

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/2005
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CALIFORNIA COMMUNITY FOUNDATION, INC. 717 WEST TEMPLE STREET LOS ANGELES, CA 90012	2b Employer Identification Number (EIN) 95-3510055 2c Plan Sponsor's telephone number 213-413-4130 2d Business code (see instructions) 531390

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	03/18/2026	AGNES LUANSING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 187
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) 82 6a(2) 95 6b 0 6c 106 6d 201 6e 1 6f 202 6g(1) 185 6g(2) 199 6h 4
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:
 2G 2L

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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA COMMUNITY FOUNDATION, INC.	D Employer Identification Number (EIN) 95-3510055	

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.
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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	316666	95	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2568046
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11180663

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.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

2791574

c Additions: (1) Contributions deposited during the year**7c(1)**

29706

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

112226

(4) Transferred from separate account

7c(4)

276801

(5) Other (specify below).....

7c(5)

3982

▶ **SERVICING CREDIT**

(6) Total additions

7c(6)

422715

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

3214289

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

326782

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

318532

(4) Other (specify below).....

7e(4)

929

▶ **FEES**

(5) Total deductions

7e(5)

646243

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

2568046

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 ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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		
A Name of plan CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA COMMUNITY FOUNDATION, INC.	D Employer Identification Number (EIN) 95-3510055	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA	730 THIRD AVE. NEW YORK, NY 10017-3206
13-1624203	

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

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

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

TIAA

730 THIRD AVE.
NEW YORK, NY 10017-3206

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	RECORDKEEPER	35745	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	FARBER HASS HURLEY LLP	b EIN:	20-4207759
c Position:	ACCOUNTANT		
d Address:	9301 OAKDALE AVE #230 CHARSWORTH, CA 91311	e Telephone:	818-895-1943

Explanation: CHANGE OF ACCOUNTANT

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 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
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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
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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
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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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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		
A Name of plan CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA COMMUNITY FOUNDATION, INC.	D Employer Identification Number (EIN) 95-3510055	

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)		
(2) Participant contributions.....	1b(2)		
(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)	149933	134025
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	193346	180458
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24009286	27219930
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2791574	2568046
(15) Other.....	1c(15)		

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	27144139	30102459
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	27144139	30102459

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)	1133378	
(B) Participants	2a(1)(B)	744461	
(C) Others (including rollovers)	2a(1)(C)	98084	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1975923
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)	11534	
(F) Other	2b(1)(F)	112227	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		123761
(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)	337364	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		337364
(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)		3549
(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)		2880864
c Other income	2c		17618
d Total income. Add all income amounts in column (b) and enter total	2d		5339079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2236879	
(2) To insurance carriers for the provision of benefits	2e(2)	108285	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2345164
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)	35595	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		35595
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2380759

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2958320
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: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		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					
A Name of plan CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA COMMUNITY FOUNDATION, INC.				D Employer Identification Number (EIN) 95-3510055	
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): 13-1624203					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

**CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT
PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

**AS OF JUNE 30, 2025 AND 2024, AND
FOR THE YEAR ENDED JUNE 30, 2025**



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**CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
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AS OF JUNE 30, 2025 AND 2024, AND
FOR THE YEAR ENDED JUNE 30, 2025**

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INDEPENDENT AUDITORS' REPORT

The Administrative Committee and Audit Committee
California Community Foundation, Inc. Retirement Plan
Los Angeles, California

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We were engaged to perform an audit of the financial statements of California Community Foundation, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of California Community Foundation, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2025 Financial Statements

We do not express an opinion on the accompanying 2025 financial statements of California Community Foundation, Inc. Retirement Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion for the 2025 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2025 Financial Statements

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

Responsibilities of Management for the 2025 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about California Community Foundation, Inc. Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2025 Financial Statements

Our responsibility is to conduct an audit of California Community Foundation, Inc. Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2025 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

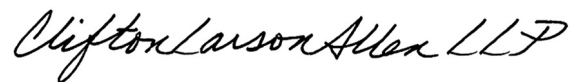
Other Matters

2025 Supplemental Schedule Required by ERISA

The supplemental schedule of assets held (at end of year) as of June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion for the 2025 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Other Matter – Auditors’ Report on the 2024 Financial Statements

