

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BREATHE CALIFORNIA OF THE BAY AREA AND GOLDEN GATE DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): BREATHE CALIFORNIA OF THE BAY AREA, GOLDEN GATE, AND CENTRAL COAST
2b Employer Identification Number (EIN): 94-1156307
2c Sponsor's telephone number: 408-998-5865
2d Business code (see instructions): 813000
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 19
5b Total number of participants at the end of the plan year: 19
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 1
5d(2) Total number of active participants at the end of the plan year: 1
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 01/25/2026, TANYA PAYYAPPILLY. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567089. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 1101897	1259989
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 1101897	1259989
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 100000	
	(2) Participants	8a(2)	
	(3) Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 122580	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	222580
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 57773	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 6715	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	64488
i	Net income (loss) (subtract line 8h from line 8c)	8i	158092
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10		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)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan <u>BREATHE CALIFORNIA OF THE BAY AREA AND GOLDEN GATE DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BREATHE CALIFORNIA OF THE BAY AREA, GOLDEN GATE, AND CENTRAL COAST</u>	D Employer Identification Number (EIN) <u>94-1156307</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>1101897</u>	
b Actuarial value	2b	<u>1101149</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>7</u>	<u>473648</u>	<u>473648</u>
b For terminated vested participants	<u>11</u>	<u>476152</u>	<u>476152</u>
c For active participants	<u>1</u>	<u>66468</u>	<u>66468</u>
d Total	<u>19</u>	<u>1016268</u>	<u>1016268</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.37 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>0</u>	

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

SIGN HERE	
Signature of actuary	<u>01/22/2026</u> Date
<u>CINDY LOW</u> Type or print name of actuary	<u>23-05225</u> Most recent enrollment number
<u>C-BEN GROUP</u> Firm name	<u>855-812-0224</u> Telephone number (including area code)
<u>P. O. BOX 937 BELMONT, CA 94002</u> Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	125325
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	125325
10	Interest on line 9 using prior year's actual return of <u>13.37</u> %	0	16756
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		36597
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		1932
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		38529
	d Portion of (c) to be added to prefunding balance		38529
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	180610

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.58 %
15	Adjusted funding target attainment percentage	15	108.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/30/2025	100000	0					
			Totals ▶	18(b)	100000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 93232
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	187932		19257	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <u>01</u> Day <u>17</u> Year <u>2026</u>) and the waived amount				33 0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 19257
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 19257
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 93232
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 73975
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Schedule SB, line 26a – Schedule of Active Participant Data

Attained Age	Total Years of Benefit Service									Total
	Under 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and over	
Under 25										0
25 to 29										0
30 to 34										0
35 to 39										0
40 to 44										0
45 to 49										0
50 to 54										0
55 to 59			1							1
60 to 64										0
65 & up										0
Total	0	0	1	0	0	0	0	0	0	1

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
 Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
 EIN: 94-1156307
 Plan Number: 001

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

<i>Interest</i>	<p>Minimum Required Contribution: Adjusted Funding Segment Rates under ARPA for June, 2024</p> <table border="0" style="margin-left: 40px;"> <tr> <td>Segment 1:</td> <td style="text-align: right;">4.93%</td> </tr> <tr> <td>Segment 2:</td> <td style="text-align: right;">5.27%</td> </tr> <tr> <td>Segment 3:</td> <td style="text-align: right;">5.59%</td> </tr> <tr> <td>Effective interest rate:</td> <td style="text-align: right;">5.37%</td> </tr> </table> <p>PBGC variable-rate premium: Unadjusted rates for June, 2024 (alternative method)</p> <table border="0" style="margin-left: 40px;"> <tr> <td>Segment 1:</td> <td style="text-align: right;">4.93%</td> </tr> <tr> <td>Segment 2:</td> <td style="text-align: right;">5.27%</td> </tr> <tr> <td>Segment 3:</td> <td style="text-align: right;">5.26%</td> </tr> </table>	Segment 1:	4.93%	Segment 2:	5.27%	Segment 3:	5.59%	Effective interest rate:	5.37%	Segment 1:	4.93%	Segment 2:	5.27%	Segment 3:	5.26%
Segment 1:	4.93%														
Segment 2:	5.27%														
Segment 3:	5.59%														
Effective interest rate:	5.37%														
Segment 1:	4.93%														
Segment 2:	5.27%														
Segment 3:	5.26%														
<i>Mortality - Funding</i>	IRS 2024 Small Plan Combined Static Mortality.														
<i>Salary Scale</i>	3.0% per year.														
<i>Turnover</i>	None.														
<i>Retirement</i>	<p>Active employees of Breathe California of the Bay Area: 25% per year from age 62 to 64, 100% at age 65. Weighted average retirement age of 64.</p> <p>Active employees of Breathe California of Breathe California Golden Gate Public Health Partnership: 100% at age 62.</p> <p>Terminated participants: Age 55 if participant was hired prior to December 31, 1996 or had at least 12 years of service. Age 65 for all other participants.</p>														
<i>Expenses</i>	Expenses that are paid directly from the Plan’s Trust are added to the normal cost.														
<i>Disability Rates</i>	None.														
<i>Marriage</i>	100% of active participants are assumed to be married, with spouses the same age as participants.														

