

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 <u>FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>07/01/1984</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FELLOWSHIP OF CHRISTIAN ATHLETES</u> <u>8701 LEEDS RD</u> <u>KANSAS CITY, MO 64129-1626</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>44-0610626</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>816-921-0909</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>44-0610626</u>	2c Plan Sponsor's telephone number <u>816-921-0909</u>	2d Business code (see instructions) <u>813000</u>	
2b Employer Identification Number (EIN) <u>44-0610626</u>					
2c Plan Sponsor's telephone number <u>816-921-0909</u>					
2d Business code (see instructions) <u>813000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	LAURA BRUMBAUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	LAURA BRUMBAUGH
	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

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

Form 5500 (2021)
v. 210624

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	2364
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.....		6a(1)	2184
a(2) Total number of active participants at the end of the plan year		6a(2)	2337
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	210
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2547
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	3
f Total. Add lines 6d and 6e		6f	2550
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2360
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	78
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: 2E 2F 2G 2J 2K 2S 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES	D Employer Identification Number (EIN) 44-0610626	

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
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	364298	2550	01/01/2021	12/31/2021

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
0	0

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

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

(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	85546
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year	7b	133653
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	1001	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	1001
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	134654
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)	262	
	(3) Transferred to separate account.....	7e(3)	48846	
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	49108
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	85546
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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)	
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)	
(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)	
(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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES	D Employer Identification Number (EIN) 44-0610626	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	305408	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RPA FINANCIAL, LLC

83-1143379

(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?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	87500	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 ☐

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)

(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 ☐

(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
RPA FINANCIAL, LLC	27 99	87500

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN</u>	B Three-digit plan number (PN) <u>003</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FELLOWSHIP OF CHRISTIAN ATHLETES</u>	D Employer Identification Number (EIN) <u>44-0610626</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2010 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>243487</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2015 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>720608</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2020 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6923081</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2025 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11176800</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2030 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11718792</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HB 2035 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8922899</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HB 2040 CIT U</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9592206</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HB 2045 CIT U		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8790175
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2050 CIT U		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6251155
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2055 CIT U		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1538089
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY INC CIT U		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212566
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2060 CIT U		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1685506
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2263350
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ IDX CL R FD		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1323163
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQTY INDEX CL R FD		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 20-3802168-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3748573
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQ IDX CL R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 20-3802327-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638864
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSS 2000 IDX CL R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 20-3802587-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 892923

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX R FD

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

c EIN-PN 20-3802445-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1101225
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2065 CIT U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182700
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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**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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES		
D Employer Identification Number (EIN) 44-0610626		

Part I	Asset and Liability Statement
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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)		113
(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)	552944	506215
(9) Value of interest in common/collective trusts	1c(9)	66633770	77926162
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11195822	14212794
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	133653	85546
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	78516189 92730830
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	78516189 92730830

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2444730
	(B) Participants	2a(1)(B)	6282282
	(C) Others (including rollovers).....	2a(1)(C)	371718
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	9098730
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)	41932
	(F) Other	2b(1)(F)	1001
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	42933
(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)	211725
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	211725
(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)	0
(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)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		9569008
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		1993874
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		20916270
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6364237	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		6364237
f Corrective distributions (see instructions).....	2f		25731
g Certain deemed distributions of participant loans (see instructions).....	2g		6252
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	305409	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		305409
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6701629
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		14214641
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: KELLER AND OWENS

(2) EIN: 48-1195228

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES	D Employer Identification Number (EIN) 44-0610626

Part I	Distributions
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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): 42-0127290		
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.)
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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
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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
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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.
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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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

FINANCIAL STATEMENTS

**Years Ended December 31, 2021 and 2020
with
Independent Auditors' Report**

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

FINANCIAL STATEMENTS

December 31, 2021 and 2020

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Keller & Owens, LLC

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Fellowship of Christian Athletes

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of **Fellowship of Christian Athletes Retirement/401(k) Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 December 31, 2021, stating that the certified investment information, as described in Notes 4 and 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of **Fellowship of Christian Athletes Retirement/401(k) Plan** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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 **Fellowship of Christian Athletes Retirement/401(k) 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.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **Fellowship of Christian Athletes Retirement/401(k) Plan's** internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Fellowship of Christian Athletes Retirement/401(k) Plan's** ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of the Schedule of Assets Held at Year End as of December 31, 2021, 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

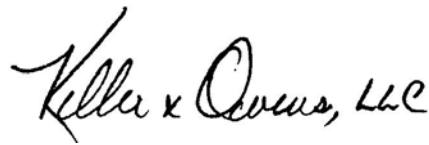
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of **Fellowship of Christian Athletes Retirement/401(k) 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 us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 30, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink, reading "Keller & Owens, LLC". The signature is written in a cursive, flowing style.

