

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
---	---	---

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>HOPE CHRISTIAN SCHOOLS, INC. 403(B) 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1995</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>HOPE CHRISTIAN SCHOOLS, INC.</u> <u>8005 LOUISIANA BLVD., NE</u> <u>ALBUQUERQUE, NM 87109</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>85-0244670</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>505-856-2709</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>85-0244670</u>	2c Plan Sponsor's telephone number <u>505-856-2709</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>85-0244670</u>					
2c Plan Sponsor's telephone number <u>505-856-2709</u>					
2d Business code (see instructions) <u>611000</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.	10/14/2022	THOMAS CROW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	THOMAS CROW
	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	5 186
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 139 6a(2) 140 6b 0 6c 46 6d 186 6e 0 6f 186 6g 136 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 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) ☐ 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 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 HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOPE CHRISTIAN SCHOOLS, INC.	D Employer Identification Number (EIN) 85-0244670	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NATIONWIDE TRUST COMPANY	5100 RINGS ROAD DUBLIN, OH 43017
31-1592130	

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

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

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

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

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

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

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

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

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

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

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

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)

NATIONWIDE TRUST CO.

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(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 15 19	CUSTODIAN	58980	Yes ☒ No ☐	Yes ☒ No ☐	2221	Yes ☐ No ☒

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

PATTISON PENSION SPECIALISTS, INC.

3150 CARLISLE, NE SUITE 211
ALBUQUERQUE, NM 87110

85-0437924

(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?
10 17	THIRD PARTY ADMINISTRATO	6755	Yes ☒ No ☐	Yes ☒ No ☐	1113	Yes ☐ No ☒

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

UBS FINANCIAL SERVICES

ED CASEY-TREASURY DEPARTMENT
1000 HARBOR BLVD-8TH FLOOR
WEEHAUKEN, NJ 07087

(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	BROKER-DEALER	0	Yes ☒ No ☐	Yes ☒ No ☐	18997	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)

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLAZA, 12TH FLOOR
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

(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	BROKER-DEALER	0	Yes ☒ No ☐	Yes ☒ No ☐	4964	Yes ☐ No ☒

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOPE CHRISTIAN SCHOOLS, INC.	D Employer Identification Number (EIN) 85-0244670	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5525	52
(2) Participant contributions.....	1b(2)	11910	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	433696	403441
(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)	13230	14607
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	4026980	4558704
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4491341	4976804

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	7386	11089
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7386	11089

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4483955	4965715
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	130207	
(B) Participants	2a(1)(B)	218759	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		348966
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	189	
(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)	609	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		798
(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)	97071	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		97071
(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)		
(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)		424521
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		871356
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	319155	
(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)		319155
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	11571	
(2) Contract administrator fees.....	2i(2)	34909	
(3) Investment advisory and management fees.....	2i(3)	23961	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		70441
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		389596
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		481760
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: **LOFTIS & LOVATO GROUP**

(2) EIN: **84-3463346**

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		450000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOPE CHRISTIAN SCHOOLS, INC.	D Employer Identification Number (EIN) 85-0244670

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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

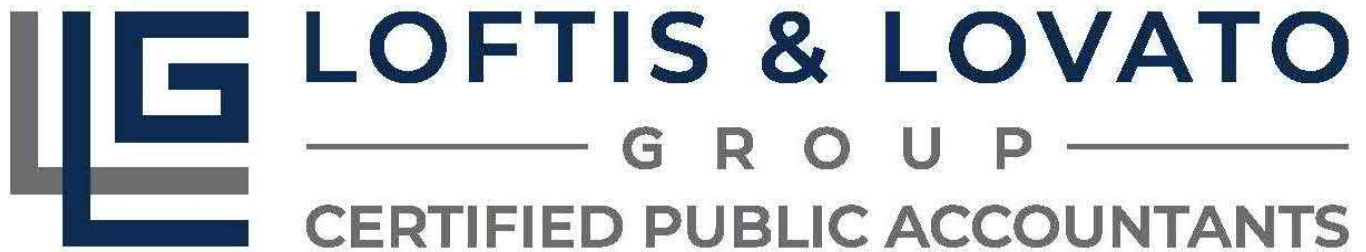
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ 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 _____