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Cost Method

For ERISA funding the Traditional Unit Credit cost method is used. Under this method, accrued benefits payable in the event of death, termination or retirement based on the applicable actuarial assumptions are determined for all active participants as of the valuation date. The actuarial accrued liability is equal to the actuarial present value of the benefits accrued to the current year.

The benefit accrued in the current plan year is the excess of the accrued benefit at the end of the plan year over the accrued benefit at the beginning of the plan year. The normal cost is equal to the actuarial present value of benefits deemed to be earned in the current year.

Asset Method

Assets for ERISA funding are valued at market value, including receivables and payables (to the extent allowed under PPA and discounted to the valuation date), as of the valuation date.

Participant Data

Employee data as of the valuation date was provided by Breathe California of the Bay Area, Golden Gate, and Central Coast.

Changes in Actuarial Assumptions and Cost Methods

Interest rates:

For Minimum Required Contribution and AFTAP, applied ARPA rates.

For PBGC variable premium, prescribed interest rates were updated, as required by IRS.

Mortality assumption:

Changed from IRS Small Plan Combined Static Mortality for 2023 to IRS Small Plan Combined Static Mortality for 2024, as required by IRS.

There were no other changes to non-prescribed assumptions and methods from last year.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BREATHE CALIFORNIA OF THE BAY AREA AND GOLDEN GATE DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): BREATHE CALIFORNIA OF THE BAY AREA, GOLDEN GATE, AND CENTRAL COAST
2b Employer Identification Number (EIN): 94-1156307
2c Sponsor's telephone number: (408) 998-5865
2d Business code (see instructions): 813000
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 19
5b Total number of participants at the end of the plan year: 19
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 1
5d(2) Total number of active participants at the end of the plan year: 1
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date 1/26/2026.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567089. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1101897	1259989
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1101897	1259989
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	100000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	122580	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		222580
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57773	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	6715	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		64488
i Net income (loss) (subtract line 8h from line 8c)	8i		158092
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 02/28/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279a.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan BREATHE CALIFORNIA OF THE BAY AREA AND GOLDEN GATE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BREATHE CALIFORNIA OF THE BAY AREA, GOLDEN GATE, AND CENTRAL COAST	D Employer Identification Number (EIN) 94-1156307	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month _____ Day _____ Year _____		
2	Assets:		
	a Market value	2a	
	b Actuarial value	2b	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment		(3) Total Funding Target
	b For terminated vested participants		
	c For active participants		
	d Total		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	%
6	Target normal cost		
	a Present value of current plan year accruals	6a	
	b Expected plan-related expenses	6b	
	c Target normal cost	6c	

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

SIGN HERE	Signature of actuary CINDY LOW Type or print name of actuary C-BEN GROUP Firm name P. O. BOX 937 BELMONT, CA 94002 Address of the firm	Date 23-05225 Most recent enrollment number (855) 812-0224 Telephone number (including area code)
------------------	---	---

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	125325
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

