

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: FRESNO PACIFIC UNIVERSITY DC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): FRESNO PACIFIC UNIVERSITY
2b Employer Identification Number (EIN): 94-1021164
2c Plan Sponsor's telephone number: 559-453-2245
2d Business code (see instructions): 611000

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

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

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

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

Form 5500 (2024) v. 240311

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	731
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)	372
	6a(2)	367
	6b	0
	6c	361
	6d	728
	6e	1
	6f	729
	6g(1)	708
6g(2)	713	
6h	7	
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 2M 2T 2S 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FRESNO PACIFIC UNIVERSITY DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FRESNO PACIFIC UNIVERSITY	D Employer Identification Number (EIN) 94-1021164	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	500501	375	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

(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	10094767
5	Current value of plan's interest under this contract in separate accounts at year end.....	26607701
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 type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 10099704
c	(1) Contributions deposited during the year	7c(1) 31865
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 451777
	(4) Transferred from separate account	7c(4) 1106283
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT, LOAN INTEREST & PRINCIPAL REPAYMENT	7c(5) 10255
	(6) Total additions	7c(6) 1600180
d	Total of balance and additions (add lines 7b and 7c(6))	7d 11699884
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 706091
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 891858
	(4) Other (specify below)..... ▶ FEES	7e(4) 7168
(5) Total deductions	7e(5) 1605117	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 10094767

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FRESNO PACIFIC UNIVERSITY DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FRESNO PACIFIC UNIVERSITY	D Employer Identification Number (EIN) 94-1021164	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

TIAA

13-1624203

(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 17 27 28 38 50 52 54 64 66	RECORDKEEPER	27173	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MULTNOMAH GROUP, INC.

20-0361079

(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?
28 52	ADVISOR	16351	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FRESNO PACIFIC UNIVERSITY DC 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>FRESNO PACIFIC UNIVERSITY</u>	D Employer Identification Number (EIN) <u>94-1021164</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</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>537206</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FRESNO PACIFIC UNIVERSITY DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FRESNO PACIFIC UNIVERSITY	D Employer Identification Number (EIN) 94-1021164

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	12333
(2) Participant contributions	1b(2)	45879
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	110415
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	524611
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38921854
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10099704
(15) Other	1c(15)	175817

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	49714796	53416068
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49714796	53416068

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)	333845	
(B) Participants.....	2a(1)(B)	1220672	
(C) Others (including rollovers).....	2a(1)(C)	2213	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1556730
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	10364	
(F) Other.....	2b(1)(F)	451777	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		462141
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	939633	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		939633
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-21734
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4817915
c Other income	2c		1739
d Total income. Add all income amounts in column (b) and enter total	2d		7756424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3460755	
(2) To insurance carriers for the provision of benefits	2e(2)	550344	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4011099
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	43419	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	104	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	530	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		44053
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4055152

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3701272
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CAPIN CROUSE LLP

(2) EIN: 36-3990892

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

A Name of plan FRESNO PACIFIC UNIVERSITY DC RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 FRESNO PACIFIC UNIVERSITY	D Employer Identification Number (EIN) 94-1021164	

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): 82-2826183

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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

EIN: 94-1021164 and Plan Number: 001

Financial Statements
With Independent Auditor's Report

December 31, 2024 and 2023



**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

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INDEPENDENT AUDITOR'S REPORT

Retirement Plan Advisory Committee
Fresno Pacific University
DC Retirement Plan
Fresno, California

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

We have performed audits of the accompanying financial statements of Fresno Pacific University DC Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of 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 (qualified institution), 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 a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's 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 (GAAP); and
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's 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.

Retirement Plan Advisory Committee
Fresno Pacific University
DC Retirement Plan
Fresno, California

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's 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 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 GAAP.