Predecessor auditors were engaged to audit the 2024 financial statements of California Community Foundation, Inc. Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, California Community Foundation, Inc. Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, they were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions. In the predecessor auditors report dated April 11, 2025, they indicated that because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2024 financial statements.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Ontario, California
January 20, 2026

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Pooled Separate Accounts	\$ 180,458	193,346
Investment Contracts with Insurance Company	1,905,327	1,836,872
Interest in Sub-Accounts of Variable Annuity Contracts	11,000,204	11,082,312
Mutual Funds	<u>16,219,726</u>	<u>12,926,974</u>
Total Investments at Fair Value	29,305,715	26,039,504
INVESTMENTS (at Contract Value)	662,719	954,702
RECEIVABLES		
Notes Receivable from Participants	<u>134,025</u>	<u>149,933</u>
Total Receivables	<u>134,025</u>	<u>149,933</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 30,102,459</u></u>	<u><u>\$ 27,144,139</u></u>

See accompanying Notes to Financial Statements.

**CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2025**

ADDITIONS:

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 2,884,413
Interest and Dividends	449,591
Total Investment Income	<u>3,334,004</u>

**INTEREST INCOME ON NOTES RECEIVABLE
FROM PARTICIPANTS**

11,534

CONTRIBUTIONS

Employee Deferrals	744,461
Employer Contributions	1,133,378
Employee Rollover	98,084
Total Contributions	<u>1,975,923</u>

Total Additions	5,321,461
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DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS	2,345,164
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ADMINISTRATIVE EXPENSES	<u>17,977</u>
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Total Deductions	<u>2,363,141</u>
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NET INCREASE	2,958,320
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>27,144,139</u>
End of Year	<u><u>\$ 30,102,459</u></u>

See accompanying Notes to Financial Statements.

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 1 DESCRIPTION OF THE PLAN

The following description of California Community Foundation, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective July 1, 2002. The Plan has been amended throughout the years to comply with tax legislation. The most recent amendment was effective March 31, 2020. The Plan excludes Student employees from elective deferrals and those employees who are not provided with medical, health, and vacation benefits from receiving the employer contribution. The Administrative Committee is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

There is no age or service requirement to be eligible to make elective deferrals. Employees of California Community Foundation, Inc. (the Organization or Employer) are eligible to participate in the deferral component of the Plan immediately following the date of employment. Employees must meet the age 18 requirement to participate in the Employer contribution component of the Plan.

Contributions

Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pretax 403(b) or Roth contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows for qualified organization catch-up contributions to be made for participants with 15 years or more of service.

The Organization makes a nonelective contribution on behalf of eligible employees. For the year ended June 30, 2025, the nonelective contribution was a uniform percentage of 10% of each participant's plan year compensation.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions, and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested after four years of credited service. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, early retirement age, death, or permanent disability.

Plan Loans

Participants may borrow amounts directly from TIAA, the Plan's insurance company. Plan loans may be requested directly from TIAA using a portion of their account as collateral for the Plan loan. A Plan loan is not treated as a distribution from the Plan and is not considered a Plan asset; therefore, Plan loans are not reported on the statement of net assets available for benefits. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. If the loan is being taken from a TIAA-CREF annuity, the maximum loan amount has further limitations. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. As of June 30, 2025 and 2024, outstanding Plan loans were \$0 and \$56,042, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. Principal and interest is paid ratably by the participant.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or annuity distribution. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment be rolled into an individual retirement account in the participant's name. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions.

Forfeited Accounts

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Employer contributions. Forfeited nonvested accounts as of June 30, 2025 and 2024, totaled \$33 and \$30, respectively. There were \$5,749 forfeitures used to reduce Employer contributions for the year ended June 30, 2025.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance 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

The Plan's 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 discussion of fair value measurements.