Overland Park, Kansas
October 6, 2022

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	<u>ASSETS</u>	
	<u>2021</u>	<u>2020</u>
Investments at Fair Value		
Mutual funds	\$ 14,212,794	\$ 11,195,822
Guaranteed investment contracts	85,546	133,653
Collective investment trust	<u>77,926,162</u>	<u>66,633,770</u>
Total Investments at Fair Value	92,224,502	77,963,245
Employer Contributions Receivable	113	-
Notes Receivable – Participant Loans	<u>516,103</u>	<u>552,944</u>
Total Assets	<u>\$ 92,740,718</u>	<u>\$ 78,516,189</u>

LIABILITIES AND NET ASSETS

Liabilities:		
Excess Contributions Payable	\$ <u>17,462</u>	\$ <u>24,813</u>
Total Liabilities	<u>17,462</u>	<u>24,813</u>
Total Net Assets Available for Benefits	<u>\$ 92,723,256</u>	<u>\$ 78,491,376</u>

See accompanying notes

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Contributions:		
Employer	\$ 2,442,892	\$ 2,133,315
Employee	6,266,658	5,426,405
Rollover	<u>371,718</u>	<u>762,535</u>
Total Contributions	9,081,268	8,322,255
Other Income	-	2,397
Investment Return:		
Dividends – mutual funds	211,725	113,430
Interest income – guaranteed interest contracts	1,001	1,659
Interest income – participant loans	41,932	36,273
Net investment income – collective investment trust	9,569,008	8,143,003
Net investment income – mutual funds	<u>1,993,874</u>	<u>1,539,156</u>
Total Investment Income	<u>11,817,540</u>	<u>9,833,521</u>
Total Additions	<u>20,898,808</u>	<u>18,158,173</u>
Deductions:		
Administrative expenses	305,409	242,376
Other distributions	-	121
Deemed distributions	15,246	11,546
Corrective distributions	918	545
Distributions to participants	<u>6,345,355</u>	<u>4,596,683</u>
Total Deductions	<u>6,666,928</u>	<u>4,851,271</u>
Net Increase	14,231,880	13,306,902
Transfers to the Plan	-	5,537
Net Assets Available for Benefits:		
Beginning of year	<u>78,491,376</u>	<u>65,178,937</u>
End of year	<u>\$ 92,723,256</u>	<u>\$ 78,491,376</u>

See accompanying notes

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Administrative Expenses – The majority of administrative expenses incurred in maintaining the Plan are paid by the plan participants. These include the cost for Ronald Blue and Company, LLC to manage the funds and advise participants. Fees related to the administration of notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses.

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Contributions – Contributions from the Fellowship of Christian Athletes (the "Fellowship") are accrued in the period in which they become obligations of the Fellowship by declaration of the Board of Trustees.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles 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 disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Expenses – Investment-related expenses are included in net investment income.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid 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 December 31, 2021 and 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Investment Valuation and Income Recognition – Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian, and insurance company. See Notes 3, 4, and 5 for discussion of fair value measurements.

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

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits – Benefits are recorded when paid.

Subsequent Events – Management has evaluated events and transactions that have occurred since December 31, 2021 and reflected their effects, if any, in these financial statements through October 6, 2022, the date the financial statements were available to be issued.

2. DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information. The Plan document contains a more complete description of the Plan's provisions.

General – The Plan is a contributory-defined contribution Plan. Employees of the Fellowship who have completed one year of service and reached twenty-one years of age are eligible for employer matching contributions. Prior to October 18, 2011, all employees who worked more than 20 hours per week were covered by the Plan. As of October 18, 2011, the Plan covers all employees who have reached 21 years of age except for registrars and SALT employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Board of Trustees.

