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

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PENINSULA HUMANE SOCIETY & SPCA</u></p> <p><u>1450 ROLLINS RD</u> <u>BURLINGAME, CA 94010</u></p> | <p>1c Effective date of plan <u>01/01/1987</u></p> <p>2b Employer Identification Number (EIN) <u>94-1243665</u></p> <p>2c Plan Sponsor's telephone number <u>650-532-1013</u></p> <p>2d Business code (see instructions) <u>812910</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | ALESSA BEST |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 194 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 139 |
| | 6a(2) | 162 |
| | 6b | 0 |
| | 6c | 66 |
| | 6d | 228 |
| | 6e | 0 |
| | 6f | 228 |
| | 6g(1) | 146 |
| | 6g(2) | 148 |
| h | 8 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

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

| | | |
|---|--|-------------------|
| <p>A Name of plan PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>001</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 PENINSULA HUMANE SOCIETY & SPCA</p> | <p>D Employer Identification Number (EIN) 94-1243665</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
AMERICAN UNITED LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 35-0145825 | 60895 | G76163 | 148 | 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|----------|----------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 830004 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 10481559 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 849586

| | | |
|---|--------------|-------|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 1940 |
| | 7c(2) | 0 |
| | 7c(3) | 14797 |
| | 7c(4) | 18471 |
| | 7c(5) | 0 |
| | | |

(6) Total additions **7c(6)** 35208

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 884794

e Deductions:

| | | |
|---|--------------|-------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 4682 |
| (2) Administration charge made by carrier..... | 7e(2) | 0 |
| (3) Transferred to separate account | 7e(3) | 50108 |
| (4) Other (specify below) | 7e(4) | 0 |
| | | |

(5) Total deductions **7e(5)** 54790

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 830004

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

| | | |
|---|--|--|
| <p>A Name of plan PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN</p> | <p>B Three-digit plan number (PN) ▶ 001</p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 PENINSULA HUMANE SOCIETY & SPCA</p> | <p>D Employer Identification Number (EIN) 94-1243665</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
THE VARIABLE ANNUITY LIFE INSURANCE CO

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 74-1625348 | 70238 | 50375 | 125 | 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.

| | |
|--|---|
| (a) Total amount of commissions paid 366 | (b) Total amount of fees paid 0 |
|--|---|

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
JOHN S LEE **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 243 | 0 | N/A | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GREGORY J SPORER **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 72 | 0 | N/A | 3 |

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

SHAWNEE G ANDERSON 2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 21 | 0 | N/A | 3 |

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

CARNELL A FREEMAN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 16 | 0 | N/A | 3 |

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

LEE TREVINO 2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 14 | 0 | N/A | 3 |

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------------------|--|-------------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 394887 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 5 1869507 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 403250 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 0 |
| | (2) Dividends and credits..... | 7c(2) 0 |
| | (3) Interest credited during the year..... | 7c(3) 11686 |
| | (4) Transferred from separate account | 7c(4) 5001 |
| | (5) Other (specify below)..... ▶ | 7c(5) 0 |
| | (6) Total additions | 7c(6) 16687 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 419937 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 22541 |
| | (2) Administration charge made by carrier..... | 7e(2) 0 |
| | (3) Transferred to separate account | 7e(3) 2313 |
| | (4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES | 7e(4) 196 |
| (5) Total deductions | 7e(5) 25050 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 394887 |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

| | | |
|--|---|-----|
| A Name of plan PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PENINSULA HUMANE SOCIETY & SPCA | D Employer Identification Number (EIN) 94-1243665 | |

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

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

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

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 38 50 64 | NONE | 776 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

| | | |
|--|--|------------|
| A Name of plan <u>PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PENINSULA HUMANE SOCIETY & SPCA</u> | D Employer Identification Number (EIN) <u>94-1243665</u> | |

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

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AUL AMERICAN UNIT TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>AMERICAN UNITED LIFE INSURANCE CO</u> | | |
| c EIN-PN <u>35-0145825-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10481559</u> |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PENINSULA HUMANE SOCIETY & SPCA | D Employer Identification Number (EIN) 94-1243665 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 326 | 0 |
| (2) Participant contributions | 1b(2) | 435 | 0 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 0 | 0 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 22661 | 62202 |
| (9) Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 10314783 | 12351066 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1252836 | 1212290 |
| (15) Other | 1c(15) | 0 | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | 0 |
| (2) Employer real property..... | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation..... | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 11591041 | 13625558 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 0 | 0 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 11591041 | 13625558 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 197144 | |
| (B) Participants..... | 2a(1)(B) | 466708 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 77685 | |
| (2) Noncash contributions..... | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 741537 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 0 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 0 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 0 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 1612 | |
| (F) Other..... | 2b(1)(F) | 26483 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 28095 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 0 | |
| (B) Common stock..... | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 0 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 0 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 0 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | 0 | |
| (B) Other..... | 2b(5)(B) | 0 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 1496105 |
| c Other income | 2c | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 2265737 |

