

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 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: THE CEDARS OF MARIN 403(B) DC PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2001
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 94-1606518
2c Plan Sponsor's telephone number: 415-455-1715
2d Business code (see instructions): 623000

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.

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 123 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 96  |
|   | <b>6a(2)</b>                               | 88  |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 59  |
|   | <b>6d</b>                                  | 147 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 147 |
|   | <b>6g(1)</b>                               | 125 |
|   | <b>6g(2)</b>                               | 147 |
| <b>h</b>  | <b>6h</b>                                  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> 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 type="checkbox"/> Trust                                      | (3) <input type="checkbox"/> Trust                                      |
| (4) <input checked="" type="checkbox"/> General assets of the sponsor   | (4) <input checked="" 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)

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

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

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>THE CEDARS OF MARIN 403(B) DC PLAN</b></p>                          | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>THE CEDARS OF MARIN</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>94-1606518</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TIAA-CREF**

| (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     |
| 13-1624203 | 69345         | 369216                                | 144   | 01/01/2024              | 12/31/2024 |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>  |                     |
|----------------------------|---|---------------------|
|                            | 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.  |                     |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....   | 1452671             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....  | 3798287             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>  |                     |
| <b>a</b>                   | State the basis of premium rates ▶  |                     |
| <b>b</b>                   | Premiums paid to carrier .....  | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....  | <b>6c</b>           |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶   | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>  |                     |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                   | Balance at the end of the previous year .....   | <b>7b</b> 776001    |
| <b>c</b>                   | (1) Contributions deposited during the year .....   | <b>7c(1)</b> 130216 |
|                            | (2) Dividends and credits.....  | <b>7c(2)</b> 0      |
|                            | (3) Interest credited during the year.....  | <b>7c(3)</b> 65478  |
|                            | (4) Transferred from separate account .....   | <b>7c(4)</b> 718980 |
|                            | (5) Other (specify below).....<br>▶ ROLLOVER  | <b>7c(5)</b> 2309   |
|                            | (6) Total additions .....   | <b>7c(6)</b> 916983 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b> 1692984   |
| <b>e</b>                   | <b>Deductions:</b>  |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....   | <b>7e(1)</b> 227122 |
|                            | (2) Administration charge made by carrier.....  | <b>7e(2)</b>        |
|                            | (3) Transferred to separate account .....   | <b>7e(3)</b> 8308   |
|                            | (4) Other (specify below).....<br>▶ FEE   | <b>7e(4)</b> 4883   |
| (5) Total deductions ..... | <b>7e(5)</b> 240313   |                     |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b> 1452671   |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |  |
|----------|--|------------|--|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |  |
| <b>b</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. .... | <b>10b</b> |  |  |

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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>THE CEDARS OF MARIN 403(B) DC PLAN</b>                          | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE CEDARS OF MARIN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>94-1606518</b> |            |

**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

**TIAA** **730 THIRD AVE**  
**NEW YORK, NY 10017-3206**

**13-1624203**

**(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

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**(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)

TIAA

730 THIRD AVE  
NEW YORK, NY 10017

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 28 59               | RECORDKEEPER  | 11684  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

|  |   |
|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |   |
| <b>A</b> Name of plan<br><u>THE CEDARS OF MARIN 403(B) DC PLAN</u>                                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE CEDARS OF MARIN</u>       | <b>D</b> Employer Identification Number (EIN)<br><u>94-1606518</u>                    |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |   |                |  |
|--|-------------------------------|---|----------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF STOCK R1</u>  |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>974694</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF MONEY MARKET R1</u>                                     |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>150001</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF SOCIAL CHOICE R1</u>                                    |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>1200215</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF GLOBAL EQUITIES R1</u>                                  |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>199614</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF GROWTH R1</u>   |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>494947</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF EQUITY INDEX R1</u>                                     |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>306616</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF INFLATION-LINKED BOND R1</u>                            |                               |   |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> |                               |   |                |  |
| <b>c</b> EIN-PN <u>13-1624203-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>87842</u>   |  |