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

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

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

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

21 Discount rate:

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

22 Weighted average retirement age **22**

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

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

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

Part VIII Minimum Required Contribution For Current Year

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

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment.....		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		Total balance

36 Additional cash requirement (line 34 minus line 35) **36**

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

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

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

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

40 Unpaid minimum required contributions for all years **40**

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan BREATHE CALIFORNIA OF THE BAY AREA AND GOLDEN GATE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BREATHE CALIFORNIA OF THE BAY AREA, GOLDEN GATE, AND CENTRAL COAST	D Employer Identification Number (EIN) 94-1156307	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	1101897
	b Actuarial value	2b	1101149
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	7	473648
	b For terminated vested participants	11	476152
	c For active participants	1	66468
	d Total	19	1016268
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.37 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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

SIGN HERE	<i>cl</i> Signature of actuary CINDY LOW Type or print name of actuary C-BEN GROUP Firm name P. O. BOX 937 BELMONT, CA 94002 Address of the firm	<i>1/22/2026</i> Date 23-05225 Most recent enrollment number (855) 812-0224 Telephone number (including area code)
------------------	--	---

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	125325
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	125325
10 Interest on line 9 using prior year's actual return of <u>13.37</u> %	0	16756
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		36597
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		1932
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		38529
d Portion of (c) to be added to prefunding balance		38529
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	180610

Part III	Funding Percentages	
14 Funding target attainment percentage	14	90.58 %
15 Adjusted funding target attainment percentage	15	108.35 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.13 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09-30-2025	100000	0			
Totals ▶			18(b)	100000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	93232

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	187932		19257	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <u>01</u> Day <u>17</u> Year <u>2026</u>) and the waived amount				33 0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 19257
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 19257
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 93232
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 73975
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Breathe California Bay Area Defined Benefit Pension Plan

Plan Sponsor: Breathe California Bay Area

EIN / PN: 94-1156307/001

Schedule SB, line 19 - Discounted Employer Contributions

Effective interest rate (EIR): **5.37%**

Effective interest rate for late quarterlies: **10.37%**

Contribution		# Days	# Days			
For		using	Late	Contribution	Discounted	Interest
Plan Year	Date	EIR	using	Amount	Amount	Adjustment
		5.37%	10.37%			
2024	09/30/2025	106	350	\$ 4,400	\$ 3,942	\$ 458
2024	09/30/2025	198	258	\$ 4,400	\$ 3,988	\$ 412
2024	09/30/2025	288	168	\$ 4,400	\$ 4,034	\$ 366
2024	09/30/2025	379	77	\$ 4,400	\$ 4,081	\$ 319
2024	09/30/2025	456	0	\$ 82,400	\$ 77,187	\$ 5,213
2024	09/30/2025	456	0	\$ 0	\$ 0	\$ 0
Total contributions for 2024/2025 Plan Year				\$ 100,000	\$ 93,232	\$ 6,768

Schedule SB, line 26a – Schedule of Active Participant Data

Attained Age	Total Years of Benefit Service									Total
	Under 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and over	
Under 25										0
25 to 29										0
30 to 34										0
35 to 39										0
40 to 44										0
45 to 49										0
50 to 54										0
55 to 59			1							1
60 to 64										0
65 & up										0
Total	0	0	1	0	0	0	0	0	0	1

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
 Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
 EIN: 94-1156307
 Plan Number: 001

G. Schedule of Amortization Bases

Schedule SB Line 32 – Schedule of Amortization Bases

Type of Base	Discount Factor	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	9.757717	\$187,377	7/1/2022	13	\$ 19,203
Shortfall	10.270626	\$555	7/1/2023	14	\$ 54
Total		\$187,932			\$ 19,257

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN: 94-1156307
Plan Number: 001

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Interest

Minimum Required Contribution: Adjusted Funding Segment Rates under ARPA for June, 2024

Segment 1:	4.93%
Segment 2:	5.27%
Segment 3:	5.59%
Effective interest rate:	5.37%

PBGC variable-rate premium: Unadjusted rates for June, 2024 (alternative method)

Segment 1:	4.93%
Segment 2:	5.27%
Segment 3:	5.26%

Mortality - Funding

IRS 2024 Small Plan Combined Static Mortality.