Contributions – Each year, participants may contribute up to 20% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified benefit or defined contributions plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation as of December 31, 2021 and 2020, respectively, and their contributions are invested in a designated fund balance until changed by the participant. In addition there is an automatic annual 1% increase of the deferral percentage up to 10%.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

2. DESCRIPTION OF THE PLAN (continued)

Contributions (continued) – Employer nonmatching contributions to the Plan are at the sole discretion of the Fellowship's Board of Trustees. The employer will match 50% of the first 10% of an employee's contributions. Employer contributions begin in July or January after an employee has completed one year of service. Ministers who have filed Form 4361 must contribute at least 7.65% of their income to the Plan because of the Fellowship's FICA reimbursement policy. Employer contributions were reduced by \$6,774 and \$1,706 in forfeitures during 2021 and 2020, respectively. The Fellowship's matching contribution is invested as directed by the participant.

Forfeited Accounts – Forfeited balances of terminated participants' non-vested accounts can be used to reduce Plan expenses or reduce employer contributions. The amount of forfeitures used to reduce administrative expenses was \$-0- and \$5,192 for the years ended December 31, 2021 and 2020, respectively. The amount of forfeitures used to reduce employer contributions was \$6,774 and \$1,706 for the years ended December 31, 2021 and 2020, respectively.

Participant Accounts – Each participant's account is credited with the participant's contribution and the Fellowship's matching contribution, as well as allocations of the Fellowship's profit-sharing contribution, if any, and Plan earnings. Participant accounts are charged with administrative expenses that are paid by the Plan. Allocations are based on compensation, 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 from the participant's vested account.

Investment Options – The investment options for 2021 and 2020 included various funds managed by the Principal Financial Group and Ronald Blue and Company, LLC, including funds for small, medium, and large companies, bond funds, international funds, government security funds, real estate funds, money market funds, target date funds, and guaranteed interest contracts.

Notes Receivables from Participants – Participants are entitled to borrow from the Plan up to 50% of the employee's vested account balance (up to a maximum of \$50,000) with an interest rate equal to the prime rate (as published) in The Wall Street Journal plus 2%. The loans are secured by the balance in the participant's account. Principal and interest will be repaid over a period no longer than five years through monthly payroll deductions. The Plan reviews the collectability of participant loans annually. All loans are considered fully collectible and an allowance for doubtful accounts is not considered necessary.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

2. DESCRIPTION OF THE PLAN (continued)

Payment of Benefits – Upon termination of service, at retirement age, or at age 59 ½, a member may elect to either receive a lump-sum amount equal to the value of the member's vested benefit, have the Plan purchase an annuity with the lump-sum amount, or leave any vested benefit in the Plan. Withdrawals prior to age 59 ½ are not permitted except in the event of retirement, disability, or as a hardship distribution. Upon proof to the satisfaction of the plan administrator of an immediate and heavy financial need, amounts contributed may be withdrawn for hardship purposes. Certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½. Vested benefits of former participants who have chosen to leave such benefits in the Plan were \$1,104,378 and \$578,253 at December 31, 2021 and 2020, respectively.

Vesting – A participant's vesting percentage is shown in the following schedule opposite the number of whole years of his vesting service.

<u>Vesting Service</u> <u>(whole years)</u>	<u>Vesting Percentage</u>
Less than 1	0
1	25
2	50
3 or more	100

However, the vesting percentage for a participant who is an employee on or after the earliest of (i) the date he reaches his normal retirement age, (ii) the date of his death, (iii) the date he meets the requirement(s) for an early retirement date, or (iv) the date he becomes totally and permanently disabled, shall be 100% on such date.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

3. FAIR VALUE MEASUREMENTS OF ASSETS AND LIABILITIES

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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of fair value hierarchy under Topic 820 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 to valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 – inputs that are unobservable for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Collective Investment Trust – The collective investment trust (“CIT”) invests in a collective trust fund as well as a variety of separate accounts and mutual funds. The fair value of the collective investment trust and separate accounts are not publicly quoted pricing inputs. The fair value of mutual funds are publicly quoted pricing inputs. The fair value of all of these investments is used in determining the net asset value (“NAV”) of the CIT which is not publicly quoted, but is available to current investors via their Employer website or when plan participants access their account values. The CIT’s Annual Report with underlying asset information is available. The NAV is the basis for current transactions and the CIT can be redeemed at NAV as of the measurement date. The NAV is calculated in a manner consistent with GAAP for investment companies.