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV INTL EQUITY T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20812 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LRG CAP GR T4                            |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21476 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LRG CAP VAL T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41839 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2015 T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10819 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2025 T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29158 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2040 T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13029 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV MID CAP GRW T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 829   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV MID CAP VAL T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16976 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV RLESTSECSEL T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45339 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV SM CP BL IX T4                           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA |                        |   |
| <b>c</b> EIN-PN 13-1624203-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1397  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV QT SM CP EQ T4

**b** Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 13-1624203-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23504 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CREF CORE BOND R1

**b** Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 13-1624203-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159180 |
|--------------------------------|------------------------|--|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>THE CEDARS OF MARIN 403(B) DC PLAN</b>                                       | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE CEDARS OF MARIN</b>              | <b>D</b> Employer Identification Number (EIN)<br><b>94-1606518</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          | 119329          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 6239242         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 776001          |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         | 53237           |
|   |                       | 3798287         |
|   |                       | 2929058         |
|   |                       | 1452671         |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 7134572                      | 8233253                |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                            | 0                      |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 7134572                      | 8233253                |

**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.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 224423            |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 600912            |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 825335           |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 6258              |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 65478             |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 71736            |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 74055             |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 74055            |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 655318    |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1626444   |

**Expenses**

|  |               |        |        |
|--|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 419682 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 50000  |        |
| (3) Other.....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |        | 469682 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |        | 46397  |
| <b>h</b> Interest expense.....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:  |               |        |        |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 11684  |        |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....   | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |        |        |
| (11) Other expenses.....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |        | 11684  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 527763 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1098681 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**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: PENSION ASSURANCE LLP

(2) EIN: 30-0840934

**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 |
|--|-----|----|--------|
| <b>a</b> 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   |    | 1057   |
| <b>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

**The Cedars of Marin 403(b) DC Plan**

Financial Statements with Auditor's Report  
As of December 31, 2024 and 2023

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Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

## INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of  
The Cedars of Marin 403(b) DC Plan:

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

We have performed audits of the financial statements of The Cedars of Marin 403(b) DC 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 December 31, 2024 and 2023, the related Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024, 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Basis for Disclaimer of Opinion***

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts or custodial accounts issued to current or former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 for one year after the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

***Other Matter—Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024, are presented for the purpose 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on these supplemental schedules.

*PENSION ASSURANCE LLP*

Agoura Hills, California  
September 22, 2025

**The Cedars of Marin 403(b) DC Plan  
Statements of Net Assets Available for Benefits  
As of December 31, 2024 and 2023**

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| Assets:                                       |                     |                     |
| Investments, at fair value:                   |                     |                     |
| Mutual funds                                  | \$ 2,929,058        | \$ 2,489,910        |
| Non-benefit-responsive investment contracts   | 628,868             | 776,001             |
| Pooled separate accounts                      | <u>3,798,287</u>    | <u>3,749,332</u>    |
|   | 7,356,213           | 7,015,243           |
| Investments, at contract value:               |                     |                     |
| Fully benefit-responsive investment contracts | 823,803             | -                   |
| Receivables:                                  |                     |                     |
| Participant contributions                     | -                   | 18,066              |
| Employer contributions                        | -                   | 6,623               |
| Notes receivable from participants            | <u>53,237</u>       | <u>119,329</u>      |
|   | 53,237              | 144,018             |
| Total assets                                  | <u>8,233,253</u>    | <u>7,159,261</u>    |
| Liabilities                                   | <u>-</u>            | <u>-</u>            |
| Net assets available for benefits             | <u>\$ 8,233,253</u> | <u>\$ 7,159,261</u> |

See accompanying notes.

**The Cedars of Marin 403(b) DC Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2024**

|  |              |
|--|--------------|
| Additions to net assets attributable to:                                 |              |
| Contributions:   |              |
| Participant  | \$ 582,846   |
| Employer   | 217,800      |
|  | 800,646      |
| Interest income on notes receivable from participants                    | 6,258        |
| Investment income:   |              |
| Net realized and unrealized appreciation in<br>fair value of investments | 655,318      |
| Interest and dividends   | 139,533      |
|  | 794,851      |
| Total additions  | 1,601,755    |
| Deductions from net assets attributable to:                              |              |
| Benefits paid to participants  | 516,079      |
| Plan expenses  | 11,684       |
| Total deductions   | 527,763      |
| Net increase   | 1,073,992    |
| Net assets available for benefits:                                       |              |
| Beginning of year  | 7,159,261    |
| End of year  | \$ 8,233,253 |