Hope Christian School, Inc. 403(b) Plan

Financial Statements
and
Independent Auditor's Report

December 31, 2021 and 2020

Hope Christian School, Inc. 403(b) Plan

Table of Contents

	<u>Page</u>
Independent Auditor's 2021 Report	1-4
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-15
Supplemental Schedule	
Schedule of Assets (Held at End of Year)	16-17

Independent Auditor's Report

To the Board of Directors of Hope Christian School
and the Plan Administrator of the Hope Christian School 403(b) Plan

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

We have performed an audit of the accompanying financial statements of the Hope Christian School, Inc. 403(b) 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.

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 Note 3 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 2021 financial statements referred to above, 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 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 the 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 these 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 the Plan's ability to continue as a going concern for one year after the date 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 of 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

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

Our 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 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.

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) 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 generally accepted auditing standards. 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 their 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, is 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 the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of the Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated August 5, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules 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.

Loftis & Lovato Group

Albuquerque, New Mexico
October 12, 2022

Financial Statements

Hope Christian School, Inc. 403(b) Plan
Statements of Net Assets Available for Benefits
December 31,

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	\$ 4,962,145	\$ 4,460,677
Receivables		
Employee receivables	52	17,434
Notes receivable from participants	<u>14,607</u>	<u>13,230</u>
Total assets	<u>4,976,804</u>	<u>4,491,341</u>
Liabilities		
Forfeiture payables	<u>11,089</u>	<u>7,386</u>
Total liabilities	<u>11,089</u>	<u>7,386</u>
Net assets available for benefits	<u><u>\$ 4,965,715</u></u>	<u><u>\$ 4,483,955</u></u>

The accompanying notes are an integral part of these financial statements.

Hope Christian School, Inc. 403(b) Plan
Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31,

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to		
Investment income		
Interest and dividends	\$ 97,260	\$ 351,526
Net appreciation in fair value of investments	<u>424,521</u>	<u>150,066</u>
Total investment income	<u>521,781</u>	<u>501,592</u>
Interest income on notes receivable from participants	<u>609</u>	<u>886</u>
Contributions		
Participants'	218,759	218,348
Employer	130,207	127,540
Rollover	-	933
Total contributions	<u>348,966</u>	<u>346,821</u>
Total additions	<u>871,356</u>	<u>849,299</u>
Deductions from net assets attributed to		
Benefits paid to participants and beneficiaries	319,155	424,897
Administrative expenses	<u>70,441</u>	<u>69,620</u>
Total deductions	<u>389,596</u>	<u>494,517</u>
Increase in net assets available for benefits	481,760	354,782
Net assets available for benefits, beginning of year	<u>4,483,955</u>	<u>4,129,173</u>
Net assets available for benefits, end of year	<u><u>\$ 4,965,715</u></u>	<u><u>\$ 4,483,955</u></u>

The accompanying notes are an integral part of these financial statements.

Hope Christian School, Inc. 403(b) Plan

Notes to Financial Statements

December 31, 2021 and 2020

1) Description of Plan

The Hope Christian School, Inc. 403(b) Plan (the "Plan") was established on October 1, 1995 for the benefit of the employees of Hope Christian School (the "School"). The School acts as the Plan sponsor and administrator. Participants should refer to the Plan document for a more complete description of the Plan.

General

The 403(b) plan is a defined contribution plan covering all employees of the School with the following exceptions: students who are employees, employees who normally work less than twenty (20) hours and resident aliens. Participants are eligible immediately if they are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the lesser of: a) 100% of eligible pre-tax compensation or b) \$19,500 (the maximum annual amount that can be contributed to a 403(b) arrangement per the Internal Revenue Code for 2021 and 2020, as defined in the Plan. Participants who are age 50 or over at the end of the calendar year are permitted to make additional "catch-up" elective deferral contributions up to \$6,500 in 2021 and 2020.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds as investment options for participants.

The School's matching contributions are based on eligible participant contributions to the Plan each year. Participants are eligible for matching contributions only if they make employee pretax contributions. The School matches 100% of employee contributions that a participants contributions to the Plan up to 4% of the participants' salary. The matching contributions are invested in the Plan each semi-monthly pay period.