Guaranteed Interest Accounts – Fair value is the amount plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination, or retirement. This fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates.

Mutual Funds – The mutual funds have a quoted market price available on an active market. Mutual funds trade within the industry standard settlement periods. Unfunded commitments typically are found in private equities and therefore are not applicable to mutual funds. Mutual funds are 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.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

3. FAIR VALUE MEASUREMENTS OF ASSETS AND LIABILITIES (continued)

The following table sets forth information about the level within the fair value hierarchy at which the Plan's assets are measured at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at Fair Value as of December 31, 2021

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	\$ 14,212,794	\$ -	\$ -	\$ 14,212,794
Collective investment trust	77,926,162	-	-	77,926,162
Guaranteed investment contracts	<u>-</u>	<u>-</u>	<u>85,546</u>	<u>85,546</u>
Total investments – recurring basis	<u>\$ 92,138,956</u>	<u>\$ -</u>	<u>\$ 85,546</u>	<u>\$ 92,224,502</u>

Assets at Fair Value as of December 31, 2020

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	\$ 11,195,822	\$ -	\$ -	\$ 11,195,822
Collective investment trust	66,633,770	-	-	66,633,770
Guaranteed investment contracts	<u>-</u>	<u>-</u>	<u>133,653</u>	<u>133,653</u>
Total investments – recurring basis	<u>\$ 77,829,529</u>	<u>\$ -</u>	<u>\$ 133,653</u>	<u>\$ 77,963,245</u>

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

4. GUARANTEED INVESTMENT CONTRACTS

The Plan entered into guaranteed investment contracts with Principal Life Insurance Company (“Principal”). The account is credited with earnings on the underlying investments and forfeitures, and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest that is guaranteed to the Plan.

Because the guaranteed investment contract is not fully benefit-responsive, fair value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Fair value, as reported to the Plan by Principal, represents the amount plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination, or retirement. This fair value represents contract value adjusted to reflect market rates only to the extent such market rates exceed the crediting rates. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Such interest rates are reviewed on a quarterly basis for resetting. There are no unfunded commitments.

Certain events 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 Plan to qualify under 401(a) of the Internal Revenue Code (“IRC”) or the failure of the trust to be tax exempt under Section 501(a) of the IRC, or (5) premature termination of the contract. The Plan administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and that also would limit the ability of the Plan to transact at contract value with participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan’s investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

5. INVESTMENTS

The Plan administrator has elected the method of compliance as permitted by 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 for the year ended December 31, 2021. The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the year ended December 31, 2020. As permitted under such elections, the Plan management instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investment information certified by Principal Life Insurance Company in 2021 and 2020, the Trustee of the Plan, except for comparing such information certified by the trustee included in the Plan's financial statements and supplemental Schedule H, line 4i – Schedule of Assets Held at Year End:

	<u>2021</u>	<u>2020</u>
Mutual funds	\$ 14,212,794	\$ 11,195,822
Collective investment trust	77,926,162	66,633,770
Notes receivable – participant loans	516,103	552,944
Guaranteed investment contracts	<u>85,546</u>	<u>133,653</u>
Total	<u>\$ 92,740,605</u>	<u>\$ 78,516,189</u>

The custodian also certified to the completeness and accuracy of \$1,001 and \$1,659 of interest income from guaranteed interest contracts and \$211,725 and \$113,430 of dividend income from mutual funds at December 31, 2021 and 2020, respectively, and to \$9,569,008 and \$8,143,003 of net investment income - collective investment trusts and \$1,993,874 and \$1,539,156 of net investment income - mutual funds related for the years ended December 31, 2021 and 2020, respectively. The custodian also certified to the completeness and accuracy of \$41,932 and \$36,273 of interest income from participant loans at December 31, 2021 and 2020, respectively.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

6. INCOME TAX STATUS

The IRS has determined and informed the Fellowship by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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 if the organization 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.