See accompanying notes.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 1. Plan Description

The following description of The Cedars of Marin 403(b) DC Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### a. General

The Plan, originally effective October 1, 2001, and restated October 1, 2023, is a defined contribution plan covering all employees of The Cedars of Marin (the Employer), excluding certain classes of employee as set forth in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### b. Contributions

Participants may contribute up to 100 percent of annual compensation in pre-tax or Roth deferrals into the Plan, as defined in the plan document and allowed by law. Participants may also roll over amounts representing distributions from other qualified plans. The Plan permits catch-up contributions for participants who have attained age 50 by the end of the plan year. In addition, the Plan permits special Internal Revenue Code (IRC) Section 403(b) catch-up contributions for employees who have completed 15 years of service with the Employer. The Plan also provides for automatic election of participant contributions at a rate of 4 percent of compensation. Participants may affirmatively elect a different contribution percentage or elect not to defer into the Plan.

Employer contributions are discretionary. Participants are eligible to receive employer contributions upon completing 12 months of credited service and attaining age 18. For the year ended December 31, 2024, employer contributions allocated to participants' accounts totaled \$220,518 of which \$217,800 was contributed by the Employer and \$2,718 was allocated from forfeitures.

#### c. Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of employer contributions, if applicable, and the Plan's earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer contribution portion of their accounts plus actual earnings thereon is based on years of credited service as follows:

| <b>Credited Service</b> | <b>Percent Vested</b> |
|-------------------------|-----------------------|
| Less than 1 year        | 0%                    |
| 1 to 3 years            | 30%                   |
| 3 years or more         | 100%                  |

e. Distribution of Benefits

Upon termination of employment due to termination of service, death, disability, or retirement, participants may elect to receive the value of their vested account balance in an annuity, a lump-sum distribution, installment payments, or ad-hoc distributions. In-service withdrawal options are available to participants under certain circumstances.

f. Notes Receivable from Participants

Participants may borrow the lesser of \$50,000 (reduced by the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan) or 50 percent of their vested account balance. Loan terms range up to five years but may be extended if the proceeds are to be used for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at 4.25 to 9.50 percent. Principal and interest are paid ratably through payroll deductions.

g. Plan Loans

Participants may request loans that are collateralized by their account balance. Loan principal for these accounts is advanced from Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) and not from participant accounts. A portion of the participant's account is transferred to a loan collateral account included within TIAA Traditional Non-Benefit Responsive Investment Contract, which is a fixed annuity account that pays a guaranteed rate of interest (see Note 4). Principal and interest are paid ratably on a payment schedule established when the loan is originated with a frequency of no less than quarterly. As payments are made, amounts are subsequently transferred back to the participant's other investments. Loans to participants in default may be offset through foreclosure on plan assets held in the participant's account. Such foreclosures would constitute distributions from the Plan. A total of \$15,039 and \$14,963 in participant account balances held in the TIAA Traditional Non-Benefit Responsive investment option served as collateral for loans to participants at December 31, 2024 and 2023, respectively.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 2. Summary of Significant Accounting Policies

#### a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

#### b. Use of Estimates

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

#### c. Investment Valuation and Income Recognition

Except as noted below, 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are generally recorded on a trade-date basis. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962-325, *Plan Accounting—Defined Contribution Plans: Investments—Other*, settlement-date basis may be used when (a) the settlement date is after the financial statement date, (b) the fair value of the securities purchased or sold did not change significantly from the trade date to the financial statement date, and (c) the purchases or sales do not significantly affect the composition of the plan's net assets available for benefits.