Administrative Expenses

All reasonable plan administration expenses, including those involved in retaining necessary professional assistance may be paid from the assets of the Plan to the extent permitted by the participant's individual agreements. These expenses may be allocated to all plan participants, or for expenses directly related to one participant and charged against that participant's account balance. The Administrator may, at its discretion, pay a portion or all of these expenses.

Hope Christian School, Inc. 403(b) Plan

Notes to Financial Statements

December 31, 2021 and 2020

1) Description of Plan — continued

Forfeited Accounts

For the years ended December 31, 2021 and December 31, 2020, amounts forfeited from nonvested accounts totaled \$4,505 and \$7,428, respectively. No forfeitures were used during the year ended December 31, 2021. \$6,027 in forfeitures were used to pay Plan administrative expenses for the year ended December 31, 2020. There were balances of \$11,089 and \$7,386 in the forfeiture account as of December 31, 2021 and 2020, respectively.

Participant Rollovers

Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

Participant Accounts

Each participant's account is credited with the participant's contributions and related matching contributions as well as the Plan earnings. Allocations of the discretionary contributions are based on participants' qualified compensation, as defined by the Plan. Allocations of Plan earnings are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus allocated earnings thereon. Vesting of the School's contributions of a participant's account is based on years of continuous service from the date of hire. A participant is vested in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1 year but less than 2 years	25%
2 years but less than 3 years	50%
3 years but less than 4 years	75%
4 years but less than 5 years	100%

Investment Options

Upon enrollment in the Plan, a participant may direct their account balance in a variety of investment choices as more fully described in the Plan document. Participants may change their investment options at any time.

Hope Christian School, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

1) Description of Plan — continued

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of a) 50% of their vested account balance or b) \$50,000 reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period, and the existing loan balance, as of the date of the loan. The loans are secured by the balance in the participant's account and bear interest at 3.25%, which are commensurate with local prevailing rates as determined annually by the Plan administrator. Principal and interest is paid ratably through semi-monthly payroll deductions. Loan terms range from 3 to 5 years, with no restriction for the purpose of the loan. Loans are stated at unpaid principal balances, less an allowance for loan losses and net deferred loan fees and unearned discounts. There were no deferred loan fees or unearned discounts as of December 31, 2021 and 2020, respectively.

Interest on loans is recognized over the term of the loan and is calculated using the interest method on principal amounts outstanding. The recognition of income on a loan is discontinued and previously accrued interest is reversed, when interest or principal payments become ninety (90) days past due unless, in the opinion of management, the outstanding interest remains collectible. Past due status is determined based on contractual terms. Interest is subsequently recognized only as received until the loan is returned to accrual status. A loan is restored to accrual status when all interest and principal payments are current, and the participant has demonstrated to management the ability to make payments of principal and interest as scheduled.

The Plan's practice is to charge off any loan or portion of a loan when the loan is determined by management to be uncollectible due to the participant's failure to meet repayment terms. The allowance for loan losses is maintained at a level that, in management's judgment, is adequate to absorb credit losses inherent in the loan portfolio. The amount of the allowance is based on management's evaluation of the collectability of the loan portfolio, including the nature of the portfolio, credit concentrations, trends in historical loss experience, specific impaired loans, economic conditions and other risks inherent in the portfolio. Allowances for impaired loans are generally determined based on collateral values or the present value of estimated cash flows. The allowance is increased by a provision for loan losses, which is charged to expense, and reduced by charge-offs, net of recoveries. An allowance for loan losses was not considered necessary as of December 31, 2021 and 2020.

Hope Christian School, Inc. 403(b) Plan

Notes to Financial Statements

December 31, 2021 and 2020

1) Description of Plan — continued

Notes Receivable from Participants-continued

A loan is in default when a scheduled installment payment has not been received by the scheduled due date. If the participant fails to arrange for the repayment of missed payments, in a manner that is reasonable acceptable to the Plan Administrator, the remaining principal and accrued interest on the loan shall be declared due and payable. The missed payment must be received by the last day of the calendar quarter following the calendar quarter in which the last payment was due. After this date, the Plan Administrator will notify the participant in writing that the loan is in default and that the outstanding loan (included accrued interest) will become taxable and treated as a “deemed distribution”. There were no loans in default as of December 31, 2021 and 2020.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or the amount will be annuitized based on the expected life of the participant or upon death, if applicable, the spouse will continue to receive 50% of the monthly amount the original participant was receiving. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when paid.

2) Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Hope Christian School, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

2) Summary of Significant Accounting Policies – continued

Tax Status

The Plan Administrator believes that the Plan has been designed to comply with the requirements of section 403(b) of the Internal Revenue Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan does not believe it has taken any uncertain tax positions. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2018.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through October 12, 2022, which is the date the financial statements were available to be issued.

3) **Information Prepared and Certified by the Custodian**

The following information included in the accompanying financial statements for the years ended December 31, 2021 and 2020 and the supplemental schedule as of December 31, 2021 were obtained from data that has been prepared and certified as complete and accurate by Nationwide Trust Company, FSB, the custodian, as of December 31:

Hope Christian School, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

3) Information Prepared and Certified by the Custodian - continued

	<u>2021</u>	<u>2020</u>
Investments, at fair value		
Money market	\$ 403,441	\$ 433,696
Mutual funds	<u>4,558,704</u>	<u>4,026,981</u>
	<u>\$ 4,962,145</u>	<u>\$ 4,460,677</u>
Notes receivable from participants	<u>\$ 14,607</u>	<u>\$ 13,230</u>
Interest income on notes receivable from participants	<u>\$ 609</u>	<u>\$ 886</u>
Investment income	<u>\$ 521,781</u>	<u>\$ 501,592</u>

4) **Investments**

The following presents the fair value of investments as of December 31:

	<u>2021</u>	<u>2020</u>
Money market	\$ 403,441	\$ 433,696
Mutual funds	<u>4,558,704</u>	<u>4,026,981</u>
Total investments	<u>\$ 4,962,145</u>	<u>\$ 4,460,677</u>

The Plan's investments appreciated in value by \$424,521 and \$150,066 for the years ended December 31, 2021 and 2020, respectively.

5) **Fair Value Measurement**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Hope Christian School, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

5) Fair Value Measurement – continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs consist of inputs that are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. The Plan did not have any investments reported at fair value that were not measured using Level 1 measurement.

Level 1 Fair Value Measurements – 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.

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

The following are descriptions of the valuation methodologies used for assets measured at fair value:

Mutual funds – Valued at the net asset value (NAV) of shares held by the plan at year end. NAVs are calculated daily as of the close of business of the NYSE. When calculating a fund's NAV, portfolio securities for which market quotations are readily available are generally valued at their market value, which typically is the last quoted sales price at the time of valuation. When there are no readily available market quotations for a security, the portfolio security is valued based on its fair value, which typically is the amount which the fund might reasonably expect to receive for the security upon a current sale. Mutual funds fall within level 1 of the Fair Value Hierarchy under FASB ASC 820-10 due to the valuation process used.

Hope Christian School, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

5) Fair Value Measurement – continued

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

	Fair Value Measurement Using	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)
December 31, 2021		
Money market	\$ 403,441	\$ 403,441
Mutual funds	4,558,704	4,558,704
Total	<u>\$ 4,962,145</u>	<u>\$ 4,962,145</u>
 December 31, 2020		
Money market	\$ 433,696	\$ 433,696
Mutual funds	4,026,981	4,026,981
Total	<u>\$ 4,460,677</u>	<u>\$ 4,460,677</u>

6) **Related Party Transactions**

Certain plan investments are managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Participant loans are considered exempt party-in-interest transactions as defined by ERISA.

7) **Plan Termination**

Although it has not expressed any intent to do so, the School 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, participants would become 100% vested in their employer contributions.