Retirement Plan Advisory Committee
Fresno Pacific University
DC Retirement Plan
Fresno, California

Auditor's Responsibilities for the Audit of the Financial Statements, continued

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 Schedule H, Line 4i – 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 or certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Capin Crouse LLC

Ontario, California
August 7, 2025

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
ASSETS:		
Investments:		
Investments, at fair value:		
Variable annuity contracts	\$ 26,070,495	\$ 24,112,318
Mutual funds	16,478,396	14,809,536
Non benefit-responsive fixed annuity contracts	9,868,397	9,885,734
Pooled separate accounts	537,206	524,611
	52,954,494	49,332,199
Investments, at contract value:		
Benefit-responsive fixed annuity contracts	226,370	213,970
Total investments	53,180,864	49,546,169
Receivables:		
Participant contributions	46,441	45,879
Employer contributions	12,946	12,333
Notes receivable from participants	175,817	110,415
	235,204	168,627
Net Assets Available for Benefits	\$ 53,416,068	\$ 49,714,796

See notes to financial statements

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$4,796,181
Interest and dividends	1,391,410
	<u>6,187,591</u>

Contributions:

Participants	1,220,672
Employer	333,845
Rollover	2,213
	<u>1,556,730</u>

Interest on notes receivable from participants	<u>10,364</u>
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Other income	<u>1,739</u>
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Total Additions	<u>7,756,424</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	4,011,099
Plan expenses	44,053
Total Deductions	<u>4,055,152</u>

Net Change In Net Assets Available For Benefits	3,701,272
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>49,714,796</u>
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End of Year	<u>\$ 53,416,068</u>
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See notes to financial statements

FRESNO PACIFIC UNIVERSITY DC RETIREMENT PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN:

The following brief description of the Fresno Pacific University DC Retirement Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

GENERAL

Effective July 1, 1967, Fresno Pacific University (the University) established a 403(b) plan for all eligible employees, as defined in the Plan document. The Plan has since been restated and amended to comply with changes in laws and regulations. The effective date of the most recent amendment was January 1, 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Other than student employees and non-resident aliens (excluded classes as defined by the Plan document), all employees are eligible to make elective deferrals to the Plan. If not excluded from the Plan, staff employees are eligible to receive employer matching contributions after two years of service and all other employees, excluding adjuncts, are eligible for matching contributions immediately, with no age requirement for either. The Retirement Plan Advisory Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

CONTRIBUTIONS

Employees that are eligible to contribute to the Plan may contribute up to the maximum limit established annually by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The University makes matching contributions of 2% of compensation for eligible participants whose contribution is equal to or exceeds 2%. Effective January 1, 2023, eligible participants excluding adjuncts were auto-enrolled at 4%. Participants are also eligible to contribute an additional elective contribution. No matching contributions will be made on elective contributions. Contributions are subject to certain limitations.

Participants direct the investment of all contributions into various investment options offered by the Plan.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the University's contribution, (b) the Plan earnings (losses), and (c) charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are vested after one year of qualifying service in the University's contributions to their accounts and actual earnings thereon.

FRESNO PACIFIC UNIVERSITY

DC RETIREMENT PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN, continued:

FORFEITED ACCOUNTS

Upon termination of employment, participants forfeit their nonvested balances. The University may elect to use all or any portion of forfeitures to reduce employer contributions to the Plan or pay the Plan's expenses. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$0 and \$6,564. During the year ended December 31, 2024, employer contributions were reduced by \$7,492 from forfeited nonvested accounts.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. In 2020, the allowable amount was increased to \$100,000. The loans are secured by the participant's account and bear interest at rates between 4.25% and 9.5%. Principal and interest are paid ratably through payroll deductions. Participant loans are reported as notes receivable from participants on the statements of net assets available for benefits.

PLAN LOANS

Plan loans are issued as separate contracts by the Teachers Insurance and Annuity Association (TIAA) as contemplated under IRC Section 72(p)(5) and do not represent Plan assets. Such loans are subject to certain limitations. Applicants receiving such loans are required to pledge as collateral annuity account value of 110% of the loan amount for the period of time it is outstanding. Loan balances outstanding from Plan participants to TIAA were \$1,154 and \$14,515, as of December 31, 2024 and 2023, respectively. As such, annuity accounts as of December 31, 2024 and 2023, include collateral for related loans, which are included in investments in the accompanying statements of net assets for benefits.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or various options as defined in the Plan. Similar options are available upon termination of employment.

Participant deferrals may be withdrawn upon attaining age 59½, and the entire vested balance of the account may be withdrawn upon attaining age 70½. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, participant deferrals may be withdrawn for a hardship purpose.