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 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. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2025 and 2024. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Contributions

Participant contributions are recognized in the year they are withheld from the employee's compensation and employer contributions are recognized in the year the related compensation used in the calculation is paid.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan has evaluated subsequent events through January 20, 2026, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

TIAA and CREF, the insurance companies of the Plan, and TIAA on behalf of TIAA Trust, N.A. (collectively the insurance companies) (qualified institutions), has supplied the Plan administrator with a certification as to the completeness and accuracy of investments and notes receivable from participants as of June 30, 2025 and 2024, and investment income and interest income on notes receivable from participants for the year ended June 30, 2025, in the accompanying financial statements and ERISA-required supplemental schedule.

NOTE 4 FAIR VALUE OF INVESTMENTS

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

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used as of June 30, 2025 and 2024 except for the pooled separate account previously valued using net asset value (NAV) as a practical expedient. Management determined the fund has a readily determinable fair value based on no liquidity restrictions and daily valuation at which the funds transact at. Accordingly, the accounting change has been retrospectively applied to the prior period presented as if the policy had always been used. The change in valuation method did not impact the amount recorded at fair value.

Pooled Separate Accounts: Valued at the net asset value (NAV) of units as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

Interest in Sub-Accounts of Variable Annuity Contracts: Fair values of accumulation units held by the Plan in the Interest in Sub-Accounts of Variable Annuity Contracts are based on each account's daily NAV, which is considered by Plan management to be the best approximation of fair value. The accounts are not exchange traded.

Investment Contracts with TIAA: Investments in the insurance company general account deemed nonfully benefit-responsive are comprised of guaranteed funds and fixed accounts and are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2025			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 180,458	\$ -	\$ 180,458
Investment Contracts with Insurance Company	-	-	1,905,327	1,905,327
Interest in Sub-Accounts of Variable Annuity Contracts	-	11,000,204	-	11,000,204
Mutual Funds	16,219,726	-	-	16,219,726
Total Investments at Fair Value	<u>\$ 16,219,726</u>	<u>\$ 11,180,662</u>	<u>\$ 1,905,327</u>	<u>\$ 29,305,715</u>

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

	2024			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 193,346	\$ -	\$ 193,346
Investment Contracts with Insurance Company	-	-	1,836,872	1,836,872
Interest in Sub-Accounts of Variable Annuity Contracts	-	11,082,312	-	11,082,312
Mutual Funds	12,926,974	-	-	12,926,974
Total Investments at Fair Value	<u>\$ 12,926,974</u>	<u>\$ 11,275,658</u>	<u>\$ 1,836,872</u>	<u>\$ 26,039,504</u>

As of June 30, 2024, investments previously reported as Mutual Funds (Level 1) with a fair value of \$11,082,312 were reclassified to Variable Annuity Accounts (Level 2) to more accurately reflect the Plan's ownership interest under group annuity contracts. The TIAA Stable Value Fund and the Plan Loan Default Fund, previously reported at a fair value of \$131,101, were updated to reflect their status as fully benefit-responsive investment contracts. In accordance with applicable guidance, these contracts are reported at contract value and therefore excluded from the fair value hierarchy.

In addition, investment contracts with insurance company that were previously presented as Level 1 were reclassified to Level 3. This revision more accurately reflects that the valuation of these contracts relies on unobservable inputs and insurer-provided data rather than quoted prices in active markets. As a result, Level 3 classification more appropriately reflects the nature of the valuation techniques used and the lack of market-based pricing.

These updates align the Plan's reporting with fair value hierarchy requirements, enhance the accuracy and transparency of the financial statements, and are considered qualitatively immaterial by management. Importantly, there was no difference between fair value and contract value as a result of these adjustments.

The following table represents certain changes in the Plan's Level 3 financial instruments attributable to:

	2025
Purchases	\$ 283,816

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
	2025	2024			
TIAA Traditional Annuity	\$ 1,905,327	\$ 1,836,872	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	2025 GRA - 3.65% -6.50% RC - 3.90%-6.75% 2024 GRA - 4.00% -6.75% RC - 4.25%-7.00%

NOTE 5 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES

The Plan has a traditional fully benefit-responsive guaranteed investment contract with TIAA and CREF (the Insurance Companies). The Insurance Companies maintain 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. The crediting rate is based on a formula established by the contract issuer but may not be less than 3%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the Insurance Company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 5 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES (CONTINUED)

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

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

As part of the contracts, TIAA also maintain a portion of the contributions in guaranteed accounts, which are called the TIAA Traditional Non-Benefit Responsive. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by TIAA. The guaranteed accounts are included in the financial statements at fair value because they are nonbenefit responsive. Nonbenefit responsive investment contracts have liquidity restrictions. Upon termination of the investment contract, the lump-sum liquidation value of the general account portion of the portion of the participant's accumulation value shall be equal to the product of (a) the participant's general account accumulation value on the liquidation date, reduced by the liquidation charge applicable on the liquidation date and (b) a market value adjustment percentage.