Investments in fully benefit-responsive investment contracts are reported at contract value. Contract value, also referred to as book value, is equal to total contributions allocated to the investment, less withdrawals and expenses, plus accrued interest.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### d. Plan 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. Plan expenses include fees for certain participant-initiated transactions that are charged directly to the account of the participant who incurred them. Investment-related expenses are included in net realized and unrealized appreciation in fair value of investments.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

e. Payment of Benefits

Benefits are recorded when paid.

f. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. These are referred to as participant loans in the Form 5500 and related supplemental schedules. Delinquent loans are treated as distributions based upon the terms of the plan document.

g. Excluded Contracts and Accounts

The Employer has elected to exclude certain contracts and accounts from plan assets in accordance with the Department of Labor's Field Access Bulletin (FAB) 2009-02 due to the fact that

- the contract or account was issued to a current or former employee before January 1, 2009;
- the Employer ceased to have any obligation to make contributions (including employee salary reduction contributions) and, in fact, stopped making contributions to the contract or account before January 1, 2009;
- all the rights under the contract or account are legally enforceable against the insurer or Insurer by the individual owner of the contract or account without any involvement by the Employer;
- the individual owner of the contract is fully vested in the contract or account.

The balances and transactions associated with these excluded contracts and accounts are believed to be immaterial to the financial statements presented as of December 31, 2024 and 2023, and for the year ended December 31, 2024.

h. Subsequent Events

The Plan has evaluated the subsequent events through September 22, 2025, the date the financial statements were available to be issued.

3. 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 investments, 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 Statements of Net Assets Available for Benefits.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 4. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

|         |  |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.  |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset or liability;</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> 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's 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 the methodologies used at December 31, 2024 and 2023.

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

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 4. Fair Value Measurement (Continued)

*Non-benefit-responsive investment contracts:* Valued at fair value by discounting the related cash flows by a risk-adjusted discount rate which correlates closely with the investment contract's historical crediting rates. The fair value calculated using the risk-adjusted discount rate does not differ materially from contract value. As such, the investment contracts are reported at contract value, which is considered by plan management to be a reasonable and materially accurate approximation of fair value. Contract value equals the total cash contributions, transfers, and interest credited to the contract, less the total of withdrawals, transfers and administrative expenses deducted from the contract.

*Pooled separate accounts:* Carried at fair value using NAV as a practical expedient. Valued at the NAV of units held by the Plan at year-end as posted by the fund, which is considered by plan management to be the best approximation of fair value. There are no notable restrictions on the redemption of investments held in the fund.

The Plan has identified the following classes of investment for its pooled separate accounts based on the nature and risks of the underlying investments. The fair values for each major class of investment are disclosed in the tables below. The following describes the significant investment strategies of each major class of investment.

- U.S. equity: Funds are invested directly and/or indirectly in a diversified portfolio of domestic stocks to achieve a variety of investment goals including capital appreciation, current income, specific industry exposure (TIAA Access Real Estate Securities T4), or index replication. The CREF Social Choice fund invests primarily in domestic stocks to achieve a long-term favorable rate of return comparable to the performance of the broader financial markets while giving special consideration to certain social criteria.
- International equity: Funds are invested in a diversified portfolio of stocks of companies internationally to achieve long-term returns through capital appreciation and/or current income.
- Balanced: Funds are invested in actively managed portfolios of stocks, bonds, other debt securities, money market instruments, and/or other investments, both domestically and internationally, with the goal of achieving a targeted balance of capital preservation, capital appreciation, and current income.
- Fixed income: Some funds in this category are primarily invested in U.S. treasury and government agency securities, commercial paper and certificates of deposit with the goal of capital preservation and liquidity. The CREF Inflation-Linked Bond fund invests in U.S. treasury inflation-linked securities or other inflation-linked bonds with the goal of outpacing inflation. Other funds invest in U.S. treasury and government agency securities, corporate bonds, and mortgage-backed or other asset-backed securities with the goal of current income and capital preservation.

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 Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 4. Fair Value Measurement (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

| <b>Assets at Fair Value as of December 31, 2024</b>      |                     |                |                   |                     |
|--|---------------------|----------------|-------------------|---------------------|
|  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u>    | <u>Total</u>        |
| Mutual funds   | \$ 2,929,058        | \$ -           | \$ -              | \$ 2,929,058        |
| Non-benefit-responsive investment contracts              | <u>-</u>            | <u>-</u>       | <u>628,868</u>    | <u>628,868</u>      |
| Total assets in the fair value hierarchy                 | 2,929,058           | -              | 628,868           | 3,557,926           |
| Investments measured at NAV as a practical expedient (1) | <u>-</u>            | <u>-</u>       | <u>-</u>          | <u>3,798,287</u>    |
| Investments, at fair value                               | <u>\$ 2,929,058</u> | <u>\$ -</u>    | <u>\$ 628,868</u> | <u>\$ 7,356,213</u> |