Hope Christian School, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

8) Risks and Uncertainties

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

Supplemental Schedule

Hope Christian School, Inc. 403(b) Plan
Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 85-0244670, Plan Number 001
December 31, 2021

Party in Interest	Description of Investment	Cost	Current Value
	Ab Gbl Bd I	\$	95,179
	Ambcn Intl Eq Inst		435
	Amcent Shtdrinflprtbd Inst		3,961
	Amfds Gbl Bal R6		126,134
	Avnts Us Smcap Val Inst		30,139
	Blkrk Hi Yld Bd Port K		130,158
	Blkrk Hlth Scnc Oppr Inst		16,137
	Blkrk Mdcap Gr Eq Inst		57,660
	Blkrk Strat Inc Oppr I		91,941
	Blkrk Ttl Rtn K		101,445
	Col Bal Inst2		26,845
	Col Sel Lgcap Gr R5		100,375
	De Ivy Emrgmktlclcrnbd I		104
	Dblne Enhcd CAPE I		2,358
	Dfa Emrg Mkt Cor Eq Inst		84,705
	Dfa Infl Prtct Sec Inst		16,444
	Dfa Us Lg Co		30,792
	DFA US LgCap Val Inst		122,988
	DFA US Trgt Val Inst		411
	Diamond Hill Mdcap I		60,700
	Dodgecox Intl Stk		124,498
	Dtsch Gblrealest Sec Inst		455
	DWS Gblrealest Sec Inst		5,743
	Ev Flotng Rt Inst		3,253
	Fed Gov Oblgtns Prmr		403,441
	Fed Kaufman Lgcap Inst		72,760
	Fid 500 index		212,753
	Fid Intl Indx		135,155
	Fid Ttl Mkt Indx		1,819
	Fid US Bd Indx		242,438
	FidAdv Bal I		14,197
	FidAdv Bio Inst		303
	FidAdv Strat Divd Inc Inst		16,031
	FnkIntmp Gbl Bd Adv		252
	Frost Ttl Rtn Bd Inst		4,368
	Gdmnscs Gqgptnrntloppr R6		123,505
	Gdmnscs Smmdcap Gr Inst		312
	Harbor Intl Gr Inst		801
	Harbor Intl Inst		5,800
	Invsco Opp Intl Bd Y		3,756
	Invsco Opp Intl GR Y		10,749
	JnsHndrsn Frty N		20,078
	JPM Eq Inc R5		116,383
	Jpm Smcap Val R6		4,670
	Jpm Val Advtg L		143,794
	Jpmorgan Usrsrchenhcdq R6		246
	Mfs Val R4		13,888

Hope Christian School, Inc. 403(b) Plan
Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
- continued
EIN: 85-0244670, Plan Number 001
December 31, 2021

Party in Interest	Description of Investment	Cost	Current Value
*	MSIF Gbl Oppr I		13,598
	Nationwide Loomis AllCap Gr R6		96,545
	Neuber Hi Inc Bd Inst		3,086
	Pgim TTI Trn BD R6		171,927
	Pimco Inc Inst		66,512
	Pimco Real Rtn Inst		161,636
	Pimco Stk Plus Sm Inst		105,661
	Pimco Stkplsintdlrhdg Inst		6,960
	Pimco Ttl Rtn Inst		5,143
	Pimcomcomdyrealtrnstratinst		46,391
	Pionr Eq Inc Y		8,063
	Prudntl Gbl Realest Z		630
	Prudntl Jnism Gr Z		242,267
	Prudntl Ttl Rtn Bd Z		11,800
	Prncpl Gbl Realest R6		44,334
	Tcw Ttl Rtn Bd I		38,149
	Thrborg Gbl Oppr R5		123,000
	TIAACRF LgCap Gr Indx Inst		36,722
	Trowepr Comm tech		17,033
	Trowepr Spctrmmodgralloc		101,805
	Vaneck Emrg Mkt Inst		23,039
	Vngrd 500 Index Fd As		14,516
	Vngrd Explr Adml		30,398
	Vngrd Hlth Care Adml		4,910
	Vngrd SmCap Val Indx Adml		6,448
	Vngrd ST Bnd Mkt Adm		13,196
	Vngrd Strat Eq Inv		118,118
	Vngrd Trgt Rtrmt 2015 Inv		40,123
	Vngrd Trgt Rtrmt 2020 Inv		34,199
	Vngrd Trgt Rtrmt 2025 Inv		163,590
	Vngrd Trgt Rtrmt 2030 Inv		140,606
	Vngrd Trgt Rtrmt 2035 Inv		79,154
	Vngrd Trgt Rtrmt 2040 Inv		130,764
	Vngrd Trgt Rtrmt 2045 Inv		4,381
	Vngrd Trgt Rtrmt 2050 Inv		17,504
	Vngrd Trgt Rtrmt 2055 Inv		1,179
	Vngrd Trgt Rtrmt 2060 Inv		23,552
	Vngrd Ttl Bnd Mkt Ldx Adm		4,429
	Vngrd Wlsly Inc Adml		18,420
	Vngrd Trgt Rtrmt Inc		579
	WfSmco Gr Inst		8,595
	Wr Ivy Hi Inc I		2,824
			<u>4,962,145</u>
*		<u>Cost</u>	
	Participant loans, interest rate of 3.25% maturing June 2024 - December 2026	\$ -	14,607
			<u>\$ 4,976,752</u>

