

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: DFA OF CALIFORNIA RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan): DFA OF CALIFORNIA
2b Employer Identification Number (EIN): 94-0439440
2c Sponsor's telephone number: 916-561-5900
2d Business code (see instructions): 813000
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 87
5b Total number of participants at the end of the plan year: 82
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 6
5d(2) Total number of active participants at the end of the plan year: 5
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 03/03/2026, ANNE HEREDIA. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565694. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b>	Total plan assets .....	5405151	5288778
<b>b</b>	Total plan liabilities .....	0	0
<b>c</b>	Net plan assets (subtract line 7b from line 7a) .....	5405151	5288778
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b>	Contributions received or receivable from:		
<b>(1)</b>	Employers .....	0	
<b>(2)</b>	Participants .....	0	
<b>(3)</b>	Others (including rollovers) .....	0	
<b>b</b>	Other income (loss) .....	403635	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....		403635
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	507240	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .	0	
<b>f</b>	Administrative service providers (salaries, fees, commissions) .....	12768	
<b>g</b>	Other expenses .....	0	
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) .....		520008
<b>i</b>	Net income (loss) (subtract line 8h from line 8c) .....		-116373
<b>j</b>	Transfers to (from) the plan (see instructions) .....	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>11</u>
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b>	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		50000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**Part VI Pension Funding Compliance**

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

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation \_\_\_\_\_

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

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

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

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

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan <u>DFA OF CALIFORNIA RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DFA OF CALIFORNIA</u>	<b>D</b> Employer Identification Number (EIN) <u>94-0439440</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>2a</b>	Market value .....	
		<u>5405151</u>	
	<b>2b</b>	Actuarial value .....	
		<u>5538255</u>	
<b>3</b>	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b>	<u>72</u>	<u>5361682</u>	<u>5361682</u>
<b>b</b>	<u>9</u>	<u>138753</u>	<u>138753</u>
<b>c</b>	<u>6</u>	<u>463373</u>	<u>464076</u>
<b>d</b>	<u>87</u>	<u>5963808</u>	<u>5964511</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>4a</b>	Funding target disregarding prescribed at-risk assumptions .....	
	<b>4b</b>	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	
<b>5</b>	<b>5</b>	Effective interest rate .....	
		<u>5.16 %</u>	
<b>6</b>	Target normal cost		
	<b>6a</b>	Present value of current plan year accruals .....	
		<u>0</u>	
	<b>6b</b>	Expected plan-related expenses .....	
		<u>15000</u>	
	<b>6c</b>	Target normal cost.....	
		<u>15000</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>01/15/2026</u>
	<u>JOSEPH L PENICK</u>	Date
	Type or print name of actuary	<u>23-05940</u>
	<u>CURCIO WEBB, LLC</u>	Most recent enrollment number
	Firm name	<u>415-743-5692</u>
	<u>610 16TH STREET</u>	Telephone number (including area code)
	<u>SUITE 205</u>	
	<u>OAKLAND, CA 94612</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	395414
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	185532
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	209882
<b>10</b>	Interest on line 9 using prior year's actual return of <u>3.13</u> % .....	0	6569
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	216451

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	89.22 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	89.22 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	95.58 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 15000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	642707		60385
<b>b</b> Waiver amortization installment.....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 75385
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	75385	75385
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, Part V – Summary of Plan Provisions**

This exhibit is a summary of the plan provisions used for this valuation. It should not be used to determine plan benefits. The plan provisions as described below were in effect through November 30, 2004, when participation and benefit accruals were frozen. However, service for vesting and retirement eligibility continues to accrue after the November 30, 2004 freeze date.

**General Provisions**

Effective date	January 1, 1956
Plan year	12 months ending June 30
Eligible employee	Any employee of DFA of California, except the following persons: (a) Leased employees (b) Collectively bargained employees (c) Independent contractors (d) Nonresident aliens receiving no earned income from DFA of California.
Participation and plan entry	Eligible employees enter the plan on the first of the month following the first eligibility computation period in which they work at least 1000 hours. Eligibility computation periods are the 12 months following hire and plan years.
Vesting	100% vested after 5 years of Vesting Service; 0% vested before that.
Vesting service	<b>Salaried employees:</b> Years and months of continuous employment.  <b>Hourly employees:</b> One year of vesting service is credited for each plan year the employee works at least 500 hours.