Expenses

| | | |
|---|--------|--------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 215706 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 |
| (3) Other | 2e(3) | 0 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 215706 |
| f Corrective distributions (see instructions) | 2f | 12186 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 |
| h Interest expense | 2h | 0 |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | 0 |
| (2) Contract administrator fees | 2i(2) | 3328 |
| (3) Recordkeeping fees | 2i(3) | 0 |
| (4) IQPA audit fees | 2i(4) | 0 |
| (5) Investment advisory and investment management fees | 2i(5) | 0 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 |
| (7) Actuarial fees | 2i(7) | 0 |
| (8) Legal fees | 2i(8) | 0 |
| (9) Valuation/appraisal fees | 2i(9) | 0 |
| (10) Other trustee fees and expenses | 2i(10) | 0 |
| (11) Other expenses | 2i(11) | 0 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 3328 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 231220 |

Net Income and Reconciliation

| | | |
|---|-------|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 2034517 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 0 |
| (2) From this plan | 2l(2) | 0 |

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: HOOD & STRONG LLP

(2) EIN: 94-1254756

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

| | | |
|---|--|------------|
| A Name of plan <u>PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>PENINSULA HUMANE SOCIETY & SPCA</u> | D Employer Identification Number (EIN) <u>94-1243665</u> | |

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 35-0145825 74-1625348

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 22 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J501067A.

Peninsula Humane Society SPCA Retirement Plan

December 31, 2024 and 2023

Independent Auditors' Report,
Financial Statements and
Supplemental Schedule

Plan Sponsor: Peninsula Humane
Society & SPCA
Plan Sponsor EIN: 94-1243665
Plan Number: 001

Peninsula Humane Society & SPCA Retirement Plan

Independent Auditors' Report, Financial Statements and Supplemental Schedule

| | |
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Independent Auditors' Report

THE RETIREMENT COMMITTEE
PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN
Burlingame, California

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

We have performed audits of the financial statements of the **PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Hood & Strong LLP

San Jose, California
October 14, 2025

Peninsula Humane Society & SPCA Retirement Plan

Statement of Net Assets Available for Benefits

| <i>December 31,</i> | 2024 | 2023 |
|--|----------------------|----------------------|
| Assets: | | |
| Investments, at fair value | \$ 12,338,465 | \$ 10,314,783 |
| Investments, at contract value | 1,237,492 | 1,272,474 |
| Total investments | 13,575,957 | 11,587,257 |
| Receivables: | | |
| Notes receivable from participants | 60,424 | 16,603 |
| Participant contributions | 18,678 | 14,483 |
| Employer contributions | 7,322 | 6,763 |
| Total receivables | 86,424 | 37,849 |
| Total assets | 13,662,381 | 11,625,106 |
| Liabilities: | | |
| Excess contributions payable | 9,491 | 11,037 |
| Total liabilities | 9,491 | 11,037 |
| Net Assets Available for Benefits | \$ 13,652,890 | \$ 11,614,069 |

See accompanying notes to the financial statements.

Peninsula Humane Society & SPCA Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions to Net Assets Attributed to:

Contributions:

| | |
|-------------|------------|
| Participant | \$ 471,287 |
| Employer | 187,366 |
| Rollover | 77,685 |

Investment income:

| | |
|---|-----------|
| Net appreciation in fair value of investments | 1,509,002 |
| Interest and dividends | 12,355 |
| Other Income | 592 |
| Interest income on notes receivable from participants | 1,830 |

| | |
|-----------------|-----------|
| Total additions | 2,260,117 |
|-----------------|-----------|

Deductions from Net Assets Attributed to:

| | |
|--|---------|
| Benefits paid directly to participants | 217,968 |
| Administrative expenses | 3,328 |

| | |
|------------------|---------|
| Total deductions | 221,296 |
|------------------|---------|

| | |
|---------------------|-----------|
| Net Increase | 2,038,821 |
|---------------------|-----------|

Net Assets Available for Benefits:

| | |
|-------------------|------------|
| Beginning of year | 11,614,069 |
|-------------------|------------|

| | |
|-------------|---------------|
| End of year | \$ 13,652,890 |
|-------------|---------------|

See accompanying notes to the financial statements.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Note 1 - Plan Description:

The following description of the Peninsula Humane Society & SPCA Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Peninsula Humane Society & SPCA (the Employer/Plan Sponsor), a California non-profit corporation, to provide benefits to eligible employees, as defined in the Plan document. The Plan was established on January 1, 1987 and most recently restated effective August 1, 2019, to align with OneAmerica's Financial Partners, Inc. 403(b) volume submitter plan document. The Plan includes the employees of Pacific Animal Initiative (PAI). The Plan is an elective 403(b) contribution plan invested in variable and fixed annuity contracts. The Retirement Committee is responsible for the oversight of the Plan. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was most recently amended effective May 10, 2024, to allow partial withdrawals as one of the default distribution methods with no minimum withdrawal amount.