7. PLAN TERMINATION

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

8. RELATED PARTY TRANSACTIONS

Principal Life Insurance Company, the custodian of the Plan, manages certain Plan investments. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental Schedule of Assets Held at Year End. Fees incurred by the Plan for the investment management services are included in net investment income. As described in Note 1, the Plan made direct payments to the third party administrator totaling \$305,409 and \$239,288 for the years ended December 31, 2021 and 2020, respectively, which were not covered by revenue sharing.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

9. EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2021 excess contributions to the applicable participants prior to March 15, 2022. The Plan distributed the 2020 excess contributions to the applicable participants prior to March 15, 2021.

10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate and 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 those 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.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

The following is a reconciliation of the net assets available for benefits between the financial statements at December 31, 2021 and 2020, and Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ 92,723,256	\$ 78,491,376
Notes receivable – participant loans classified as Deemed distributions on Form 5500	(9,888)	-
Corrective distributions recorded as a liability and reduction of employee contributions	<u>17,462</u>	<u>24,813</u>
Net assets available for benefits per the Form 5500	<u>\$ 92,730,830</u>	<u>\$ 78,516,189</u>

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

11. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500 (continued)

The following is a reconciliation of employee contributions between the financial statements at December 31, 2021 and 2020, and Form 5500:

	<u>2021</u>	<u>2020</u>
Employee contributions per financial statements	\$ 6,266,658	\$ 5,426,405
Corrective distributions returned by March 15, 2021 and 2020, respectively and considered a liability at December 31, 2021 and 2020	<u>15,624</u>	<u>22,532</u>
Employee contributions per Form 5500	<u>\$ 6,282,282</u>	<u>\$ 5,448,937</u>

The following is a reconciliation of employer contributions between the financial statements at December 31, 2021 and 2020, and Form 5500:

Employer contributions per financial statements	\$ 2,442,892	\$ 2,133,315
Corrective distributions forfeited by March 15, 2021 and 2020, respectively and considered a liability at December 31, 2021 and 2020	<u>1,838</u>	<u>2,281</u>
Employer contributions per Form 5500	<u>\$ 2,444,730</u>	<u>\$ 2,135,596</u>

The following is a reconciliation of the corrective distributions between the financial statements at December 31, 2021 and 2020 and Form 5500:

Corrective distributions per financial statements	\$ 918	\$ 545
Amount reclassified as a liability at December 31, 2020 and 2019, respectively	<u>24,813</u>	<u>39,568</u>
Corrective distributions per Form 5500	<u>\$ 25,731</u>	<u>\$ 40,113</u>

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

11. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500 (continued)

The following is a reconciliation of the liabilities between the financial statements at December 31, 2021 and 2020, and Form 5500:

	<u>2021</u>	<u>2020</u>
Total liabilities per financial statements	\$ 17,462	\$ 24,813
Excess contributions payable	<u>(17,462)</u>	<u>(24,813)</u>
Liabilities per Form 5500	<u>\$ -</u>	<u>\$ -</u>

The following is a reconciliation of the notes receivable – participant loans between the financial statements at December 31, 2021 and 2020, and Form 5500:

Total notes receivable – participant loans per financial statements	\$ 516,103	\$ 552,944
Notes receivable – participant loans classified as distributions on Form 5500	<u>(9,888)</u>	<u>-</u>
Notes receivable – participant loans per Form 5500	<u>\$ 506,215</u>	<u>\$ 552,944</u>

The following is a reconciliation of the deemed distributions between the financial statements at December 31, 2021 and 2020, and Form 5500:

Total deemed distributions per financial statements	\$ 15,246	\$ 11,546
Notes receivable – participant loans classified as deemed distributions on Form 5500	9,888	-
Deemed distributions classified as distributions to participants on Form 5500	<u>(18,882)</u>	<u>-</u>
Deemed distributions per Form 5500	<u>\$ 6,252</u>	<u>\$ 11,546</u>

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

11. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500 (continued)

The following is a reconciliation of the distributions to participants between the financial statements at December 31, 2021 and 2020, and Form 5500:

	<u>2021</u>	<u>2020</u>
Total distributions to participants per financial statements	\$ 6,345,355	\$ 4,596,683
Deemed distributions classified as distributions to participants on Form 5500	<u>18,882</u>	<u>-</u>
Distributions to participants per Form 5500	<u>\$ 6,364,237</u>	<u>\$ 4,596,683</u>