FRESNO PACIFIC UNIVERSITY

DC RETIREMENT PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

2. SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting.

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements and Note 5 for a discussion on fully benefit-responsive investment contracts.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified 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 Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in administrative expenses. Professional fees and service fees are reported as administrative expenses in the statement of changes in net assets available for benefits. Investment related expenses are included in net appreciation of fair value of investments. The expense ratio for investment related expenses range from 0 basis points to 40 basis points.

FRESNO PACIFIC UNIVERSITY

DC RETIREMENT PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

3. INFORMATION CERTIFIED BY THE QUALIFIED INSITUATION:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) have certified the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental schedule H, Line 4i–Schedule of Assets (Held at End of Year), as of December 31, 2024, and the related investment activity and interest on notes receivable from participants reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2024. TIAA Trust N.A. is the custodian of the portion of the Plan assets invested in mutual fund shares and has authorized TIAA to certify investments held by TIAA Trust N.A. TIAA and CREF are the issuers of the remaining assets in the Plan.

4. FAIR VALUE MEASUREMENTS:

The Plan uses appropriate valuation techniques to determine fair value based on inputs available. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 1 inputs consist of unadjusted quoted market prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available.

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
At December 31, 2024:				
Variable annuity contracts	\$ 26,070,495	\$ -	\$ 26,070,495	\$ -
Mutual funds	16,478,396	16,478,396	-	-
Non-benefit responsive fixed annuity contracts	9,868,397	-	-	9,868,397
Pooled separate accounts	537,206	-	537,206	-
	<u>\$ 52,954,494</u>	<u>\$ 16,478,396</u>	<u>\$ 26,607,701</u>	<u>\$ 9,868,397</u>

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS, continued:

	<u>Fair Value</u>	<u>Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
At December 31, 2023:				
Variable annuity contracts	\$ 24,112,318	\$ -	\$ 24,112,318	\$ -
Mutual funds	14,809,536	14,809,536	-	-
Non-benefit responsive fixed annuity contracts	9,885,734	-	-	9,885,734
Pooled separate accounts	524,611	-	524,611	-
	<u>\$ 49,332,199</u>	<u>\$ 14,809,536</u>	<u>\$ 24,636,929</u>	<u>\$ 9,885,734</u>

Variable annuity contracts and pooled separate accounts are valued at the net asset value (NAV) of units held by the Plan at year end based on the fair value of the underlying investments. NAV is a readily determinable fair value which is published daily and is the basis for current transactions. The fair value of mutual funds is based on quoted prices in active markets for identical assets. Non benefit-responsive fixed annuity contracts are not actively traded, and significant other observable inputs are not available. Therefore, the fair value of the fixed annuity contracts is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. These contracts have liquidity restrictions and are non-benefit responsive.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

The following table provides further details for the Level 3 fair value measurements for the year ended December 31, 2024:

Purchases	\$ 1,134,948
Sales	\$ (1,596,518)

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS, continued:

Quantitative information about Level 3 fair value measurements as of December 31, 2024:

	Fair Value at December 31, 2024	Valuation Technique	Significant Unobservable Inputs	Range (Weighted Average)
Non benefit-responsive				
TIAA Traditional Annuity	\$ 9,868,397	Discounted cash flow	Risk-adjusted discount rate applied	5.25% to 5.50%

Quantitative information about Level 3 fair value measurements as of December 31, 2023:

	Fair Value at December 31, 2023	Valuation Technique	Significant Unobservable Inputs	Range (Weighted Average)
Non benefit-responsive				
TIAA Traditional Annuity	\$ 9,885,734	Discounted cash flow	Risk-adjusted discount rate applied	6.50% to 6.75%

5. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

The Plan has fully benefit-responsive guaranteed investment contracts with TIAA. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by TIAA 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.

FRESNO PACIFIC UNIVERSITY

DC RETIREMENT PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

5. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY, continued:

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the fully benefit-responsive investment contracts at December 31, 2024 and 2023, was \$226,370 and \$213,970, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than one to three percent, depending on the contract. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (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, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations

6. PLAN TERMINATION:

Although it has not expressed any intent to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan were to terminate, all participant accounts would become 100 percent vested.