On December 29, 2022, the SECURE Act 2.0 was signed into law. The new law makes changes to include provisions intended to expand coverage, increase retirement savings, increase the age at which retirees must begin taking required minimum distributions, change catch-up contributions, and simplify and clarify retirement plan rules. Most of the provisions in the SECURE Act 2.0 legislation are optional and many require regulatory guidance prior to implementation. The Plan continues to operate under the required legislative and regulatory requirements. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service (IRS) guidance.

In February 12, 2025, the Plan Sponsor approved the adoption of the increase in mandatory cash-out threshold from \$5,000 to \$7,000, in accordance with the provisions of SECURE Act 2.0. No formal plan amendment has been executed as of the financial statement report date.

Eligibility

All employees are eligible to make an elective deferral upon hire. All employees who normally work more than 20 hours per week, have reached the age of 18 and have completed six months of employment are eligible to receive employer matching and nonelective contributions on the first day of the calendar month following the date of eligibility.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Contributions

Eligible employees may contribute up to 100% of pretax annual compensation, as defined by the Plan, not to exceed the amount allowable under current income tax regulations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan includes a Roth option allowing deferral of after-tax dollars. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers), subject to approval by the Plan Administrator. Contributions are subject to limitations.

The Employer may make discretionary nonelective and matching contributions. The Employer made matching contributions at a rate of 100% on the first 3% of participants' elective deferrals and 50% on the next 3% of participants' elective deferrals for a maximum total of 4.5% per employee per pay period for the year ended December 31, 2024. There were no nonelective contributions made during 2024.

Participant Accounts

The Plan assets are held in contracts with American United Life Insurance Company (AUL) and The Variable Annuity Life Insurance Company (VALIC). Each participant's account is credited with the participant's salary deferral contribution, the participant's qualified rollover contributions, the Employer nonelective and matching contributions, Plan earnings or losses thereon, and charged with administrative expense allocations. Earnings and administrative expense allocations are based on participant account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested 100% in their contributions plus actual earnings thereon. For any eligible employee who was a participant prior to July 1, 2022, they were immediately vested 100% in the Employer's contributions plus actual earnings thereon.

For participants hired after June 30, 2022, the portion of the participants' accounts attributable to the Employer's nonelective and matching contributions becomes 50% vested after one year of credited service as defined in the Plan; 75% vested after two years of credited service as defined in the Plan; and 100% vested after three years of credited service as defined in the Plan.

Participant Investment Options

Upon enrollment in the Plan, participants must direct their employee contributions to any of the selected investment choices made available through AUL as more fully described in the Plan's literature. If a participant does not designate an investment option for the Employer contributions, participants' contributions are placed with TIAA-CREF Lifecycle Index funds based on the participant's age and assuming normal retirement age as defined in the Plan document. Participants may change their investment options any time throughout the year, including VALIC funds.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Notes Receivable from Participants and Policy Loans

Notes Receivable from Participants

The Plan allows participants to borrow funds from their AUL fund accounts not less than \$1,000 and up to the lesser of \$50,000 or 50% of their AUL account balance. The loans are secured by the participant's remaining vested balance. A participant may have no more than two loans outstanding at one time. No new loans will be issued to a participant unless all outstanding loans for that participant, including deemed-distributed loans, are current. The Plan Administrator will establish a reasonable rate of interest, with a return comparable to the rates being charged by lending institutions in the same geographic locale as the Employer. Loans must be repaid to the Plan within a five-year period, unless the loan is used for the purchase of a principal residence in which case the maximum repayment period is 15 years. Outstanding loans with AUL as of December 31, 2024, carry interest rates of 4.25% per annum with various maturities through January 2032.