| <b>Assets at Fair Value as of December 31, 2023</b>      |                     |                |                   |                     |
|--|---------------------|----------------|-------------------|---------------------|
|  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u>    | <u>Total</u>        |
| Mutual funds   | \$ 2,489,910        | \$ -           | \$ -              | \$ 2,489,910        |
| Non-benefit-responsive investment contracts              | <u>-</u>            | <u>-</u>       | <u>776,001</u>    | <u>776,001</u>      |
| Total assets in the fair value hierarchy                 | 2,489,910           | -              | 776,001           | 3,265,911           |
| Investments measured at NAV as a practical expedient (1) | <u>-</u>            | <u>-</u>       | <u>-</u>          | <u>3,749,332</u>    |
| Investments, at fair value                               | <u>\$ 2,489,910</u> | <u>\$ -</u>    | <u>\$ 776,001</u> | <u>\$ 7,015,243</u> |

(1) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 4. Fair Value Measurement (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2024.

|                            | Non-benefit-<br>responsive<br>investment<br>contracts |
|----------------------------|---|
| Balance, beginning of year | \$ 776,001  |
| Purchases                  | 61,254  |
| Sales                      | <u>(208,387)</u>                                      |
| Balance, end of year       | <u>\$ 628,868</u>                                     |

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as level 3 in the FASB ASC 820 fair value hierarchy at December 31, 2024 and 2023.

#### Significant Unobservable Inputs Related to Level 3 Assets at December 31, 2024

| <u>Type</u>   | <u>Fair value</u> | <u>Valuation<br/>technique</u> | <u>Significant<br/>unobservable<br/>inputs</u> | <u>Range</u>   |
|---|-------------------|--------------------------------|--|----------------|
| Non-benefit-<br>responsive<br>investment<br>contracts | \$628,868         | Discounted cash<br>flow        | Risk-adjusted<br>discount rate                 | 3.55% to 6.37% |

#### Significant Unobservable Inputs Related to Level 3 Assets at December 31, 2023

| <u>Type</u>   | <u>Fair value</u> | <u>Valuation<br/>technique</u> | <u>Significant<br/>unobservable<br/>inputs</u> | <u>Range</u>   |
|---|-------------------|--------------------------------|--|----------------|
| Non-benefit-<br>responsive<br>investment<br>contracts | \$776,001         | Discounted cash<br>flow        | Risk-adjusted<br>discount rate                 | 3.65% to 6.75% |

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 5. Tax Exempt Status

The Employer has adopted a volume submitter plan document that received a favorable opinion letter from the Internal Revenue Service (IRS) dated August 7, 2017, and the plan administrator believes the Plan has been operated in accordance with the applicable provisions of the Internal Revenue Code (IRC). The Employer routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plan Compliance Resolution System. Accordingly, the plan administrator believes that the Plan and related trust are designed in accordance with applicable sections of the IRC and, accordingly, are exempt from income taxes.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 6. Certified Investment Information

Management has elected to have the audits of the Plan 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. Accordingly, TIAA and CREF, the Insurers of the Plan, have certified that the following investment information is complete and accurate:

- Fair value and contract value of investments and the carrying amount of notes receivable from participants as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.
- Investment income and interest income on notes receivable from participants as reflected in the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024.
- Investment information as reflected in Note 4 to these financial statements.
- Investment information reflected in the Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024.

As permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements or information related to the certified investment information.