[illegible]

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Hope Christian Schools, Inc. 403(b) Plan

Employer Identification Number

85-0244670

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Ab Glbl Bd I	11508.958 Shares - Mutual Fund		95,179
	Allspr Smco Gr Inst	187.428 Shares - Mutual Fund		8,595
	Ambcn Intl Eq R5	24.0503 Shares - Mutual Fund		435
	Amcent Shtdinflprtbd R5	361.1167 Shares - Mutual Fund		3,961
	Amfds Gbl Bal R6	3277.9185 Shares - Mutual Fund		126,134
	Avnts Us Smcap Val Inst	1977.6020 Shares - Mutual Fund		30,139
	Blkrk Hi Yld Bd Port K	16601.745 Shares - Mutual Fund		130,158
	Blkrk Hlth Scnc Oppr Inst	201.8865 Shares - Mutual Fund		16,137
	Blkrk Strat Inc Oppr I	9058.2252 Shares - Mutual Fund		91,941
	Blkrk Ttl Rtn K	8567.952 Shares - Mutual Fund		101,445
	Col Bal Inst2	525.6564 Shares - Mutual Fund		26,845
	Col Sel Lgcap Gr Inst2	7524.3337 Shares - Mutual Fund		100,375
	De Ivy Emrgmktlclcrndbt I	11.9619 Shares - Mutual Fund		104
	De Ivy Hi Inc I	401.7766 Shares- Mutual Fund		2,824
	Dfa Emrg Mkt Cor Eq Inst	3382.7709 Shares - Mutual Fund		84,705
	Dfa Gbl Realest Sec Inst	33.8417 Shares - Mutual Fund		455
	Dfa Infl Prtct Sec Inst	1235.483 Shares - Mutual Fund		16,444
	Dfa Us Lg Co	908.5991 Shares - Mutual Fund		30,792
	Dfa Us Trgt Val Inst	13.6254 Shares - Mutual Fund		411
	Dws Glblrealest Sec Inst	618.8696 Shares - Mutual Fund		5,743
	Dblne Enhcd Cape I	132.4540 Shares - Mutual Fund		2,358
	Diamond Hill Mdcap I	3247.708 Shares - Mutual Fund		60,700
	Dodgecox Intl Stk	2632.6388 Shares- Mutual Fund		124,498
	Ev Flotng Rt Inst	369.6818 Shares - Mutual Fund		3,253
	Fed Hrms Gov Oblgtns Prmr	408646.2 Shares - Mutual Fund		403,442
	Fed Hrms Kaufmanlgcap Inst	2061.768 Shares-Mutual Fund		72,760
	Fid 500 Indx	1286.916 Shares - Mutual Fund		212,753
	Fid Intl Index	2742.0314 Shares - Mutual Fund		135,155
	Fid Ttl Mkt Indx	13.59730 Shares - Mutual Fund		1,819
	Fid Us Bd Indx	20236.90 Shares - Mutual Fund		242,438
	Fidadv Bal I	484.3886 Shares - Mutual Fund		14,197
	Fidadv Bio Inst	10.2420 Shares - Mutual Fund		303
	Fidadv Strat Divd Inc Inst	905.7113 Shares - Mutual Fund		16,031
	Fnklnlmp Glbl Bd Adv	28.6647 Shares - Mutual Fund		252
	Frost Ttl Rtn Bd Inst	423.6218 Shares - Mutual Fund		4,368
	Gdmnscs Gggptnrntloppr R6	6304.513 Shares - Mutual Fund		123,505
	Gdmnscs Smmdcap Gr Inst	11.6250 Shares - Mutual Fund		312
	Harbor Intl Gr Inst	38.0985 Shares - Mutual Fund		801
	Harbor Intl Inst	122.8807 Shares - Mutual Fund		5,800