NOTE 6 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 the 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.

NOTE 7 PLAN TERMINATION

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

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 8 PLAN TAX STATUS

403(b) plans are not required to receive a favorable determination letter from the IRS indicating that the Plan is tax-exempt under present income tax law. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for the Plan participants under Section 403(b). The Plan Sponsor adopted a volume submitter document with a favorable opinion letter dated August 7, 2017, in which the IRS stated the Plan, as designed, was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 HISTORICAL PLAN ADMINISTRATION

Prior to 2009, TIAA and CREF, tracked contributions, investment earnings, distributions, and other activity on a “contract” basis. Each participant was setup as having a separate “contract” and Plan level activity was not captured. This method of administration was utilized prior to January 1, 2009 as the regulations governing 403(b) plans did not require Plan level reporting. The Plan administrator believes a good faith effort was made to obtain all relevant information prior to January 1, 2009. However, as a result of the method of administration and lack of historical Plan level financial reporting, the Plan administrator is unable to obtain Plan level information prior to January 1, 2009.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the qualified institution of the Plan; therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
E.I.N. 95-3510055 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
		<u>Pooled Separate Account:</u>		
*	TIAA	TIAA Real Estate		\$ 180,458
		<u>Mutual Funds:</u>		
	Vanguard	Vanguard Infl Protect Sec Adm		148,733
	Vanguard	Vanguard Long-Trm Treasury Adm		47,429
	Vanguard	Vanguard Small-Cap Idx Adm		370,959
	Vanguard	Vanguard Target Retire 2020		152,584
	Vanguard	Vanguard Target Retire 2025		495,273
	Vanguard	Vanguard Target Retire 2030		292,448
	Vanguard	Vanguard Target Retire 2035		1,149,095
	Vanguard	Vanguard Target Retire 2040		695,044
	Vanguard	Vanguard Target Retire 2045		1,434,434
	Vanguard	Vanguard Target Retire 2050		957,319
	Vanguard	Vanguard Target Retire 2055		594,426
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm		280,686
	Vanguard	Vanguard Mid-Cap Idx Adm		152,731
	Vanguard	Vanguard Emr Mkts Stk Idx Adm		213,000
	Vanguard	Vanguard Growth Index Adm		877,970
	Vanguard	Vanguard Large-Cap Index Adm		327,694
	Vanguard	Vanguard Mid-Cap Grw Idx Adm		205,647
	Vanguard	Vanguard Small-Cap Grw Idx Adm		30,800
	Vanguard	Vanguard Small-Cap Val Idx Adm		201,950
	Vanguard	Vanguard Ttl Intl Stk Idx Adm		1,091,276
	Vanguard	Vanguard Ttl Stk Mkt Idx Adm		3,176,165
	Vanguard	Vanguard Value Index Adm		618,162
	Vanguard	Vanguard S-T Inf Pro Sec Idx Adm		77,565
	Vanguard	Vanguard High-Yield Corp Adm		171,411
	Vanguard	Vanguard Ttl Intl Bnd Idx Adm		37,362
	Vanguard	Vanguard Target Retire 2060		377,503
	Vanguard	Vanguard Consumer Disc Idx Adm		29,491
	Vanguard	Vanguard Consumer Stap Idx Adm		41,291
	Vanguard	Vanguard Energy Index Adm		21,513
	Vanguard	Vanguard Financials Index Adm		25,951
	Vanguard	Vanguard Health Care Index Adm		31,899
	Vanguard	Vanguard Industrials Index Adm		4,655
	Vanguard	Vanguard Info Tech Idx Admiral		173,979
	Vanguard	Vanguard Real Estate Idx Adm		109,572
	Vanguard	Vanguard Comm Services Idx Adm		74,785
	Vanguard	Vanguard Utilities Index Adm		33,321
	Vanguard	Vanguard FTSE Social Index Adm		600,678
	Vanguard	Vanguard Total Wld Stk Idx Adm		719,782
	Vanguard	Vanguard Precious Mtls Mng Inv		6,726
	Vanguard	Vanguard Short-Trm Bd Idx Adm		168,417
		Total Mutual Funds		16,219,726

CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN
E.I.N. 95-3510055 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
		<u>Investment Contracts with Insurance Company:</u>		
*	TIAA	TIAA Traditional Benefit Responsive		\$ 654,844
*	TIAA	TIAA Traditional Non Benefit Responsive		937,592
*	TIAA	TIAA Traditional Benefit Responsive 2		3
*	TIAA	TIAA Traditional Non Benefit Responsive 2		967,735
*	TIAA	TIAA Stable Value		7,872
		Total Investment Contracts with Insurance Company		2,568,046
		<u>Interest in Sub-Accounts of Variable Annuity Contracts:</u>		
*	CREF	CREF Stock R1		1,899,030
*	CREF	CREF Money Market R1		489,501
*	CREF	CREF Social Choice R1		366,106
*	CREF	CREF Global Equities R1		1,534,653
*	CREF	CREF Growth R1		891,153
*	CREF	CREF Equity Index R1		1,566,463
*	CREF	CREF Inflation-Linked Bond R1		153,571
*	TIAA	TIAA Access Nuv Core Pl Bd T4		39,863
*	TIAA	TIAA Access Nuv Core Equity T4		46,894
*	TIAA	TIAA Access Nuv Intl Equity T4		546,629
*	TIAA	TIAA Access Nuv LfCy Rt Inc T4		5,985
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4		180,458
*	TIAA	TIAA Access Nuv Lrg Cap Val T4		392,075
*	TIAA	TIAA Access Nuv LifCyc 2025 T4		54,085
*	TIAA	TIAA Access Nuv LifCyc 2030 T4		68,662
*	TIAA	TIAA Access Nuv LifCyc 2035 T4		242,080
*	TIAA	TIAA Access Nuv LifCyc 2040 T4		157,187
*	TIAA	TIAA Access Nuv LifCyc 2045 T4		474,369
*	TIAA	TIAA Access Nuv LifCyc 2050 T4		232,002
*	TIAA	TIAA Access Nuv Qnt MdCpGrw T4		208,070
*	TIAA	TIAA Access Nuv Mid Cap Val T4		274,412
*	TIAA	TIAA Access Nuv RIEstSecSel T4		198,855
*	TIAA	TIAA Access Nuv Sm Cp BI lx T4		98,330
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4		216,335
*	TIAA	TIAA Access Nuv LgCp Res Eq T4		96,679
*	CREF	CREF Core Bond R1		515,657
*	TIAA	TIAA Access Nuv LifCyc 2060 T4		32,163
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		18,937
		Total Interest in Sub-Accounts of Variable Annuity Contracts		11,000,204
*	Participants	Participant Loans Rates from 4.25% to 9.50%	-	134,025
				\$ 30,102,459

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan CALIFORNIA COMMUNITY FOUNDATION, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) California Community Foundation, Inc. 717 West Temple Street Los Angeles CA 90012	2b Employer Identification Number (EIN) 95-3510055
	2c Plan Sponsor's telephone number 213-413-4130
	2d Business code (see instructions) 531390

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

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

SIGN HERE		3/18/2026	AGNES LUANSING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 187
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) 82 6a(2) 95 6b 0 6c 106 6d 201 6e 1 6f 202 6g(1) 185 6g(2) 199 6h 4
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: 2G 2L	
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u> 1 </u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 _____