ACCOMPANYING SCHEDULES

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

EIN 44-0610626
Plan Number 003
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2021

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investments including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current Value(e)
	The American Funds	Registered Investment Company American Fds Wshmut Inv R6 Fd	\$ -	\$ 1,768,753
	Wilmington Trust	Common/Collective Trust Blackrock Eafe Eq Idx CI R Fd	-	1,323,163
	Wilmington Trust	Common/Collective Trust Blackrock Eqty Index CI R Fd	-	3,748,573
	Wilmington Trust	Common/Collective Trust Blackrock Mid Cap Eq Idx CI R	-	638,864
	Wilmington Trust	Common/Collective Trust Blackrock Russ 2000 Idx CI R	-	892,923
	Wilmington Trust	Common/Collective Trust Blackrock Us Debt Index R Fd	-	1,101,225
	Dimensional Fund Advisors	Registered Investment Company DFA Commodity Strategy I Fund	-	214,996
	Dimensional Fund Advisors	Registered Investment Company DFA Global Real Estate Sc I Fd	-	763,797
	Dimensional Fund Advisors	Registered Investment Company DFA Us Targeted Value I Fund	-	2,370,490
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	-	85,546
	Metropolitan Life Insurance Co	Registered Investment Company Metropolitan Wt TI Rtn Bd Plan	-	313,970
	MFS Investment Management	Registered Investment Company MFS Intl Diversification R6 FD	-	892,626
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr Inc Cit U	-	212,566
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2010 Cit U	-	243,487
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2015 Cit U	-	720,608
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2020 Cit U	-	6,923,081
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2025 Cit U	-	11,176,800
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2030 Cit U	-	11,718,792
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2035 Cit U	-	8,922,899
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2040 Cit U	-	9,592,206
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2045 Cit U	-	8,790,175
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2050 Cit U	-	6,251,155
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2055 Cit U	-	1,538,089
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2060 Cit U	-	1,685,506
	PIMCO Funds	Registered Investment Company Pimco Income Institutional Fd	-	1,047,626
*	Principal Global Investors Trust Co	Common/Collective Trust Prin Lifetime Hybr 2065 Cit Z	-	182,700
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	-	2,263,350
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price BI Chip Gr I Fd	-	4,734,757
	Vanguard Group	Registered Investment Company Vanguard Explorer Admiral Fund	-	2,105,779
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 7.50%	-	506,215
Total Assets Held At Year End				<u>\$ 92,730,717</u>

*Denotes parties-in-interest

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

EIN 44-0610626
Plan Number 003
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2020

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investments including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current Value(e)
	American Beacon Funds	Registered Investment Company Amer Beacon Intl Eq Inv Fd	\$ -	\$ 225,897
	The American Funds	Registered Investment Company American Fds Wshmut Inv R6 Fd	-	1,276,305
	Wilmington Trust	Common/Collective Trust Blackrock Eafe Eq Idx Cl R Fd	-	1,153,936
	Wilmington Trust	Common/Collective Trust Blackrock Eqty Index Cl R Fd	-	2,704,076
	Wilmington Trust	Common/Collective Trust Blackrock Mid Cap Eq Idx Cl R	-	478,086
	Wilmington Trust	Common/Collective Trust Blackrock Russ 2000 Idx Cl R	-	857,898
	Wilmington Trust	Common/Collective Trust Blackrock Us Debt Index R Fd	-	1,165,991
	Dimensional Fund Advisors	Registered Investment Company DFA Commodity Strategy I Fund	-	104,868
	Dimensional Fund Advisors	Registered Investment Company DFA Emerg Mkt Core Eqty I Fd	-	546,731
	Dimensional Fund Advisors	Registered Investment Company DFA Global Real Estate Sc I Fd	-	556,146
	Dimensional Fund Advisors	Registered Investment Company DFA Us Targeted Value I Fund	-	1,096,762
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	-	133,653
	Metropolitan Life Insurance Co	Registered Investment Company Metropolitan Wt Tl Rtn Bd Plan	-	297,294
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr Inc Cit U	-	282,487
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2010 Cit U	-	1,361,225
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2015 Cit U	-	1,187,014
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2020 Cit U	-	7,070,772
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2025 Cit U	-	9,886,904
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2030 Cit U	-	10,125,558
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2035 Cit U	-	7,107,980
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2040 Cit U	-	6,879,038
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2045 Cit U	-	7,418,107
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2050 Cit U	-	4,996,199
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2055 Cit U	-	986,474
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2060 Cit U	-	1,065,915
	PIMCO Funds	Registered Investment Company Pimco Income Institutional Fd	-	815,553
*	Principal Global Investors Trust Co	Common/Collective Trust Prin Lifetime Hybr 2065 Cit Z	-	35,992
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	-	1,870,117
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Bl Chip Gr I Fd	-	4,621,323
	Vanguard Group	Registered Investment Company Vanguard Explorer Admiral Fund	-	1,654,944
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 7.50%	-	552,944
Total Assets Held At Year End				\$ 78,516,189