Policy Loans

Participants may borrow directly from VALIC using a portion of their plan account as security for the loan. VALIC allows participants to borrow a minimum of \$1,000 up to a maximum of equal to the lesser of \$50,000 or 50% of the vested portion of their account balance. Loan terms range from one to five years, except for loans to purchase a primary residence. The loans are secured by their vested balance in the participant's account. The interest rate is determined by VALIC and payments are made directly to VALIC. The Plan Administrator has concluded that these loans are not plan assets and that such arrangements are exempt transactions. As of December 31, 2024 and 2023, there were five and seven policy loans, respectively, totaling \$5,207 and \$11,371, respectively with interest of 2-3% per annum and various maturities through August 2025.

Payment of Benefits

A participant with a vested account of \$5,000 or less upon termination receives his or her vested balance paid out in a lump sum distribution. A participant with a vested account over \$5,000 may, upon termination of service due to severance from employment, death, disability, or retirement, elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Upon hardship or attaining age 59 ½, a participant may elect to receive a lump-sum amount, equal to the value of the participant's vested interest in his or her account. The individual agreements governing the investment options may further restrict the payout options.

There were no participant requests to withdraw from the Plan as of December 31, 2024 and 2023 that had not been paid as of those dates.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Forfeitures

Forfeitures may be used to pay Plan administrative expenses or reduce future Employer contributions. As of December 31, 2024 and 2023 the balance in the forfeiture account was \$0. During the year ended December 31, 2024, approximately \$1,389 of forfeitures were used to reduce the Plan's contributions.

Plan Custodians

The Plan approved vendors are American United Life Insurance Company (AUL) and The Variable Annuity Life Insurance Company (VALIC), (collectively, the Custodians).

Note 2 - Significant Accounting Policies:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions

Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.

Investment Valuation and Income Recognition

Investments of the Plan are held by the Custodians and are invested based solely upon instructions received from participants. The Plan's investments are reported at fair value as of the last day of the Plan year, except for fixed annuity contracts which are reported at contract value as described in Note 5. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employer's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, Custodians and insurance companies. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on an ex-dividend date. The net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

The market volatility of equity-based investments may substantially impact the value of such investments at any given time. It is likely that the value of the Plan's investments, both in total and in individual participant accounts, has fluctuated since December 31, 2024.

Management fees and operating expenses charged to the Plan by the Custodians are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation (depreciation) in fair value of investments.

Notes Receivable from Participants (Participant Loans)

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

The Plan Administrator has evaluated subsequent events from December 31, 2024 through October 14, 2025, the date the financial statements were available to be issued. Except as disclosed in Note 1, there were no material subsequent events that required recognition or additional disclosure.

Note 3 - Certified Information:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by AUL and VALIC (the Custodians of the Plan).

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Note 4 - Fair Value Measurements:

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Variable annuity contracts:

Variable annuity contracts held with VALIC are valued at the net asset value (NAV) per share as reported by each Fund, based on the market values of the underlying fund investments. The amount or frequency of transfers of all or part of the account value between various investment options during the purchase or payout period is not limited for transactions less than \$5,000. However, to hinder short-term trading, if an investor sells fund shares valued at \$5,000 or more, whether through an exchange, transfer or any other redemption, the investor will not be able to make a purchase of \$5,000 or more in that same fund for 30 calendar days. This policy applies only to investor-initiated trades of \$5,000 or more and does not apply to the plan-level or employer-initiated transactions; purchase transactions involving transfers of assets or rollovers; retirement plan contributions, loans and distributions; Roth IRA conversions or IRA recharacterizations; systematic purchase or redemptions; or trades of less than \$5,000. Withdrawals of all or a portion of the account value may be done at any time during the purchase period if it is allowed under federal and state law and allowed under the plan. There are no restrictions regarding the frequency or minimum amount of the withdrawals.

Variable annuity contracts held with AUL are valued at the Accumulation Unit value as reported by AUL, based on the market value of the underlying mutual fund. The value of an Accumulation Unit reflects the income, gains, and losses and Investment Option Change before giving effect to any additions, withdrawals, or transfers, and is a NAV equivalent. Certain withdrawals under the contract are subject to a withdrawal charge.

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

| As of December 31, 2024 | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|---|----------------|----------------|----------------|----------------------|
| Investments measured at net asset value (or its equivalent) using the practical expedient (a) | \$ - | \$ - | \$ - | \$ 12,338,465 |
| Investments, at fair value | \$ - | \$ - | \$ - | \$ 12,338,465 |

| As of December 31, 2023 | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|---|----------------|----------------|----------------|----------------------|
| Investments measured at net asset value (or its equivalent) using the practical expedient (a) | \$ - | \$ - | \$ - | \$ 10,314,783 |
| Investments, at fair value | \$ - | \$ - | \$ - | \$ 10,314,783 |