Schedule of Assets Held for Investment

Total Plan Assets Under Management

CALIFORNIA COMMUNITY FOUNDATION

For the Period Ending 06/30/2025

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	UNINVESTED CASH	ENDING MARKET VALUE	ENDING COST VALUE
CALIFORNIA COMMUNITY FOUNDATION							
BR1	TIAA#	TIAA Traditional Benefit Responsive				\$654,843.65	\$496,714.43
NBR	TIAA#	TIAA Traditional Non Benefit Responsive				\$937,592.17	\$721,615.87
BR2	TIAA#	TIAA Traditional Benefit Responsive 2				\$3.64	\$3.56
NB2	TIAA#	TIAA Traditional Non Benefit Responsive 2				\$967,735.05	\$833,426.30
SA	TSVX#	TIAA Stable Value				\$7,871.65	\$7,531.15
X2	QCSTRX	CREF Stock R1	\$979.629700	1,938.5147	\$3.11	\$1,899,029.69	\$599,059.34
X3	QCMMRX	CREF Money Market R1	\$29.731400	16,464.1170	\$0.00	\$489,501.25	\$437,733.06
X4	QCSCRX	CREF Social Choice R1	\$391.358100	935.4746	\$0.23	\$366,105.80	\$213,082.60
X6	QCGLRX	CREF Global Equities R1	\$370.763100	4,139.1707	\$0.95	\$1,534,652.71	\$653,793.17
X7	QCGRRX	CREF Growth R1	\$547.936700	1,626.3777	\$0.63	\$891,152.66	\$169,180.94
X8	QCEQRX	CREF Equity Index R1	\$532.301400	2,942.8108	\$0.83	\$1,566,463.13	\$522,970.27
X9	QCILRX	CREF Inflation-Linked Bond R1	\$86.729200	1,770.6911	\$0.00	\$153,570.63	\$116,407.19
X1	QREARX	TIAA Real Estate	\$469.574900	384.2999	\$0.51	\$180,458.09	\$151,444.53
8Y	W436#	TIAA Access Nuv Core Pl Bd T4	\$41.891700	951.5792	\$0.00	\$39,863.27	\$35,866.91
8B	W413#	TIAA Access Nuv Core Equity T4	\$149.660500	313.3340	\$0.00	\$46,893.72	\$24,175.97
8A	W411#	TIAA Access Nuv Intl Equity T4	\$43.807500	12,477.9882	\$0.00	\$546,629.47	\$375,702.63
93	W451#	TIAA Access Nuv LifCy Rt Inc T4	\$54.206900	110.4068	\$0.00	\$5,984.81	\$3,552.38
8W	W434#	TIAA Access Nuv Lrg Cap Gr T4	\$187.346400	963.2317	\$0.00	\$180,457.99	\$99,692.87
8C	W414#	TIAA Access Nuv Lrg Cap Val T4	\$80.058600	4,897.3441	\$0.00	\$392,074.51	\$189,987.04
83	W441#	TIAA Access Nuv LifCyc 2025 T4	\$63.350300	853.7462	\$0.00	\$54,085.07	\$23,155.20
84	W442#	TIAA Access Nuv LifCyc 2030 T4	\$66.760700	1,028.4851	\$0.00	\$68,662.38	\$44,027.61
85	W443#	TIAA Access Nuv LifCyc 2035 T4	\$71.801600	3,371.5124	\$0.00	\$242,079.98	\$126,954.92
86	W444#	TIAA Access Nuv LifCyc 2040 T4	\$78.185700	2,010.4286	\$0.00	\$157,186.77	\$95,566.24
91	W449#	TIAA Access Nuv LifCyc 2045 T4	\$79.282800	5,983.2512	\$0.00	\$474,368.91	\$305,554.15