Salary Scale

3.0% per year.

Turnover

None.

Retirement

Active employees of Breathe California of the Bay Area: 25% per year from age 62 to 64, 100% at age 65. Weighted average retirement age of 64.

Active employees of Breathe California of Breathe California Golden Gate Public Health Partnership: 100% at age 62.

Terminated participants: Age 55 if participant was hired prior to December 31, 1996 or had at least 12 years of service. Age 65 for all other participants.

Expenses

Expenses that are paid directly from the Plan's Trust are added to the normal cost.

Disability Rates

None.

Marriage

100% of active participants are assumed to be married, with spouses the same age as participants.

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Cost Method

For ERISA funding the Traditional Unit Credit cost method is used. Under this method, accrued benefits payable in the event of death, termination or retirement based on the applicable actuarial assumptions are determined for all active participants as of the valuation date. The actuarial accrued liability is equal to the actuarial present value of the benefits accrued to the current year.

The benefit accrued in the current plan year is the excess of the accrued benefit at the end of the plan year over the accrued benefit at the beginning of the plan year. The normal cost is equal to the actuarial present value of benefits deemed to be earned in the current year.

Asset Method

Assets for ERISA funding are valued at market value, including receivables and payables (to the extent allowed under PPA and discounted to the valuation date), as of the valuation date.

Participant Data

Employee data as of the valuation date was provided by Breathe California of the Bay Area, Golden Gate, and Central Coast.

Changes in Actuarial Assumptions and Cost Methods

Interest rates:

For Minimum Required Contribution and AFTAP, applied ARPA rates.

For PBGC variable premium, prescribed interest rates were updated, as required by IRS.

Mortality assumption:

Changed from IRS Small Plan Combined Static Mortality for 2023 to IRS Small Plan Combined Static Mortality for 2024, as required by IRS.

There were no other changes to non-prescribed assumptions and methods from last year.

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Summary of Plan Provisions

<i>Plan Sponsor</i>	Breathe California of the Bay Area, Golden Gate, and Central Coast
<i>EIN/PN</i>	94-1156307/001
<i>Effective Date of Plan</i>	May 1, 1971. Last full restatement effective July 1, 2020.
<i>Plan Year</i>	July 1 through June 30.
<i>Eligibility</i>	<p>An eligible employee will become a participant on the first day of the month coinciding with or next following the date he attains age 21 and completes 1 Year of Service.</p> <p>The Plan was closed to new participants. No employees of Breathe California of the Bay Area will enter the Plan after April 1, 2009 and no employees of Breathe California Golden Gate Public Health Partnership hired after June 30, 2014 will enter the Plan.</p>
<i>Year of Service</i>	Each consecutive 12-month period with 1000 hours of service starting from date of hire, switching to the Plan Year after the first anniversary. Years of Service with American Lung Association Branch #187 credited until June 30, 2007 is included.
<i>Plan Period of Service</i>	<p>A Plan Year during which an eligible employee is a participant, including fractional periods of a year.</p> <p>Periods of Service with American Lung Association Branch #187 credited until June 30, 2007 is included for employees of Breathe California of the Bay Area.</p> <p>Periods of Service with American Lung Association Branch #114 credited until June 30, 2006 is included for employees of Breathe California Golden Gate Public Health Partnership.</p>
<i>Vesting</i>	100% vested with at least 5 Years of Service.
<i>Normal Retirement Date</i>	The later of the first day of the month coinciding with or next following a participant's 65 th birthday or the attainment of 4 Years of Service as a participant.

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Summary of Plan Provisions (cont.)

Normal Retirement Benefit The monthly retirement benefit beginning on the participant’s Normal Retirement Date is equal to 1.4% of Average Monthly Compensation up to 1/12th of \$9,000 multiplied by the total Plan Periods of Service, not to exceed 30 years, plus 1.9% of Average Monthly Compensation in excess of 1/12th of \$9,000 multiplied by the total Plan Periods of Service, not to exceed 30 years.

Average Monthly Compensation is the monthly average compensation for the five consecutive Plan Years in which Plan compensation was the highest.