*Denotes parties-in-interest

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F C A R/4

EIN 44 0610626
 PLAN NUMBER 003
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company American Fds WshMut Inv R6 Fd	\$ 0.00	\$ 1,768,752.74
	Wilmington Trust	Common/Collective Trust BlackRock Eqty Index Cl R Fd	\$ 0.00	\$ 3,748,573.19
	Wilmington Trust	Common/Collective Trust BlackRock EAFE Eq Idx Cl R FD	\$ 0.00	\$ 1,323,163.29
	Wilmington Trust	Common/Collective Trust BlackRock Mid Cap Eq Idx Cl R	\$ 0.00	\$ 638,864.36
	Wilmington Trust	Common/Collective Trust BlackRock Russ 2000 Idx Cl R	\$ 0.00	\$ 892,923.29
	Wilmington Trust	Common/Collective Trust BlackRock US Debt Index R Fd	\$ 0.00	\$ 1,101,224.61
	Dimensional Fund Advisors	Registered Investment Company DFA Commodity Strategy I Fund	\$ 0.00	\$ 214,996.16
	Dimensional Fund Advisors	Registered Investment Company DFA Global Real Estate Sc I Fd	\$ 0.00	\$ 763,796.54
	Dimensional Fund Advisors	Registered Investment Company DFA US Targeted Value I Fund	\$ 0.00	\$ 2,370,490.36
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	\$ 0.00	\$ 85,546.22
	Metropolitan Life Insurance Co	Registered Investment Company Metropolitan Wt Tl Rtn Bd Plan	\$ 0.00	\$ 313,969.69
	MFS Investment Management	Registered Investment Company MFS INTL DIVERSIFICATION R6 FD	\$ 0.00	\$ 892,625.53
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy Inc CIT U	\$ 0.00	\$ 212,565.92
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2050 CIT U	\$ 0.00	\$ 6,251,154.95
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2055 CIT U	\$ 0.00	\$ 1,538,088.62

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F C A R/4

EIN 44 0610626
PLAN NUMBER 003
PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2060 CIT U	\$ 0.00	\$ 1,685,505.82
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2065 CIT U	\$ 0.00	\$ 182,700.48
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2010 CIT U	\$ 0.00	\$ 243,486.61
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2015 CIT U	\$ 0.00	\$ 720,608.06
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2020 CIT U	\$ 0.00	\$ 6,923,081.45
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2025 CIT U	\$ 0.00	\$ 11,176,799.56
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2030 CIT U	\$ 0.00	\$ 11,718,791.65
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2035 CIT U	\$ 0.00	\$ 8,922,899.35
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2040 CIT U	\$ 0.00	\$ 9,592,205.58
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2045 CIT U	\$ 0.00	\$ 8,790,174.93
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	\$ 0.00	\$ 2,263,350.00
	PIMCO Funds	Registered Investment Company PIMCO Income Institutional Fd	\$ 0.00	\$ 1,047,626.35
	T. Rowe Price Funds	Registered Investment Company T.Rowe Price Bl Chip Gr I Fd	\$ 0.00	\$ 4,734,757.25
	Vanguard Group	Registered Investment Company Vanguard Explorer Admiral Fund	\$ 0.00	\$ 2,105,779.27
*	Participant Loans	Range of Interest Rates Rates Range From 0.00% To 7.50%	\$ 0.00	\$ 506,215.00