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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Benefit service                      **Hourly employees only:** If a participant's plan entry date is before July 1, 1991, all hours worked in all years of continuous employment are considered; otherwise, any hours worked prior to the 5<sup>th</sup> plan year ending before the participant's plan entry date are not considered. One year of benefit service is credited for each plan year in which participant worked at least 1600 considered hours. A pro rata partial year of benefit service is credited if the hours worked is less than 1600.

Contributions                        DFA of California pays the full plan cost.

**Benefit Eligibility**

Normal retirement                      Age 62

Early retirement                        The later of age 52 or 5 years of vesting service.

Late retirement                         Termination of employment after normal retirement date.

Disability retirement                    Mental or physical inability to engage in gainful employment, which constitutes total disability under the federal Social Security Act – treated as a vested termination for salaried employees; hourly-employee benefit commences immediately.

Preretirement death                    Married at death prior to benefit commencement.

Vested termination                      Participant can commence benefits upon retirement eligibility.

**Accrued Benefit**

**Salaried employees:** The sum of (a) and (b):

(a) 2.5% of average monthly compensation multiplied by years of vesting service while a plan participant (not to exceed 20 years)

(b) 1% of average monthly compensation multiplied by years of vesting service while a plan participant in excess of 20 years (not to exceed 10 years).

Average monthly compensation is the average of the highest 3 consecutive plan-year compensations out of the last 10 plan years.

**Hourly employees:** The sum of (a), (b), and (c):

(a) \$7.00 for each year of benefit service earned between July 1, 1976 and December 31, 1982

(b) \$11.00 for each year of benefit service earned between January 1, 1983 and June 30, 1993

(c) \$13.00 for each year of benefit service earned between July 1,

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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1993 and November 30, 2004.

**Pension Amount**

Normal retirement	The accrued benefit.
Early retirement	The accrued benefit payable at normal retirement date, reduced 0.25% for each month benefit commencement precedes normal retirement date.
Late retirement	The greater of (a) and (b): (a) Participant's accrued benefit at termination date (b) The actuarial equivalent of participant's accrued benefit at normal retirement date.
Disability retirement	(Hourly employees only) The accrued benefit without actuarial reduction for early commencement.
Preretirement death	Fifty percent (50%) of the amount the participant would have received under the 50% joint and survivor benefit form had the participant separated from service on date of death (applies for death from active employment only), commenced retirement benefits as early as possible thereafter, and died the next day.
Cost-of-Living Adjustments	Benefits for retirees and beneficiaries will be adjusted every July 1 <sup>st</sup> based on changes in the Consumer Price Index subject to the following constraints: (a) After the plan is terminated, adjustments shall be made based on the average of the annual adjustment for the 10 years prior to termination of the plan (b) No future increases or decreases shall be made after 10 full years of adjustments (c) No annual percentage increase or decrease amount shall exceed 5% (d) No adjustment shall reduce the participant's monthly benefit below the initial amount at commencement (e) No adjustment shall increase the participant's monthly benefit above 150% of the initial amount at commencement.

**Forms of Benefit**

Normal form	Life annuity.
Automatic form	Qualified 50% joint and survivor annuity if the participant is

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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married as of the annuity starting date.

Optional forms

- (a) Life annuity
- (b) Life annuity with ten-year period certain
- (c) 50%, 75%, and 100% joint and survivor annuities
- (d) Social Security level-income annuity for salaried employees

Optional form benefits are the actuarial equivalent of the normal form based on 7% interest and the UP-1984 unisex mortality table.

**Changes from Plan Provisions Reflected in the Previous Valuation**

There were no significant changes in the plan provisions since the prior valuation that affected the valuation results.

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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

All calculations in this report assume the plan will be ongoing and use the unit credit actuarial cost method to develop costs and liabilities.

**Actuarial Cost Method**

The actuarial accrued liability and normal cost under the unit credit actuarial cost method are used to determine the minimum required contribution under IRC Section 430 for the plan. Under this method, actuarial accrued liability is the total present value of benefits accrued under the plan formula at the valuation date for all participants (both active and nonactive). Normal cost is the total actuarial present value of additional benefits expected to be earned during the plan year by active participants under the assumed retirement age, plus administrative expenses expected to be paid from plan assets during the plan year.

As required by IRC regulation section 1.430(d)-1, the determination of both the target liability and target normal cost (IRC section 430 terms for accrued liability and normal cost) includes any plan provisions that are adopted on or before the valuation date and become effective during the plan year.

Vested liabilities are based on the same methods and assumptions used for accrued liabilities, but exclude benefits for participants with less than 5 years of service as of the valuation date.