7. TAX STATUS:

The Plan has adopted a prototype plan document sponsored by TIAA. The prototype plan document has obtained an opinion letter from the Internal Revenue Service dated August 8, 2017, in which it states that the prototype plan document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is operating in compliance with the applicable requirements of the Internal Revenue Code.

8. RISKS AND UNCERTAINTIES:

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

FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

9. PARTY-IN-INTEREST TRANSACTIONS:

Certain investments for the Plan are funds managed by TIAA. TIAA is the issuer of some contracts and recordkeeper for the Plan; therefore, these transactions qualify as party-in-interest transactions. TIAA receives revenue from mutual fund service providers for services TIAA provides to the funds. This revenue is used to offset certain amounts owed to TIAA for its administrative services to the Plan and is reflected as other income of \$1,739 in the statement of changes in net assets available for benefits.

Direct fees of \$27,172 and indirect fees of \$147,542 were paid to TIAA by the Plan for the recordkeeping and investment management services for the year ended December 31, 2024. In addition, \$16,881 of direct fees were paid to other parties-in-interest for advisory services.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 7, 2025, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

SUPPLEMENTAL SCHEDULE

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

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

EIN: 94-1021164 and Plan Number: 001

December 31, 2024

(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
	<u>Variable annuity contracts:</u>			
*	CREF	CREF Stock R2	9,589.297 units	\$ 8,739,401
*	CREF	CREF Core Bond R2	5,750.198 units	769,553
*	CREF	CREF Inflation-Linked Bond R2	2,942.317 units	248,022
*	CREF	CREF Social Choice R2	9,150.952 units	3,359,211
*	CREF	CREF Growth R2	10,968.590 units	5,753,682
*	CREF	CREF Global Equities R2	4,923.653 units	1,704,643
*	CREF	CREF Money Market R2	14,893.410 units	441,399
*	CREF	CREF Equity Index R2	1,888.632 units	970,748
*	TIAA	TIAA Access Lifecycle 2010 T3	2,057.509 units	117,190
*	TIAA	TIAA Access Lifecycle 2020 T3	2,435.973 units	146,612
*	TIAA	TIAA Access Lifecycle 2025 T3	2,613.900 units	165,188
*	TIAA	TIAA Access Lifecycle 2030 T3	848.333 units	56,302
*	TIAA	TIAA Access Lifecycle 2035 T3	3,794.554 units	269,654
*	TIAA	TIAA Access Lifecycle 2040 T3	749.028 units	57,627
*	TIAA	TIAA Access Lifecycle 2045 T3	1,285.349 units	99,471
*	TIAA	TIAA Access Lifecycle 2050 T3	364.403 units	28,313
*	TIAA	TIAA Access Lifecycle 2055 T3	41.166 units	3,193
*	TIAA	TIAA Access Core Bond T3	1,577.628 units	65,795
*	TIAA	TIAA Access Core Bond Plus T3	2,646.770 units	113,051
*	TIAA	TIAA Access Core Equity T3	423.655 units	65,326
*	TIAA	TIAA Access Equity Index T3	52.488 units	6,742
*	TIAA	TIAA Access Nuv LgCp Res Eq T3	1,689.274 units	199,013
*	TIAA	TIAA Access Infl-Lnkd Bond T3	940.864 units	39,314
*	TIAA	TIAA Access Intl Equity T3	14,975.380 units	588,703
*	TIAA	TIAA Access Lg-Cap Gr T3	1,890.326 units	355,762
*	TIAA	TIAA Access Lg-Cap Val T3	7,086.579 units	559,358
*	TIAA	TIAA Access Mid-Cap Gr T3	242.772 units	22,196
*	TIAA	TIAA Access Mid-Cap Val T3	3,231.337 units	253,705
*	TIAA	TIAA Access Money Market T3	8,137.215 units	240,654
*	TIAA	TIAA Access Real Est Secs T3	4,572.766 units	246,902
*	TIAA	TIAA Access Sm-Cap Bl Idx T3	1,684.533 units	141,370
*	TIAA	TIAA Access Quant Sml Cp Eq T3	2,576.169 units	242,395
				<u>26,070,495</u>

(continued)

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

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

EIN: 94-1021164 and Plan Number: 001

(continued)