### 7. Plan Termination

The Employer has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 8. Party-in-Interest Transactions

The following table presents exempt transactions with parties-in-interest, as defined by ERISA.

| <b>Party-in-interest</b>                                     | <b>Relationship</b>       | <b>ERISA Sec. 408(a) exemption</b>  |
|--|---------------------------|---|
| Teachers Insurance and Annuity Association of America (TIAA) | Insurer                   | Deposits, investment transactions, distributions in accordance with plan provisions, reasonable compensation for necessary services |
| College Retirement Equities Fund (CREF)                      | Insurer                   | Deposits, investment transactions, distributions in accordance with plan provisions, reasonable compensation for necessary services |
| Teachers Insurance and Annuity Association of America (TIAA) | Recordkeeper              | Reasonable compensation for necessary services  |
| Portico Wealth Advisors                                      | Investment advisor        | Qualified investment advice to participants or beneficiaries, reasonable compensation for necessary services                        |
| Primark Benefits   | Third-party administrator | Reasonable compensation for necessary services  |

### 9. Non-Exempt Transactions

Certain of the participant contributions were not remitted within the maximum period of time permitted by the Department of Labor's Rules and Regulations and, therefore, constitute the lending of monies from the Plan to the Employer. These non-exempt transactions are detailed in the attached supplemental schedule, Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024.

### 10. Investment Contract with Insurance Company

The Plan has entered into a fully benefit-responsive investment contract with Teachers Insurance and Annuity Association of America. Teachers Insurance and Annuity Association of America maintains the contributions in a general account. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan by Mutual of America Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The interest rate is adjusted by the Insurer periodically based on market conditions.

## The Cedars of Marin 403(b) DC Plan

Notes to Financial Statements  
For the Year Ended December 31, 2024

### 10. Investment Contract with Insurance Company (Continued)

If the Plan requests a total withdrawal of assets invested under the contract in connection with the termination of the contract, the issuer reserves the right to defer payment for up to six months.

### 11. Reconciliation to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023.

|  | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 8,233,253        | \$ 7,159,261        |
| Participant contributions receivable                           | -                   | (18,066)            |
| Employer contributions receivable                              | -                   | (6,623)             |
| Net assets available for benefits per the Form 5500            | <u>\$ 8,233,253</u> | <u>\$ 7,134,572</u> |

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024.

|  |                     |
|--|---------------------|
| Net increase per the financial statements                  | \$ 1,073,992        |
| Receipt of participant contributions accrued in prior year | 18,066              |
| Receipt of employer contributions accrued in prior year    | <u>6,623</u>        |
| Net increase per the Form 5500                             | <u>\$ 1,098,681</u> |

### 12. Subsequent Even—Plan Amendment

Effective February 24, 2025, the Plan was amended such that upon termination of employment due to termination of service, death, disability, or retirement, participants may elect to receive the value of their vested account balance in only a lump-sum distribution.

**The Cedars of Marin 403(b) DC Plan**  
**EIN: 94-1606518 PLAN: 001**  
**Schedule H, line 4i—Schedule of Assets (Held at End of Year)**  
**As of December 31, 2024**