**Asset Valuation Method**

The actuarial value of assets is determined by smoothing investment gains and losses (the excess/shortfall of the actual investment return over the expected return), in accordance with procedures described in Revenue Notice 2009-22. The preliminary actuarial value of assets is equal to the market value of assets (including discounted receivable contributions) plus/(minus) 2/3 of the loss/(gain) for the prior year and 1/3 of the loss/(gain) for the second prior year. Expected returns are based on the lesser of the third segment rate used for IRC Section 430 and 5.0%. If the resulting asset value is outside a 90% to 110% market value corridor, an additional adjustment maintains the actuarial value of assets at the appropriate corridor limit.

**DFA of California Retirement Plan**  
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**2024 Schedule SB (Form 5500) Attachment**

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**Economic Assumptions**

IRC Section 430 Interest Rates

The plan sponsor has elected to use 24-month-average segment rates based on the corporate bond yield curve with a 4-month lookback – limited to be no less (more) than 95% (105%) of the average of segment rates over 25 years, subject to a 5% floor.

Segment rates used to discount expected benefit payments from the expected distribution date to the valuation date:

	PPA 24-month <u>Average</u>	MAP-21 25-year <u>Average</u>	Funding Rates Limited by <u>Corridor</u>
■ 0-5 years	4.64%	3.13%	4.75%
■ 5-20 years	5.12%	5.13%	5.12%
■ 20+ years	5.10%	5.88%	5.59%
■ Effective rate	5.06%	N/A	5.16%

Cost of living increases

3.00%

Salary Increases

N/A

Expenses

\$15,000



**DFA of California Retirement Plan**  
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**2024 Schedule SB (Form 5500) Attachment**

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Age	Mortality Rates	
	Males	Females
40	3.8%	2.1%
55	5.3	3.3
70	7.3	5.1
85	13.3	10.9

**Decrement timing and adjustment** Pre-retirement active decrements are assumed to occur beginning-of-year. Nonactive mortality is uniform throughout the year. Active mortality decrement probabilities are determined from the mortality rates shown above by adjusting for competing decrements.

**Payment form elections** All participants are assumed to elect the single life annuity form of payment – commencing immediately if eligible for retirement at termination, otherwise commencing at normal retirement age.

**Preretirement marital characteristics** Wives are assumed to be three years younger than their husbands; 80% of participants are assumed to be married.

Non-prescribed assumptions are estimates of future experience, based mainly on past experience. For each such assumption, experience is compared to the assumption and appropriate adjustments are made if deviations are significant and expected to continue in the future.

**Financial and Census Data**

The value of assets is based on summarized financial statements submitted by DFA of California. The census data submitted by DFA of California for the current valuation appears consistent with that of the prior valuation.

**Benefits Not Included in the Liabilities**

To the best of our knowledge, all benefits have been included in liabilities.

**Events and Trends Not Taken Into Account**

To the best of our knowledge, no event or trend has been omitted which may require a material change in plan costs or required contribution rates.

**DFA of California Retirement Plan**  
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**2024 Schedule SB (Form 5500) Attachment**

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**Changes in Actuarial Methods or Assumptions Since the Previous Valuation**

The interest segment rates were changed to those shown above as required by law, changing the effective interest rate from 5.11% to 5.16%. This reflects the ARPA segment rate corridor around the 25-year average of corporate bond yields.

The healthy-lives mortality table was changed from the 2023 Combined Static Table to the 2024 Combined Static Table, as required under IRC Section 430. The expense load was changed from \$160,000 to \$15,000. There were no other changes in the actuarial assumptions or methods since the prior valuation.

**Actuarial Standards of Practice (ASOP) Disclosures**

- In our opinion, the combined set of assumptions (other than those prescribed by law) does not have significant bias.
- Retirement, termination, death, and disability benefits are regarded as vested based on each participant's years of vesting service and the plan's vesting schedule.
- Benefit payment default risk or the financial health of the plan sponsor was not taken into account when performing the valuation.
- The IRS prescribed the interest rates and mortality assumptions.
- No provision was made for future mortality improvement beyond that reflected in the combined static mortality table.

In preparing the results, the actuary used ProVal valuation software developed by Winklevoss Technologies, LLC. This software is widely used for the purpose of performing pension valuations. We coded the plan provisions, assumptions, methods, and participant data summarized in this report, and reviewed the liability and cost outputs for reasonableness. We are not aware of any material weaknesses or limitations in the software and have determined it is appropriate for performing this valuation.