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Hope Christian Schools, Inc. 403(b) Plan

Employer Identification Number

85-0244670

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Invsco Intl Bd Y	735.0900 Shares - Mutual Fund		3,756
	Invsco Opp Intl Gr Y	236.7061 Shares - Mutual Fund		10,749
	Jpm Eq Inc R5	4875.6873 Shares - Mutual Fund		116,383
	Jpm Smcap Val 6	152.6558 Shares - Mutual Fund		4,670
	Jmp Val Advtg L	3603.8629 Shares - Mutual Fund		143,794
	Jmporgan Usrsrchenhcdq R6	6.7214 Shares - Mutual Fund		246
	Jnshndrsn Frty N	351.5113 Shares - Mutual Fund		20,078
	Mfs Val R4	255.5797 Shares - Mutual Fund		13,888
	Msif Glbl Oppr I	318.5179 Shares - Mutual Fund		13,598
*	Nw Loomis Allcap Gr R6	5498.0205 Shares - Mutual Fund		96,545
	Newber Hi Inc Bd Inst	353.8853 Shares - Mutual Fund		3,086
	Pgim Jnism Gr Z	3620.244 Shares - Mutual Fund		242,267
	Pgim Ttl Rtn Bd R6	11865.242 Shares - Mutual Fund		171,927
	Pgim Ttl Rtn Bd Z	815.5031 Shares - Mutual Fund		11,800
	Pimco Inc Inst	5570.5276 Shares - Mutual Fund		66,512
	Pimco Real Rtn Inst	13119.765 Shares - Mutual Fund		161,636
	Pimco Stk Plus Sm Inst	9949.2448 Shares - Mutual Fund		105,661
	Pimco Stkplsintdlrhdg Inst	774.1734 Shares - Mutual Fund		6,960
	Pimco Ttl Rtn Inst	500.7566 Shares - Mutual Fund		5,143
	Pimcocomdyrealrtinstratinst	4305.7158 Shares - Mutual Fund		46,391
	Pionr Eq Inc Y	194.1474 Shares - Mutual Fund		8,063
	Prncpl Glbl Realest R6	3731.832 Shares - Mutual Fund		44,334
	Prudntl Glbl Realest Z	25.5891 Shares - Mutual Fund		630
	Tcw Ttl Rtn Bd I	3777.0901 Shares - Mutual Fund		38,149
	Tiaacrf Lgcap Gr Indx Inst	634.8926 Shares - Mutual Fund		36,722
	Trowepr Comm Tech	93.28240 Shares - Mutual Fund		17,033
	Trowepr Spctrmmmodgralloc	2394.845 Shares - Mutual Fund		101,805
	Thrnbrg Glbl Oppr R5	3440.5678 Shares - Mutual Fund		123,000
	Vaneck Emrg Mkt Inst	1268.6624 Shares - Mutual Fund		23,039
	Vngrd 500 Index Fd As	33.0030 Shares - Mutual Fund		14,516
	Vngrd Explr Adml	255.3160 Shares - Mutual Fund		30,398
	Vngrd Hlth Care Adml	51.2399 Shares - Mutual Fund		4,910
	Vngrd St Bd Indx Adml	1243.728 Shares - Mutual Fund		13,196
	Vngrd Sm Cap Indx Fd As	59.4983 Shares - Mutual Fund		6,448
	Vngrd Strat Eq Inv	3046.6281 Shares - Mutual Fund		118,118
	Vngrd Trgt Rtrmt 2015 Inv	2746.2409 Shares - Mutual Fund		40,123
	Vngrd Trgt Rtrmt 2020 Inv	1102.4864 Shares - Mutual Fund		34,199
	Vngrd Trgt Rtrmt 2025 Inv	8042.7716 Shares - Mutual Fund		163,590
	Vngrd Trgt Rtrmt 2030 Inv	3659.699 Shares - Mutual Fund		140,606