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

- (a) In accordance with Accounting Standards Codification Subtopic 820-10 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 this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Investments Measured Using the NAV (or its equivalent) per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV (or its equivalent) per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| Categories | 2024 | | 2023 | | Unfunded Commitments | Redemption Frequency | Redemption Notice Period (number of business days) |
|------------------------|-----------------|---------------|-----------------|---------------|----------------------|----------------------|--|
| | Number of Funds | Valuation | Number of Funds | Valuation | | | |
| Variable annuities (a) | 67 | \$ 12,338,465 | 67 | \$ 10,314,783 | n/a | no limit | 1 |

- (a) Significant investments include equity variable annuities that seek growth of capital through investment in domestic and international common stocks and equity-related securities by investing in a diversified portfolio selected to track the overall market for common stocks publicly traded in the United States, as represented by a broad stock market index, and a diversified portfolio of common stocks that present the opportunity for exceptional growth and managed asset allocation funds that provide the highest return over time consistent with an emphasis on both capital growth and income by adjusting its investment in stock and bond funds based on the targeted retirement date.

Note 5 - Fixed Annuity Contracts:

The Plan has traditional fixed annuity guaranteed investment contracts with VALIC totaling \$407,488 as of December 31, 2024 and \$422,888 as of December 31, 2023, and AUL totaling \$830,004 as of December 31, 2024 and \$849,586 as of December 31, 2023. The Custodians maintain the contributions in a general account. The respective account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Custodians are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

The crediting interest rate is based on a formula agreed upon with the issuer. For VALIC contracts, the interest rate may not be less than 2% on accounts established on or after December 1, 2003, and 3% for accounts established before December 1, 2003. Effective January 1, 2011, contracts issued to new participants have indexed guaranteed minimum interest rates. Such interest rates are reviewed on a monthly basis for resetting. For the AUL contract, the interest rate may not be less than 0%. The Guaranteed Rate of 2% and 1.75% for 2024 and 2023, respectively, is declared annually for the subsequent calendar year.

The VALIC guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The AUL guaranteed investment contract permits the insurance company to terminate the agreement if the Guaranteed Rate for the subsequent calendar year is not accepted by the Plan.

These investment contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value, which is the relevant measure because contract value is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Custodians, 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.

The Plan's ability to receive amounts due is dependent on the issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events may be different under each contract and include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, and (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with participants.

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Note 6 - Related-Party Transactions and Party-in-Interest Transactions:

Certain Plan investments are managed by the Custodians or affiliates of the Custodians therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the party-in-interest prohibition.

Certain administrative functions are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan.

AUL provides certain administrative services to the Plan pursuant to a Record Keeping Agreement with the Plan the fees for which are included in Administrative expenses in the Statement of Changes in Net Assets Available for Benefits.

Note 7 - Plan Termination:

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, all participants immediately become 100% vested in their entire account.

Note 8 - Tax Status:

The Plan has adopted a 403(b) volume submitter plan sponsored by OneAmerica Financial Partners, Inc. (OneAmerica), an affiliate of AUL. The OneAmerica plan has received a favorable opinion letter dated November 22, 2017 from the IRS as to the form of the plan being acceptable under section 403(b) of the IRC. This opinion on the acceptability of the form of the plan is not a ruling or determination as to whether the Plan qualified under Code section 403(b). The Plan has been amended since receiving the opinion letter. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

Note 9 - Risks and Uncertainties:

The Plan provides for various investment options in any combination of variable and fixed annuity contracts offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

As of December 31, 2024 the Nuveen Lifecycle Idx 2035 R6 represented 10% of Plan assets. As of December 31, 2023, the TIAA-CREF Lifecycle Idx 2035 I represented 10% of Plan assets.

Note 10 - Reconciliation of the Financial Statements to the Form 5500:

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

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| Net assets available for benefits per the financial statements at December 31, | \$ 13,652,890 | \$ 11,614,069 |
| Less | | |
| Policy loans reported as defaulted per the Form 5500 | (10,823) | (13,580) |
| Participant contributions receivable | (18,678) | (14,048) |
| Employer contributions receivable | (7,322) | (6,437) |
| Addback: | | |
| Excess contributions | 9,491 | 11,037 |
| Net assets per the Form 5500 | \$ 13,625,558 | \$ 11,591,041 |

