulated	566,267
Benefits Paid	(3,444,772)
Reduction in Discount Period	2,662,885
Actuarial Loss	1,131,504
Changes in Assumptions	<u>2,272,566</u>
Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2024	\$ 52,739,691
Increase (Decrease) Attributable to:	
Benefits Paid	(10,528,389)
Annuity Purchase Premium	(40,483,538)
Reduction in Discount Period	1,500,239
Actuarial Gains	<u>(3,228,003)</u>
Actuarial Present Value of Accumulated Plan Benefits at November 13, 2024	<u>\$ -</u>

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant assumptions used in the actuarial valuations as of January 1, 2024 were as follows:

Actuarial Cost Method	As prescribed by the Pension Protection Act of 2006; present value of the increase in accrued benefits and administrative expenses expected to be paid out of Plan assets
Rate of Return on Investments	5.50%
Inflation Rate	3.00%
Life Expectancy of Participants	Pri-2012 mortality tables with separate mortality rates for annuitants and non-annuitants
Normal Retirement Age	62 years
Withdrawal Assumptions	Table T-V from August 1992 Pension Forum published by the Society of Actuaries
Discount Rate for Obligation	4.90%

NOTE 8 – TAX STATUS

The Internal Revenue Service (“IRS”) had determined and informed the Company by letter dated August 13, 2020, that the Plan and related trust were designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believed that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan’s financial statements.

NOTE 9 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were managed by Massachusetts Mutual Life Insurance Company, an affiliate of Empower Retirement, the custodian of the Plan and thus these transactions qualify as party-in-interest transactions.

The Plan incurred fees of \$157,339 for the process of liquidating the Plan that were paid to Empower Retirement that qualify as party-in-interest transactions.

PENSION PLAN FOR EMPLOYEES OF GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT CORPORATION

(Liquidation Basis of Accounting)

NOTES TO FINANCIAL STATEMENTS

For the Period from January 1, 2024 through November 13, 2024
and Year Ended December 31, 2023

NOTE 10 – SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through September 16, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

PENSION PLAN FOR EMPLOYEES OF
GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT COMPANY

SCHEDULE H – LINE 4j: SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 94-1655715

Plan Number: 001

For the Period from January 1, 2024 through November 13, 2024

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Plan Asset (Including Interest Rate and Maturity in Case of a Loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain (Loss)</u>
<u>I. Single Transactions Exceeding 5% of Plan Assets</u>						
See below.						
<u>II. Series of Transactions with the Same Person Involving Property Other Than Securities and Aggregating to More Than 5% of Plan Assets</u>						
None Noted.						
<u>III. Transactions in a Series of Securities Transactions Involving the Same Issue Which Aggregates to More Than 5% of Plan Assets</u>						
Dimensional Fund Advisors	DFA Intermediate Govt Fixed-Income I	\$ -	\$ 25,212,682	\$ 25,278,917	\$ -	\$ (66,235)
Massachusetts Mutual Life Insurance Company	Immediate Participation Guarantee Contract	51,263,602	-	-	51,263,602	-
Massachusetts Mutual Life Insurance Company	Immediate Participation Guarantee Contract	-	51,494,491	51,494,491	-	-
Vanguard	Vanguard Long Term Treasury Idx Instl	-	12,010,885	12,443,289	-	(432,404)
Vanguard	Vanguard Short-Term Treasury Adm	-	10,087,019	10,099,164	-	(12,145)

IV. Securities Transactions with a Person, if any Preceding or Subsequent Single Securities
Transaction with the Same Person Exceeds 5% of Plan Assets

None Noted.

* Denotes Party-In-Interest as defined by ERISA.

PENSION PLAN FOR EMPLOYEES OF
GOLDEN RAIN FOUNDATION OF WALNUT CREEK,
A NONPROFIT MUTUAL BENEFIT COMPANY

SCHEDULE H – LINE 4i: SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 94-1655715

Plan Number: 001

For the Period from January 1, 2024 through November 13, 2024

(a) Identity of Party Involved	(b) Description of Plan Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>I. Single Transactions Exceeding 5% of Plan Assets</u>						
See below.						
<u>II. Series of Transactions with the Same Person Involving Property Other Than Securities and Aggregating to More Than 5% of Plan Assets</u>						
None Noted.						
<u>III. Transactions in a Series of Securities Transactions Involving the Same Issue Which Aggregates to More Than 5% of Plan Assets</u>						
Dimensional Fund Advisors	DFA Intermediate Govt Fixed-Income I	\$ -	\$ 25,212,682	\$ 25,278,917	\$ -	\$ (66,235)
Massachusetts Mutual Life Insurance Company	Immediate Participation Guarantee Contract	51,263,602	-	-	51,263,602	-
Massachusetts Mutual Life Insurance Company	Immediate Participation Guarantee Contract	-	51,494,491	51,494,491	-	-
Vanguard	Vanguard Long Term Treasury Idx Instl	-	12,010,885	12,443,289	-	(432,404)
Vanguard	Vanguard Short-Term Treasury Adm	-	10,087,019	10,099,164	-	(12,145)
<u>IV. Securities Transactions with a Person, if any Preceding or Subsequent Single Securities Transaction with the Same Person Exceeds 5% of Plan Assets</u>						
None Noted.						

* Denotes Party-In-Interest as defined by ERISA.