**DFA of California Retirement Plan**  
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**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 24 – Change in Actuarial Assumptions**

- The interest segment rates were changed to those shown above as required by law, changing the effective interest rate from 5.11% to 5.16%.
- The healthy-lives mortality table was changed from the 2023 Combined Static Table to the 2024 Combined Static Table, as required under IRC Section 430.
- The expense load was changed from \$160,000 to \$15,000.
- There were no other changes in methods or assumptions.

**Schedule SB, line 25 – Change in Actuarial Methods**

- There were no method changes since the prior valuation.

**Schedule SB, line 4 – Additional Information for Plans in At-Risk Status**

- The plan was not in at-risk status as of the valuation date.

**Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance**

- The amount reported in line 13 of the prior-year Schedule SB has not been adjusted.

**Schedule SB, line 8 – Late Election to Apply Balances to Quarterly Installments**

- There were no late elections to apply balances to quarterly installments.

**Schedule SB, line 19 – Discounted Employer Contributions**

- None of the contributions reported in line 19c represent late quarterly installments.

**Schedule SB, line 20c – Liquidity Requirement Certification**

- The special rule for nonrecurring circumstances was not used.

**Schedule SB, line 23 – Information on Use of Substitute Mortality Tables**

- Substitute mortality tables were not used.

**Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments**

- The plan has less than 1,000 participants as of the valuation date.

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

Age	Percent Expected to Retire
55	5%
56-59	1%
60-61	10%
62	50%
63-64	20%
65	100%

**Weighted Average Retirement Age**

1.000	x	55	x	0.05	=	2.75
0.950	x	56	x	0.01	=	0.53
0.941	x	57	x	0.01	=	0.54
0.932	x	58	x	0.01	=	0.54
0.923	x	59	x	0.01	=	0.54
0.914	x	60	x	0.10	=	5.48
0.823	x	61	x	0.10	=	5.02
0.741	x	62	x	0.50	=	22.97
0.371	x	63	x	0.20	=	4.67
0.297	x	64	x	0.20	=	3.80
0.238	x	65	x	1.00	=	15.47
						62.31

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 32 – Schedule of Amortization Bases**

Type of	Present Value of Remaining Installments	Valuation Date Base was	Number of Years Remaining	Amortization Installment
2023 Shortfall	\$ 264,425	07/01/2023	14	\$ 25,532
2024 Shortfall	\$ 378,282	07/01/2024	15	\$ 34,853
Total	\$ 642,707			\$ 60,385

**DFA of California Retirement Plan**  
**EIN/PN: 94-0439440/001**  
**2024 Schedule SB (Form 5500) Attachment**

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

Age at 7/1/24	Years of Benefit Accrual Service at 7/1/24										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & over	
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	0	0	0	0	0	0	0	1
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	2	1	0	0	0	0	0	0	3
65-69	0	0	1	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	5	1	0	0	0	0	0	0	6 <sup>a</sup>

a.

	Valuation Date	
	7/1/24	7/1/23
Average age	59.6 years	58.7 years
Average benefit service	8.8 years	8.1 years
Percent male	16.7%	12.5%

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

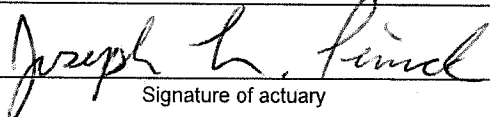
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan DFA OF CALIFORNIA RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DFA OF CALIFORNIA	<b>D</b> Employer Identification Number (EIN) 94-0439440	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	5405151
	<b>b</b> Actuarial value .....	<b>2b</b>	5538255
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	72	5361682
	<b>b</b> For terminated vested participants.....	9	138753
	<b>c</b> For active participants .....	6	463373
	<b>d</b> Total.....	87	5963808
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.16 %
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	15000
	<b>c</b> Target normal cost.....	<b>6c</b>	15000

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	 Signature of actuary	01/15/2026	
	JOSEPH L PENICK	Date	
	Type or print name of actuary	23-05940	
	CURCIO WEBB, LLC	Most recent enrollment number	
	Firm name	415-743-5692	
	610 16TH STREET SUITE 205 OAKLAND, CA 94612	Telephone number (including area code)	
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75%	2nd segment: 5.12%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

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

**a** Target normal cost (line 6c) ..... **31a** 15000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	642707	60385
<b>b</b> Waiver amortization installment .....	0	0

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 75385

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	75385	75385

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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