Peninsula Humane Society & SPCA Retirement Plan

Notes to the Financial Statements

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

| | |
|---|--------------------|
| Net increase in net assets per these financial statements for the year ended December 31, 2024 | 2,038,821 |
| Addback: | |
| Participant contributions receivable as of December 31, 2023 | 14,048 |
| Employer contributions receivable as of December 31, 2023 | 6,437 |
| Policy loans reported as defaulted per the Form 5500 as of December 31, 2023 | 13,580 |
| Excess contributions as of December 31, 2024 | 9,491 |
| Less: | |
| Participant contributions receivable as of December 31, 2024 | (18,678) |
| Employer contributions receivable as of December 31, 2024 | (7,322) |
| Policy loans reported as defaulted per the Form 5500 as of Decemer 31, 2024 | (10,823) |
| Excess contributions as of December 31, 2023 | (11,037) |
| <hr/> Net income per the Form 5500 | <hr/> \$ 2,034,517 |

Supplemental Schedule

Peninsula Humane Society & SPCA Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: Peninsula Humane Society & SPCA

Plan Sponsor EIN: 94-1243665

Plan Number: 001

(See Independent Auditors' Report)

December 31, 2024

- (a) Identity of issue, borrower, lessor, or similar party
- (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value
- (c) Cost
- (d) Current value

| | (a) | (b) | (c) | (d) |
|----------------------------------|-----|-----------------|-----|------------------|
| Fixed Annuity Contracts: | | | | |
| * VALIC Fixed Account Plus | | Fixed annuities | \$ | 341,976 |
| * VALIC Short Term Fixed Account | | Fixed annuities | | 52,911 |
| ** AUL Stable Value Account | | Fixed annuities | | 830,004 |
| Total Fixed Annuities | | | | 1,224,891 |

Variable Annuity Contracts:

| | | | | |
|---|--|------------------|--|---------|
| * VALIC Ariel Appreciation Fund | | Variable Annuity | | 11,450 |
| * VALIC Ariel Fund | | Variable Annuity | | 7,916 |
| * VALIC Core Bond Fund | | Variable Annuity | | 35,498 |
| * VALIC Dividend Value Fund | | Variable Annuity | | 701 |
| * VALIC Emerging Economies | | Variable Annuity | | 47,906 |
| * VALIC International Value Fund | | Variable Annuity | | 41,334 |
| * VALIC Global Real Estate Fund | | Variable Annuity | | 12,224 |
| * VALIC Intl Socially Responsible Fund | | Variable Annuity | | 73,625 |
| * VALIC Global Strategy Fund | | Variable Annuity | | 12,815 |
| * VALIC Systematic Core Fund | | Variable Annuity | | 38,410 |
| * VALIC Systematic Growth Fund | | Variable Annuity | | 27,952 |
| * VALIC Systematic Value | | Variable Annuity | | 34,411 |
| * VALIC Growth Fund | | Variable Annuity | | 90,739 |
| * VALIC GS Vit Gov Money Mkt Fd Ints. | | Variable Annuity | | 149,036 |
| * VALIC High Yield Bond Fund | | Variable Annuity | | 2,420 |
| * VALIC Inflation Protected Fund | | Variable Annuity | | 14,557 |
| * VALIC International Equities Index Fund | | Variable Annuity | | 153,064 |
| * VALIC International Government Bond | | Variable Annuity | | 7,795 |
| * VALIC International Growth Fund | | Variable Annuity | | 9,307 |
| * VALIC Intl Opportunities | | Variable Annuity | | 25,105 |
| * VALIC Large Capital Growth | | Variable Annuity | | 33,075 |
| * VALIC Mid Cap Index Fund | | Variable Annuity | | 185,955 |
| * VALIC Mid Cap Strategic Gwth | | Variable Annuity | | 27,772 |
| * VALIC Mid Cap Value Fund | | Variable Annuity | | 22,072 |
| * VALIC Science & Technology Fund | | Variable Annuity | | 173,292 |

Peninsula Humane Society & SPCA Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: Peninsula Humane Society & SPCA

Plan Sponsor EIN: 94-1243665

Plan Number: 001

(See Independent Auditors' Report)

December 31, 2024

- (a) Identity of issue, borrower, lessor, or similar party
- (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value
- (c) Cost
- (d) Current value