Plan compensation includes base salary, overtime, bonuses, and elective deferrals under a 401(k) or Section 125 plan.

The Plan was frozen as to benefit accruals as of July 1, 2020 for employees of Breathe California of the Bay Area and as of December 31, 2016 for employees of Breathe California Golden Gate Public Health Partnership.

Early Retirement Date The later of the first day of the month coinciding with or next following a participant’s 55th birthday or the attainment of 5 Years of Service.

Early Retirement Benefit Participants hired prior to July 1, 1997 or who have at least 12 Years of Service: Normal Retirement Benefit is reduced by 1/3 of 1% for each month that the Early Retirement Date precedes the Normal Retirement Date.

All other participants: Normal Retirement Benefit is reduced using the actuarial equivalence basis in the Plan.

Disability Retirement A Participant who is deemed Totally and Permanently Disabled for a period of at least 6 consecutive months is 100% vested and can retire at any time.

Disability Retirement Benefit The actuarial equivalent of a participant’s Normal Retirement Benefit based on the participant’s disability retirement date. In calculating the participant’s Normal Retirement Benefit, Plan periods of service will include the period for which he qualifies for LTD benefits under the company’s LTD plan.

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Summary of Plan Provisions (cont.)

Death Benefit (Before Retirement) If a participant dies after becoming vested but prior to retirement, his designated beneficiary is entitled to the lump sum value of his Normal Retirement Benefit. If the designated beneficiary is the participant's surviving spouse, the lump sum value cannot be less than what the spouse would have been entitled to under the qualified joint and 50% to survivor annuity.

Death Benefit (After Retirement) The beneficiary is entitled to a benefit, if any, in accordance with the form of benefit selected.

Normal Form of Benefit For married participants, a joint and 50% to survivor annuity, which is the actuarial equivalent of a single life annuity.

For unmarried participants, a single life annuity.

Optional Forms of Benefit In lieu of the normal form of benefit, the participant may elect to receive a retirement benefit under one of the following optional forms:

1. Single life annuity.
2. Joint and 100%, 75% or 50% to survivor annuity.
3. Single life annuity with 120 payments guaranteed.
4. Lump sum.

Changes in Benefits Valued Since Prior Valuation There have been no changes to Plan provisions since the prior valuation.

Attachment to 2024 Schedule SB (Form 5500)

Plan Name: Breathe California Bay Area Defined Benefit Pension Plan

Plan Sponsor: Breathe California Bay Area

EIN / PN: 94-1156307/001

Schedule SB, line 19 - Discounted Employer Contributions

Effective interest rate (EIR): **5.37%**

Effective interest rate for late quarterlies: **10.37%**

Contribution		# Days	# Days			
For		using	Late	Contribution	Discounted	Interest
Plan Year	Date	EIR	using	Amount	Amount	Adjustment
		5.37%	10.37%			
2024	09/30/2025	106	350	\$ 4,400	\$ 3,942	\$ 458
2024	09/30/2025	198	258	\$ 4,400	\$ 3,988	\$ 412
2024	09/30/2025	288	168	\$ 4,400	\$ 4,034	\$ 366
2024	09/30/2025	379	77	\$ 4,400	\$ 4,081	\$ 319
2024	09/30/2025	456	0	\$ 82,400	\$ 77,187	\$ 5,213
2024	09/30/2025	456	0	\$ 0	\$ 0	\$ 0
Total contributions for 2024/2025 Plan Year				\$ 100,000	\$ 93,232	\$ 6,768