| (a)   | (b)   | (c)   | (d)           | (e)                     |
|---|---|---|---------------|-------------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment                             | Cost  | Current Value |                         |
| <b>Fully Benefit-Responsive Investment Contracts:</b> |   |   |               |                         |
| *   | Teachers Insurance and Annuity Association of America | TIAA Traditional Benefit Responsive                         | ** \$         | 823,803                 |
| <b>Non-Benefit-Responsive Investment Contracts:</b>   |   |   |               |                         |
| *   | Teachers Insurance and Annuity Association of America | TIAA Traditional Non-Benefit-Responsive                     | **            | 628,868                 |
| <b>Pooled Separate Accounts:</b>                      |   |   |               |                         |
| *   | College Retirement Equities Fund                      | CREF Stock R1   | **            | 974,694                 |
| *   | College Retirement Equities Fund                      | CREF Money Market R1  | **            | 150,001                 |
| *   | College Retirement Equities Fund                      | CREF Social Choice R1                                       | **            | 1,200,215               |
| *   | College Retirement Equities Fund                      | CREF Global Equities R1                                     | **            | 199,614                 |
| *   | College Retirement Equities Fund                      | CREF Growth R1  | **            | 494,947                 |
| *   | College Retirement Equities Fund                      | CREF Equity Index R1  | **            | 306,616                 |
| *   | College Retirement Equities Fund                      | CREF Inflation-Linked Bond R1                               | **            | 87,842                  |
| *   | College Retirement Equities Fund                      | CREF Core Bond R1   | **            | 159,180                 |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Intl Equity T4                              | **            | 20,812                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Lrg Cap Gr T4                               | **            | 21,476                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Lrg Cap Val T4                              | **            | 41,839                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv LifCyc 2015 T4                              | **            | 10,819                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv LifCyc 2025 T4                              | **            | 29,158                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv LifCyc 2040 T4                              | **            | 13,029                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Mid Cap Grw T4                              | **            | 829                     |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Mid Cap Val T4                              | **            | 16,976                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv RIEstSecSel T4                              | **            | 45,339                  |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Sm Cp BI Ix T4                              | **            | 1,397                   |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Qt Sm Cp Eq T4                              | **            | 23,504                  |
|   |   | Total pooled separate accounts                              |               | <u>3,798,287</u>        |
| <b>Mutual Funds:</b>                                  |   |   |               |                         |
|   | Dimensional Fund Advisors                             | DFA Global Equity I   | **            | 97,907                  |
|   | Vanguard  | Vanguard Federal Money Mkt Inv                              | **            | 355,926                 |
|   | Vanguard  | Vanguard Small-Cap Idx Adm                                  | **            | 342,828                 |
|   | Vanguard  | Vanguard Ttl Bd Mkt Idx Adm                                 | **            | 251,191                 |
|   | Vanguard  | Vanguard Mid-Cap Idx Adm                                    | **            | 31,709                  |
|   | Vanguard  | Vanguard 500 Idx Adm  | **            | 698,659                 |
|   | Vanguard  | Vanguard Real Estate Idx Adm                                | **            | 232,221                 |
|   | Vanguard  | Vanguard Ttl Intl Stk Idx Adm                               | **            | 565,066                 |
|   | Dimensional Fund Advisors                             | DFA Inflation ProtSecPortInst                               | **            | 321,038                 |
|   | Parnassus Investments                                 | Parnassus Core Equity Inst                                  | **            | 32,513                  |
|   |   | Total mutual funds  |               | <u>2,929,058</u>        |
| *   | Participant Loans                                     | Loans to participants, bearing interest from 4.25% to 9.50% | **            | <u>53,237</u>           |
|   |   |   | \$            | <u><u>8,233,253</u></u> |
| *   | Represents a party-in-interest as defined by ERISA    |   |               |                         |
| **  | Not applicable for participant-directed plans         |   |               |                         |

See independent auditor's report and accompanying notes.

**The Cedars of Marin 403(b) DC Plan**  
**EIN: 94-1606518 PLAN: 001**  
**Schedule H, line 4a—Schedule of Delinquent Participant Contributions**  
**For the Year Ended December 31, 2024**

| Participant Contributions Transferred Late<br>to the Plan |                            | Check Here if Late<br>Participant Loan<br>Repayments are<br>Included | Total that Constitute Non-Exempt Prohibited Transactions |  |  | Total Fully<br>Corrected Under<br>VFCP and<br>PTE 2002-51 |
|---|----------------------------|--|--|--|--|---|
| Plan Year   | Amount<br>Transferred Late |  | Contributions Not<br>Corrected                           | Contributions<br>Corrected Outside<br>VFCP | Contributions<br>Pending Correction<br>in VFCP |   |
| 2024  | \$ 1,057                   | N/A  | \$ 1,057   | \$ -                                       | \$ -   | \$ -  |

\* See Note 9 to the financial statements.

See independent auditor's report and accompanying notes.

**The Cedars of Marin 403(b) DC Plan**  
**EIN: 94-1606518 PLAN: 001**  
**Schedule H, line 4i—Schedule of Assets (Held at End of Year)**  
**As of December 31, 2024**