| | (a) | (b) | (c) | (d) |
|--|-----|------------------|-----|-----------|
| * VALIC Small Cap Growth Fund | | Variable Annuity | | 35,122 |
| * VALIC Small Cap Index Fund | | Variable Annuity | | 101,399 |
| * VALIC Small Cap Value Fund | | Variable Annuity | | 13,782 |
| * VALIC US Socially Responsible Fund | | Variable Annuity | | 31,014 |
| * VALIC Stock Index Fund | | Variable Annuity | | 275,603 |
| Vanguard Long-Term Treasury | | Variable Annuity | | 1,310 |
| Vanguard Long-Term Investment Grade Fund | | Variable Annuity | | 2,464 |
| Vanguard Wellington Fund, Inc. | | Variable Annuity | | 23,292 |
| Vanguard Windsor II | | Variable Annuity | | 120,923 |
| VC I Capital Appreciation | | Variable Annuity | | 13,566 |
| Amerfds New Perspective R6 | | Variable Annuity | | 44,927 |
| PIMCO Income Instl | | Variable Annuity | | 65,002 |
| Vanguard Emrg Mkts Stk Idx Adm | | Variable Annuity | | 66,543 |
| Vanguard Equity-Income Adm | | Variable Annuity | | 151,861 |
| Vanguard 500 Index Adm | | Variable Annuity | | 414,552 |
| Vanguard Mid Cap Index Adm | | Variable Annuity | | 37,510 |
| Vanguard Reit Index Adm | | Variable Annuity | | 144,226 |
| Vanguard High-Yield Corp Adm | | Variable Annuity | | 37,846 |
| Vanguard Int-Term Bond Idx Adm | | Variable Annuity | | 72,293 |
| Vanguard Int-Term Invgrde Adm | | Variable Annuity | | 72,189 |
| Vanguard Lifestrat Grth Inv | | Variable Annuity | | 578,233 |
| Vanguard Lifestrat Mod GR Inv | | Variable Annuity | | 97,812 |
| Vanguard Small Cap Index Adm | | Variable Annuity | | 114,235 |
| Vanguard Ftse Social Index Adm | | Variable Annuity | | 81,698 |
| Jpmorgan Large Cap Growth R6 | | Variable Annuity | | 831,482 |
| Allspring Spec SM Cap Value R6 | | Variable Annuity | | 39,708 |
| Vanguard Wellington Adm | | Variable Annuity | | 16,974 |
| Nuveen Lifecycle Idx 2065 R6 | | Variable Annuity | | 50,758 |
| Nuveen Lifecycle Idx 2010 R6 | | Variable Annuity | | 5,256 |
| Nuveen Lifecycle Idx 2020 R6 | | Variable Annuity | | 1,026,223 |
| Nuveen Lifecycle Idx 2025 R6 | | Variable Annuity | | 663,427 |
| Nuveen Intl EQ Idx R6 | | Variable Annuity | | 275,034 |
| Nuveen Lifecycle Idx 2030 R6 | | Variable Annuity | | 637,589 |
| Nuveen Lifecycle Idx 2035 R6 | | Variable Annuity | | 1,379,033 |
| Nuveen Lifecycle Idx 2040 R6 | | Variable Annuity | | 534,363 |
| Nuveen Lifecycle Idx 2045 R6 | | Variable Annuity | | 632,380 |
| Nuveen Lifecycle Idx 2050 R6 | | Variable Annuity | | 888,216 |
| Nuveen Lifecycle Idx 2055 R6 | | Variable Annuity | | 1,064,101 |
| Nuveen Lifecycle Idx 2060 R6 | | Variable Annuity | | 270,203 |

Peninsula Humane Society & SPCA Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: Peninsula Humane Society & SPCA

Plan Sponsor EIN: 94-1243665

Plan Number: 001

(See Independent Auditors' Report)

December 31, 2024

- (a) Identity of issue, borrower, lessor, or similar party
- (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value
- (c) Cost
- (d) Current value

| | (a) | (b) | (c) | (d) |
|--|-----|------------------|-----|----------------------|
| Macquirie Mid Cap Growth R6 | | Variable Annuity | | 108,014 |
| Victory Sycam Establish Val R6 | | Variable Annuity | | 41,135 |
| Putnam Small Cap Growth R6 | | Variable Annuity | | 38,736 |
| Total Variable Annuities | | | | 12,338,465 |
| *** Notes Receivable from Participants | | 4.25% | | 60,424 |
| * VALIC Fixed Account Plus - Loan Collateral Fund ⁽¹⁾ | | Fixed annuities | | 1,737 |
| * VALIC Fixed Account Plus - Loan Escrow Fund ⁽¹⁾ | | Fixed annuities | | 41 |
| Total Participant Loans | | | | 62,202 |
| | | | | \$ 13,625,558 |

* Managed by VALIC

** Managed by AUL

*** Party-in-interest as defined by ERISA

Cost information omitted for participant-directed investments.