December 31, 2024

(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
	<u>Mutual funds:</u>			
*	TIAA-CREF	Core Plus Bond-Inst	24,875.270 shares	225,619
*	TIAA-CREF	Lifecycle Index 2010	1,223.105 shares	19,900
*	TIAA-CREF	Lifecycle Index 2015	9,160.618 shares	155,731
*	TIAA-CREF	Lifecycle Index 2020	29,378.460 shares	553,784
*	TIAA-CREF	Lifecycle Index 2025	34,508.400 shares	736,754
*	TIAA-CREF	Lifecycle Index 2030	38,428.320 shares	928,044
*	TIAA-CREF	Lifecycle Index 2035	35,762.500 shares	957,362
*	TIAA-CREF	Lifecycle Index 2040	35,878.750 shares	1,050,530
*	TIAA-CREF	Lifecycle Index 2045	20,261.360 shares	625,468
*	TIAA-CREF	Lifecycle Index 2050	30,752.050 shares	968,382
*	TIAA-CREF	Lifecycle Index 2055	25,613.290 shares	652,627
*	TIAA-CREF	Lifecycle Index 2060	10,618.040 shares	210,131
*	TIAA-CREF	Lifecycle Index 2065	6,258.235 shares	88,804
*	TIAA-CREF	Nuveen Large Cap Resp Eq R6	24,821.090 shares	652,547
*	TIAA-CREF	Nuveen Intl Resp Equity R6	61,974.900 shares	800,716
	American	American EuroPac Growth R6	2,599.007 shares	139,619
	Causeway	Causeway International Value I	3,632.853 shares	67,426
	Conestoga	Conestoga Small Cap Instl	5,735.046 shares	455,936
	DFA	DFA International Small Co	7,204.068 shares	139,759
	Harbor Capital	Harbor Capital Appreciation Rt	5,283.145 shares	602,965
	JP Morgan	JPMorgan Equity Inc Fd Cla R6	32,105.880 shares	768,615
	Northern	Northern Small Cap Value Fund	42,354.450 shares	551,031
	Praxis	Praxis Growth Index Class I	5,235.123 shares	257,202
	Praxis	Praxis Impact Bond I	14,700.250 shares	135,683
	Praxis	Praxis International Index I	11,777.810 shares	151,345
	Praxis	Praxis Value Index Class I	64,461.330 shares	1,121,627
	Vanguard	Vanguard Federal Money Mkt Inv	490,889.400 shares	490,889
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	77,444.490 shares	734,174
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	27,691.990 shares	877,559
	Vanguard	Vanguard Ttl Stk Mkt Idx Adm	9,630.342 shares	1,358,167
				<u>16,478,396</u>

(continued)

**FRESNO PACIFIC UNIVERSITY
DC RETIREMENT PLAN**

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

EIN: 94-1021164 and Plan Number: 001

(continued)

December 31, 2024

(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
	<u>Fixed annuity contracts:</u>			
*	TIAA	TIAA Traditional Non Benefit Responsive		7,785,040
*	TIAA	TIAA Traditional Non Benefit Responsive 2		2,083,357
*	TIAA	TIAA Traditional Benefit Responsive		216,086
*	TIAA	TIAA Traditional Benefit Responsive 2		10,284
				<u>10,094,767</u>
	<u>Pooled separate account units:</u>			
*	TIAA	TIAA Real Estate	1,164.69	units
				<u>537,206</u>
	<u>Notes receivable from participants:</u>			
*	Participant loans	Interest rates 4.25% to 9.5%		175,817
				<u>175,817</u>
				<u><u>\$53,356,681</u></u>

* indicates parties-in-interest to the Plan.