| (a)   | (b)   | (c)   | (d)           | (e)                 |
|---|---|---|---------------|---------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment                             | Cost  | Current Value |                     |
| <b>Fully Benefit-Responsive Investment Contracts:</b> |   |   |               |                     |
| *   | Teachers Insurance and Annuity Association of America | TIAA Traditional Benefit Responsive                         | **            | \$ 823,803          |
| <b>Non-Benefit-Responsive Investment Contracts:</b>   |   |   |               |                     |
| *   | Teachers Insurance and Annuity Association of America | TIAA Traditional Non-Benefit-Responsive                     | **            | 628,868             |
| <b>Pooled Separate Accounts:</b>                      |   |   |               |                     |
| *   | College Retirement Equities Fund                      | CREF Stock R1   | **            | 974,694             |
| *   | College Retirement Equities Fund                      | CREF Money Market R1  | **            | 150,001             |
| *   | College Retirement Equities Fund                      | CREF Social Choice R1                                       | **            | 1,200,215           |
| *   | College Retirement Equities Fund                      | CREF Global Equities R1                                     | **            | 199,614             |
| *   | College Retirement Equities Fund                      | CREF Growth R1  | **            | 494,947             |
| *   | College Retirement Equities Fund                      | CREF Equity Index R1  | **            | 306,616             |
| *   | College Retirement Equities Fund                      | CREF Inflation-Linked Bond R1                               | **            | 87,842              |
| *   | College Retirement Equities Fund                      | CREF Core Bond R1   | **            | 159,180             |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Intl Equity T4                              | **            | 20,812              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Lrg Cap Gr T4                               | **            | 21,476              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Lrg Cap Val T4                              | **            | 41,839              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv LifCyc 2015 T4                              | **            | 10,819              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv LifCyc 2025 T4                              | **            | 29,158              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv LifCyc 2040 T4                              | **            | 13,029              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Mid Cap Grw T4                              | **            | 829                 |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Mid Cap Val T4                              | **            | 16,976              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv RIEstSecSel T4                              | **            | 45,339              |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Sm Cp Bl Ix T4                              | **            | 1,397               |
| *   | Teachers Insurance and Annuity Association of America | TIAA Access Nuv Qt Sm Cp Eq T4                              | **            | 23,504              |
|   |   | Total pooled separate accounts                              |               | <u>3,798,287</u>    |
| <b>Mutual Funds:</b>                                  |   |   |               |                     |
|   | Dimensional Fund Advisors                             | DFA Global Equity I   | **            | 97,907              |
|   | Vanguard  | Vanguard Federal Money Mkt Inv                              | **            | 355,926             |
|   | Vanguard  | Vanguard Small-Cap Idx Adm                                  | **            | 342,828             |
|   | Vanguard  | Vanguard Ttl Bd Mkt Idx Adm                                 | **            | 251,191             |
|   | Vanguard  | Vanguard Mid-Cap Idx Adm                                    | **            | 31,709              |
|   | Vanguard  | Vanguard 500 Idx Adm  | **            | 698,659             |
|   | Vanguard  | Vanguard Real Estate Idx Adm                                | **            | 232,221             |
|   | Vanguard  | Vanguard Ttl Intl Stk Idx Adm                               | **            | 565,066             |
|   | Dimensional Fund Advisors                             | DFA Inflation ProtSecPortInst                               | **            | 321,038             |
|   | Parnassus Investments                                 | Parnassus Core Equity Inst                                  | **            | 32,513              |
|   |   | Total mutual funds  |               | <u>2,929,058</u>    |
| *   | Participant Loans                                     | Loans to participants, bearing interest from 4.25% to 9.50% | **            | <u>53,237</u>       |
|   |   |   |               | <u>\$ 8,233,253</u> |
| *   | Represents a party-in-interest as defined by ERISA    |   |               |                     |
| **  | Not applicable for participant-directed plans         |   |               |                     |

See independent auditor's report and accompanying notes.

**The Cedars of Marin 403(b) DC Plan**  
**EIN: 94-1606518 PLAN: 001**  
**Schedule H, line 4a—Schedule of Delinquent Participant Contributions**  
**For the Year Ended December 31, 2024**

| Participant Contributions Transferred Late<br>to the Plan |                            | Check Here if Late<br>Participant Loan<br>Repayments are<br>Included | Total that Constitute Non-Exempt Prohibited Transactions |  |  | Total Fully<br>Corrected Under<br>VFCP and<br>PTE 2002-51 |
|---|----------------------------|--|--|--|--|---|
| Plan Year   | Amount<br>Transferred Late |  | Contributions Not<br>Corrected                           | Contributions<br>Corrected Outside<br>VFCP | Contributions<br>Pending Correction<br>in VFCP |   |
| 2024  | \$ 1,057                   | N/A  | \$ 1,057   | \$ -                                       | \$ -   | \$ -  |

\* See Note 9 to the financial statements.

See independent auditor's report and accompanying notes.