(1) VALIC Fixed Account Plus-Loan Collateral Fund and Loan Escrow Fund are reported net of \$10,823 of defaulted Policy Loans. Total account balance is \$12,601.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: PENINSULA HUMANE SOCIETY & SPCA RETIREMENT PLAN
Employer Identification Number: 94-1243665
For plan year (beginning/ending): 01-01-2024 TO 12-31-2024 Plan number: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | ALLSPRING | ALLSPRING SPEC SM CAP VALUE R6 MUTUAL FUND SHARES | 0 | 39,708 |
| | AMERICAN FUNDS | AMERFDS NEW PERSPECTIVE R6 MUTUAL FUND SHARES | 0 | 44,927 |
| * | AMERICAN UNITED LIFE INS CO | AUL STABLE VALUE ACCOUNT | 0 | 830,004 |
| | JPMORGAN | JPMORGAN LARGE CAP GROWTH R6 MUTUAL FUND SHARES | 0 | 831,482 |
| * | PARTICIPANTS | LOANS 4.25% TO 4.25% | 0 | 60,424 |
| | MACQUARIE | MACQUARIE MID CAP GROWTH R6 MUTUAL FUND SHARES | 0 | 108,014 |
| | NUVEEN | NUVEEN INTL EQ IDX R6 MUTUAL FUND SHARES | 0 | 275,034 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2065 R6 MUTUAL FUND SHARES | 0 | 50,758 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2055 R6 MUTUAL FUND SHARES | 0 | 1,064,101 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2010 R6 MUTUAL FUND SHARES | 0 | 5,255 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2020 R6 MUTUAL FUND SHARES | 0 | 1,026,223 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2025 R6 MUTUAL FUND SHARES | 0 | 663,427 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2030 R6 MUTUAL FUND SHARES | 0 | 637,589 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2035 R6 MUTUAL FUND SHARES | 0 | 1,379,033 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2040 R6 MUTUAL FUND SHARES | 0 | 534,363 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2045 R6 MUTUAL FUND SHARES | 0 | 632,380 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2050 R6 MUTUAL FUND SHARES | 0 | 888,217 |
| | NUVEEN | NUVEEN LIFECYCLE IDX 2060 R6 MUTUAL FUND SHARES | 0 | 270,203 |
| | PIMCO | PIMCO INCOME INSTL MUTUAL FUND SHARES | 0 | 65,002 |
| | FRANKLIN/TEMPLETON | PUTNAM SMALL CAP GROWTH R6 MUTUAL FUND SHARES | 0 | 38,736 |
| | VANGUARD | VANGUARD 500 INDEX ADM MUTUAL FUND SHARES | 0 | 414,552 |
| | VANGUARD | VANGUARD EMRG MKTS STK IDX ADM MUTUAL FUND SHARES | 0 | 66,543 |
| | VANGUARD | VANGUARD EQUITY-INCOME ADM MUTUAL FUND SHARES | 0 | 151,861 |
| | VANGUARD | VANGUARD FTSE SOCIAL INDEX ADM MUTUAL FUND SHARES | 0 | 81,698 |
| | VANGUARD | VANGUARD HIGH-YIELD CORP ADM MUTUAL FUND SHARES | 0 | 37,846 |
| | VANGUARD | VANGUARD INT-TERM INVGRDE ADM MUTUAL FUND SHARES | 0 | 72,189 |
| | VANGUARD | VANGUARD INT-TERM BOND IDX ADM MUTUAL FUND SHARES | 0 | 72,293 |
| | VANGUARD | VANGUARD LIFESTRAT GRTH INV MUTUAL FUND SHARES | 0 | 578,233 |
| | VANGUARD | VANGUARD LIFESTRAT MOD GR INV MUTUAL FUND SHARES | 0 | 97,812 |
| | VANGUARD | VANGUARD MID CAP INDEX ADM MUTUAL FUND SHARES | 0 | 37,510 |
| | VANGUARD | VANGUARD REIT INDEX ADM MUTUAL FUND SHARES | 0 | 144,226 |
| | VANGUARD | VANGUARD SMALL CAP INDEX ADM MUTUAL FUND SHARES | 0 | 114,235 |
| | VANGUARD | VANGUARD WELLINGTON ADM MUTUAL FUND SHARES | 0 | 16,974 |
| | VICTORY | VICTORY SYCAM ESTABLISH VAL R6 MUTUAL FUND SHARES | 0 | 41,135 |
| * | VARIABLE ANNUITY LIFE INSURANCE CO | FIXED ACCOUNT PLUS | 0 | 329,826 |
| * | VARIABLE ANNUITY LIFE INSURANCE CO | SHORT TERM FIXED ACCOUNT | 0 | 52,460 |
| * | VARIABLE ANNUITY LIFE INSURANCE CO | LOAN COLLATERAL FUND | 0 | 1,737 |
| * | VARIABLE ANNUITY LIFE INSURANCE CO | LOAN ESCROW FUND | 0 | 41 |
| | VARIABLE ANNUITY LIFE INSURANCE CO | SEPARATE ACCOUNTS | 0 | 1,869,507 |