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Summary of Plan Provisions

<i>Plan Sponsor</i>	Breathe California of the Bay Area, Golden Gate, and Central Coast
<i>EIN/PN</i>	94-1156307/001
<i>Effective Date of Plan</i>	May 1, 1971. Last full restatement effective July 1, 2020.
<i>Plan Year</i>	July 1 through June 30.
<i>Eligibility</i>	<p>An eligible employee will become a participant on the first day of the month coinciding with or next following the date he attains age 21 and completes 1 Year of Service.</p> <p>The Plan was closed to new participants. No employees of Breathe California of the Bay Area will enter the Plan after April 1, 2009 and no employees of Breathe California Golden Gate Public Health Partnership hired after June 30, 2014 will enter the Plan.</p>
<i>Year of Service</i>	Each consecutive 12-month period with 1000 hours of service starting from date of hire, switching to the Plan Year after the first anniversary. Years of Service with American Lung Association Branch #187 credited until June 30, 2007 is included.
<i>Plan Period of Service</i>	<p>A Plan Year during which an eligible employee is a participant, including fractional periods of a year.</p> <p>Periods of Service with American Lung Association Branch #187 credited until June 30, 2007 is included for employees of Breathe California of the Bay Area.</p> <p>Periods of Service with American Lung Association Branch #114 credited until June 30, 2006 is included for employees of Breathe California Golden Gate Public Health Partnership.</p>
<i>Vesting</i>	100% vested with at least 5 Years of Service.
<i>Normal Retirement Date</i>	The later of the first day of the month coinciding with or next following a participant's 65 th birthday or the attainment of 4 Years of Service as a participant.

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Summary of Plan Provisions (cont.)

Normal Retirement Benefit The monthly retirement benefit beginning on the participant's Normal Retirement Date is equal to 1.4% of Average Monthly Compensation up to 1/12th of \$9,000 multiplied by the total Plan Periods of Service, not to exceed 30 years, plus 1.9% of Average Monthly Compensation in excess of 1/12th of \$9,000 multiplied by the total Plan Periods of Service, not to exceed 30 years.

Average Monthly Compensation is the monthly average compensation for the five consecutive Plan Years in which Plan compensation was the highest.

Plan compensation includes base salary, overtime, bonuses, and elective deferrals under a 401(k) or Section 125 plan.

The Plan was frozen as to benefit accruals as of July 1, 2020 for employees of Breathe California of the Bay Area and as of December 31, 2016 for employees of Breathe California Golden Gate Public Health Partnership.

Early Retirement Date The later of the first day of the month coinciding with or next following a participant's 55th birthday or the attainment of 5 Years of Service.

Early Retirement Benefit Participants hired prior to July 1, 1997 or who have at least 12 Years of Service: Normal Retirement Benefit is reduced by 1/3 of 1% for each month that the Early Retirement Date precedes the Normal Retirement Date.

All other participants: Normal Retirement Benefit is reduced using the actuarial equivalence basis in the Plan.

Disability Retirement A Participant who is deemed Totally and Permanently Disabled for a period of at least 6 consecutive months is 100% vested and can retire at any time.

Disability Retirement Benefit The actuarial equivalent of a participant's Normal Retirement Benefit based on the participant's disability retirement date. In calculating the participant's Normal Retirement Benefit, Plan periods of service will include the period for which he qualifies for LTD benefits under the company's LTD plan.

Plan Name: Breathe California of the Bay Area and Golden Gate Defined Benefit Pension Plan
Plan Sponsor: Breathe California of the Bay Area, Golden Gate, and Central Coast
EIN / PN: 94-1156307 / 001

2024 Schedule SB, Part V – Summary of Plan Provisions (cont.)

***Death Benefit
(Before Retirement)*** If a participant dies after becoming vested but prior to retirement, his designated beneficiary is entitled to the lump sum value of his Normal Retirement Benefit. If the designated beneficiary is the participant's surviving spouse, the lump sum value cannot be less than what the spouse would have been entitled to under the qualified joint and 50% to survivor annuity.

***Death Benefit
(After Retirement)*** The beneficiary is entitled to a benefit, if any, in accordance with the form of benefit selected.

***Normal Form of
Benefit*** For married participants, a joint and 50% to survivor annuity, which is the actuarial equivalent of a single life annuity.

For unmarried participants, a single life annuity.

***Optional Forms of
Benefit*** In lieu of the normal form of benefit, the participant may elect to receive a retirement benefit under one of the following optional forms:

1. Single life annuity.
2. Joint and 100%, 75% or 50% to survivor annuity.
3. Single life annuity with 120 payments guaranteed.
4. Lump sum.

***Changes in Benefits
Valued Since Prior
Valuation*** There have been no changes to Plan provisions since the prior valuation.