Schedule of Assets Held for Investment

Total Plan Assets Under Management

CALIFORNIA COMMUNITY FOUNDATION

For the Period Ending 06/30/2025

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	UNINVESTED CASH	ENDING MARKET VALUE	ENDING COST VALUE
92	W450#	TIAA Access Nuv LifCyc 2050 T4	\$79.751500	2,909.0619	\$0.00	\$232,002.05	\$116,591.84
8E	W416#	TIAA Access Nuv Qnt MdCpGrw T4	\$91.123300	2,283.3889	\$0.00	\$208,069.93	\$97,178.26
8F	W417#	TIAA Access Nuv Mid Cap Val T4	\$75.513000	3,633.9763	\$0.00	\$274,412.46	\$152,351.56
8S	W430#	TIAA Access Nuv RIEstSecSel T4	\$51.249300	3,880.1553	\$0.00	\$198,855.25	\$140,858.65
8Q	W428#	TIAA Access Nuv Sm Cp Bl Ix T4	\$77.805300	1,263.8009	\$0.00	\$98,330.40	\$72,729.80
8G	W418#	TIAA Access Nuv Qt Sm Cp Eq T4	\$88.690700	2,439.2101	\$0.00	\$216,335.25	\$129,277.25
8D	W415#	TIAA Access Nuv LgCp Res Eq T4	\$120.961600	799.2497	\$0.00	\$96,678.52	\$46,985.45
X5	QCBMRX	CREF Core Bond R1	\$136.754900	3,770.6671	\$0.00	\$515,657.20	\$420,013.66
NM	VAIPX	Vanguard Infl Protect Sec Adm	\$23.240000	6,399.8567	\$0.00	\$148,732.67	\$165,534.09
ZO	VUSUX	Vanguard Long-Trm Treasury Adm	\$7.970000	5,950.8960	\$0.00	\$47,428.64	\$47,759.48
U3	VSMAX	Vanguard Small-Cap Idx Adm	\$113.600000	3,265.4874	\$0.00	\$370,959.38	\$320,180.16
MP	VTWNX	Vanguard Target Retire 2020	\$28.150000	5,420.3889	\$0.00	\$152,583.95	\$166,806.87
MQ	VTTVX	Vanguard Target Retire 2025	\$20.060000	24,689.5784	\$0.00	\$495,272.94	\$473,989.80
MR	VTHRX	Vanguard Target Retire 2030	\$40.870000	7,155.5692	\$0.00	\$292,448.11	\$259,128.00
MS	VTTHX	Vanguard Target Retire 2035	\$26.000000	44,195.9739	\$0.00	\$1,149,095.32	\$954,025.00
MT	VFORX	Vanguard Target Retire 2040	\$47.050000	14,772.4514	\$0.00	\$695,043.83	\$596,860.61
MU	VTIVX	Vanguard Target Retire 2045	\$32.430000	44,231.6902	\$0.00	\$1,434,433.72	\$1,172,492.54
MV	VFIFX	Vanguard Target Retire 2050	\$54.790000	17,472.5089	\$0.00	\$957,318.76	\$769,175.38
QX	VFFVX	Vanguard Target Retire 2055	\$61.130000	9,723.9650	\$0.00	\$594,425.97	\$491,664.57
U4	VBTLX	Vanguard Ttl Bd Mkt Idx Adm	\$9.680000	28,996.4670	\$0.00	\$280,685.80	\$286,638.29
U1	VIMAX	Vanguard Mid-Cap Idx Adm	\$346.800000	440.3977	\$0.80	\$152,730.73	\$112,504.80
8O	W464#	TIAA Access Nuv LifCyc 2060 T4	\$57.083700	563.4401	\$0.00	\$32,163.25	\$16,787.34
AA	VEMAX	Vanguard Emr Mkts Stk Idx Adm	\$40.960000	5,200.2026	\$0.00	\$213,000.30	\$188,932.71
AC	VIGAX	Vanguard Growth Index Adm	\$225.700000	3,889.9831	\$1.07	\$877,970.27	\$625,733.37
AD	VLCAX	Vanguard Large-Cap Index Adm	\$144.120000	2,273.7551	\$0.00	\$327,693.59	\$223,263.12