** Cost information not applicable to participant directed investments

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

Name of Plan:

► Fresno Pacific University DC Retirement Plan

Employer Identification Number: ►

94-1021164

For plan year (beginning/ending): ►

1/1/2024 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
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 216,086.34
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 7,785,039.77
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 10,283.94
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 2,083,357.09
*	College Retirement Equities Fund variable annuities	CREF Stock R2		\$ 8,739,400.89
*	College Retirement Equities Fund variable annuities	CREF Money Market R2		\$ 441,398.88
*	College Retirement Equities Fund variable annuities	CREF Social Choice R2		\$ 3,359,210.80
*	College Retirement Equities Fund variable annuities	CREF Global Equities R2		\$ 1,704,642.64
*	College Retirement Equities Fund variable annuities	CREF Growth R2		\$ 5,753,682.35
*	College Retirement Equities Fund variable annuities	CREF Equity Index R2		\$ 970,748.09
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R2		\$ 248,021.47
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 537,205.45
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Pl Bd T3		\$ 113,050.94
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Bond T3		\$ 65,795.15
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Equity Idx T3		\$ 6,742.44
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Equity T3		\$ 65,326.22
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Infl Lnk Bd T3		\$ 39,314.08
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T3		\$ 588,703.18
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T3		\$ 355,762.04
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T3		\$ 559,357.85
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2010 T3		\$ 117,189.55
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2020 T3		\$ 146,611.71
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2025 T3		\$ 165,188.01
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2030 T3		\$ 56,301.72
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2035 T3		\$ 269,653.52
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2040 T3		\$ 57,626.98
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2045 T3		\$ 99,470.95
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2050 T3		\$ 28,312.73
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Grw T3		\$ 22,196.13
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T3		\$ 253,705.17
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Money Mkt T3		\$ 240,654.06
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv REstSecSel T3		\$ 246,902.40
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp Bl Ix T3		\$ 141,370.39
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T3		\$ 242,395.13
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LgCp Res Eq T3		\$ 199,012.69
*	College Retirement Equities Fund variable annuities	CREF Core Bond R2		\$ 769,553.03
	College Retirement Equities Fund variable annuities	Nuveen Core Plus Bond R6		\$ 225,618.71
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2010 R6		\$ 19,899.92
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2015 R6		\$ 155,730.51
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2020 R6		\$ 553,783.93
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2025 R6		\$ 736,754.29
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2030 R6		\$ 928,044.02
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2035 R6		\$ 957,362.00
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2040 R6		\$ 1,050,529.69
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2045 R6		\$ 625,468.21
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2050 R6		\$ 968,382.12
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2055 R6		\$ 652,626.65
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Resp Eq R6		\$ 652,546.45
	College Retirement Equities Fund variable annuities	American EuroPac Growth R6		\$ 139,618.64
	College Retirement Equities Fund variable annuities	DFA Intl Small Company I		\$ 139,758.93
	College Retirement Equities Fund variable annuities	Northern Small Cap Value Fund		\$ 551,031.35
	College Retirement Equities Fund variable annuities	Vanguard Federal Money Mkt Inv		\$ 490,889.36
	College Retirement Equities Fund variable annuities	Vanguard Ttl Bd Mkt Idx Adm		\$ 734,173.77
	College Retirement Equities Fund variable annuities	Nuveen Core Impact Bond R6		\$ 0.02
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2055 T3		\$ 3,193.00
	College Retirement Equities Fund variable annuities	Causeway International Value I		\$ 67,425.76
	College Retirement Equities Fund variable annuities	Praxis Growth Index Class I		\$ 257,201.60
	College Retirement Equities Fund variable annuities	Praxis Impact Bond I		\$ 135,683.33
	College Retirement Equities Fund variable annuities	Praxis International Index I		\$ 151,344.88
	College Retirement Equities Fund variable annuities	Praxis Value Index Class I		\$ 1,121,627.17
	College Retirement Equities Fund variable annuities	Vanguard Ttl Intl Stk Idx Adm		\$ 877,559.14
	College Retirement Equities Fund variable annuities	Vanguard Ttl Stk Mkt Idx Adm		\$ 1,358,167.11
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2060 R6		\$ 210,130.95
	College Retirement Equities Fund variable annuities	Conestoga Small Cap Instl		\$ 455,936.17
	College Retirement Equities Fund variable annuities	Nuveen Intl Resp Equity R6		\$ 800,715.65
	College Retirement Equities Fund variable annuities	Harbor Capital Appreciation Rt		\$ 602,965.34
	College Retirement Equities Fund variable annuities	JPMorgan Equity Inc Fd Cla R6		\$ 768,614.74
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2065 R6		\$ 88,804.35
		Participant Loan Fund		\$ 175,817.00
	Grand Total			\$ 53,356,681