Schedule of Assets Held for Investment

Total Plan Assets Under Management

CALIFORNIA COMMUNITY FOUNDATION

For the Period Ending 06/30/2025

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	UNINVESTED CASH	ENDING MARKET VALUE	ENDING COST VALUE
AE	VMGMX	Vanguard Mid-Cap Grw Idx Adm	\$122.400000	1,680.1230	\$0.00	\$205,647.05	\$168,453.91
AG	VSGAX	Vanguard Small-Cap Grw Idx Adm	\$97.350000	316.3879	\$0.00	\$30,800.36	\$24,212.73
AH	VSIAX	Vanguard Small-Cap Val Idx Adm	\$83.790000	2,410.1975	\$0.00	\$201,950.45	\$173,561.41
AI	VTIAX	Vanguard Ttl Intl Stk Idx Adm	\$37.100000	29,414.4441	\$0.00	\$1,091,275.88	\$910,764.85
AJ	VTSAI	Vanguard Ttl Stk Mkt Idx Adm	\$148.010000	21,459.1210	\$0.00	\$3,176,164.50	\$1,819,272.00
AL	W463#	TIAA Access Nuv LifCyc 2055 T4	\$80.637100	234.8475	\$0.00	\$18,937.42	\$10,379.75
AM	VVIAX	Vanguard Value Index Adm	\$68.950000	8,965.3653	\$0.00	\$618,161.94	\$507,966.07
AN	VTAPX	Vanguard S-T Inf Pro Sec Idx Adm	\$25.000000	3,102.6101	\$0.00	\$77,565.26	\$76,330.71
AO	VWEAX	Vanguard High-Yield Corp Adm	\$5.520000	31,052.7222	\$0.00	\$171,411.03	\$169,355.04
AP	VTABX	Vanguard Ttl Intl Bnd Idx Adm	\$19.740000	1,892.6987	\$0.00	\$37,361.87	\$40,440.86
AQ	VTTSX	Vanguard Target Retire 2060	\$56.340000	6,700.4360	\$0.00	\$377,502.57	\$325,948.46
AR	VCDAX	Vanguard Consumer Disc Idx Adm	\$187.550000	157.2417	\$0.00	\$29,490.68	\$23,829.90
AS	VCSAX	Vanguard Consumer Stap Idx Adm	\$108.040000	382.1866	\$0.00	\$41,291.44	\$39,162.84
AT	VENAX	Vanguard Energy Index Adm	\$59.520000	361.4388	\$0.00	\$21,512.84	\$20,753.11
AU	VFAIX	Vanguard Financials Index Adm	\$63.800000	406.7595	\$0.00	\$25,951.25	\$21,409.89
AV	VHCIX	Vanguard Health Care Index Adm	\$124.290000	256.6517	\$0.00	\$31,899.25	\$33,335.19
AW	VINAX	Vanguard Industrials Index Adm	\$143.880000	32.3505	\$0.00	\$4,654.59	\$3,739.38
AX	VITAX	Vanguard Info Tech Idx Admiral	\$339.450000	512.5326	\$0.10	\$173,979.29	\$130,937.78
AZ	VGSLX	Vanguard Real Estate Idx Adm	\$126.200000	868.2439	\$0.00	\$109,572.38	\$109,001.59
BA	VTCAI	Vanguard Comm Services Idx Adm	\$87.140000	858.2119	\$0.00	\$74,784.58	\$62,145.25
BB	VUIAX	Vanguard Utilities Index Adm	\$88.550000	376.2903	\$0.00	\$33,320.51	\$31,919.98
BC	VFTAX	Vanguard FTSE Social Index Adm	\$59.360000	10,119.2401	\$0.00	\$600,678.09	\$311,058.91
BD	VTWAX	Vanguard Total Wld Stk Idx Adm	\$45.520000	15,812.4424	\$0.00	\$719,782.37	\$575,176.34
IY	VGPMX	Vanguard Precious Mtls Mng Inv	\$15.830000	424.8982	\$0.00	\$6,726.14	\$6,091.69
WE	VBIRX	Vanguard Short-Trm Bd Idx Adm	\$10.290000	16,367.0490	\$0.00	\$168,416.94	\$167,238.67



Schedule of Assets Held for Investment
Total Plan Assets Under Management

CALIFORNIA COMMUNITY FOUNDATION

For the Period Ending 06/30/2025

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	UNINVESTED CASH	ENDING MARKET VALUE	ENDING COST VALUE
Subtotal						\$29,968,433.97	\$20,057,147.24
90	LOAN#	Participant Loan Fund				\$134,025.27	\$134,025.27
CALIFORNIA COMMUNITY FOUNDATION TOTAL						\$30,102,459.24	\$20,191,172.51
PLAN TOTAL						\$30,102,459.24	\$20,191,172.51