

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>07/01/2021</u> and ending <u>06/30/2022</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>THE EVERGREEN SCHOOL 403(B) DC 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>07/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1987</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1987</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>THE EVERGREEN SCHOOL</u> <u>15201 MERIDIAN AVENUE N</u> <u>SHORELINE, WA 98133</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0756462</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>206-364-2650</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0756462</u>	2c Plan Sponsor's telephone number <u>206-364-2650</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>91-0756462</u>					
2c Plan Sponsor's telephone number <u>206-364-2650</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.	02/01/2023	DUNCAN LINN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/01/2023	DUNCAN LINN
	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

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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	255
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)	121
a(2) Total number of active participants at the end of the plan year		6a(2)	106
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	158
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	264
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	264
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	263
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2K 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) ☒ <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 07/01/2021 and ending 06/30/2022	
A Name of plan THE EVERGREEN SCHOOL 403(B) DC PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVERGREEN SCHOOL	D Employer Identification Number (EIN) 91-0756462

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	367998	184	07/01/2021	06/30/2022

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	3695634
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	9636960

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 ▶

b	Balance at the end of the previous year	7b	3586639
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c	Additions: (1) Contributions deposited during the year	7c(1)	53164	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	130570	
	(4) Transferred from separate account.....	7c(4)	209819	
	(5) Other (specify below)	7c(5)	11674	

(6) Total additions	7c(6)	405227
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3991866
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	286036	
	(2) Administration charge made by carrier.....	7e(2)	0	
	(3) Transferred to separate account.....	7e(3)	3099	
	(4) Other (specify below)	7e(4)	7097	

(5) Total deductions	7e(5)	296232
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3695634
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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 07/01/2021 and ending 06/30/2022		
A Name of plan THE EVERGREEN SCHOOL 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVERGREEN SCHOOL	D Employer Identification Number (EIN) 91-0756462	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

CAPTRUST FINANCIAL ADVISORS

60 WEST BROAD STREET, SUITE 300
BETHLEHEM, PA 18018

27-6095734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	7680	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017-3208

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1655	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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:	BDO	b EIN:	13-5381590
c Position:	PLAN AUDITOR		
d Address:	601 UNION STREET,TWO UNION SQUARE SUITE 2300 SEATTLE, WA 98101	e Telephone:	206-382-7777

Explanation: DISCRETIONARY DECISION ON PART OF PLAN SPONSOR TO RETAIN NEW PLAN AUDITOR.

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.	
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022					
A Name of plan THE EVERGREEN SCHOOL 403(B) DC PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE EVERGREEN SCHOOL				D Employer Identification Number (EIN) 91-0756462	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE					
b Name of sponsor of entity listed in (a): TIAA-CREF					
c EIN-PN 13-1624203-004		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1096251		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

Schedule D (Form 5500) 2021 v. 201209

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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 07/01/2021 and ending 06/30/2022		
A Name of plan THE EVERGREEN SCHOOL 403(B) DC PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVERGREEN SCHOOL	D Employer Identification Number (EIN) 91-0756462	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	883072	1096251
(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)	18373580	15438448
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3586639	3695634
(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	22843291	20230333

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22843291	20230333
---	-----------	----------	----------

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)	523410	
(B) Participants	2a(1)(B)	840712	
(C) Others (including rollovers).....	2a(1)(C)	146010	
(2) Noncash contributions.....	2a(2)	0	1510132
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	130570	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		130570
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		250187
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	250187	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		250187
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		207713
(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)		-3288978
c Other income.....	2c		4238
d Total income. Add all income amounts in column (b) and enter total.....	2d		-1186138
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1325586	
(2) To insurance carriers for the provision of benefits.....	2e(2)	138972	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1464558
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)		
(2) Contract administrator fees.....	2i(2)	11835	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11835
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1476393
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2662531
l Transfers of assets:			
(1) To this plan.....	2l(1)		49573
(2) From this plan.....	2l(2)		0

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: GREENWOOD OHLUND, PS

(2) EIN: 91-0873571

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 07/01/2021 and ending 06/30/2022

A Name of plan THE EVERGREEN SCHOOL 403(B) DC PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE EVERGREEN SCHOOL	D Employer Identification Number (EIN) 91-0756462

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
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 _____

The Evergreen School 403(b) Plan

Financial Statements and Supplemental Schedule
As of June 30, 2022 and 2021, and
For the Year Ended June 30, 2022

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Amanda O'Rourke, CPA
Matt Smith, CPA
Claire Chow, CPA
Jason Mallon, CPA
Andrew Van Ness, CPA



INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor
The Evergreen School 403(b) Plan
Shoreline, WA

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

We were engaged to perform an audit of the financial statements of The Evergreen School 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). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and the Plan's Custodian did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

Responsibilities of Management

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.

Amanda O'Rourke, CPA
Matt Smith, CPA
Claire Chow, CPA
Jason Mallon, CPA
Andrew Van Ness, CPA



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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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

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

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – 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 supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Auditor's Report on the 2021 Financial Statements

The 2021 financial statements of the Plan were audited by a predecessor auditor who was engaged to audit the statement of net assets available for benefits of the Plan as of June 30, 2021. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed them not to perform, and they did not perform, any auditing procedures with respect to the information certified by the qualified institution.

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and the Plan's Custodian did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, they were unable to apply auditing procedures sufficient to determine the extent to which the financial statements had been affected by these conditions.

Their audit report, dated January 26, 2022, indicated that because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, they did not express an opinion on the 2021 financial statements

Greenwood Ohlund

Seattle, Washington
January 23, 2023

THE EVERGREEN SCHOOL 403(B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS June 30, 2022 and 2021

	2022	2021
Investments, at Fair Value		
Mutual funds	\$ 3,985,270	\$ 4,157,910
Other registered investment companies	10,370,077	12,642,328
Variable annuity accounts	1,083,101	1,573,343
Pooled separate accounts	1,096,251	883,072
Non-fully benefit-responsive investment contracts	2,576,220	2,485,126
Total investments, at fair value	19,110,919	21,741,779
Fully Benefit-Responsive Investment Contracts, at Contract Value	1,119,414	1,101,512
Net Assets Available for Benefits	<u>\$ 20,230,333</u>	<u>\$ 22,843,291</u>

See accompanying notes to financial statements.

THE EVERGREEN SCHOOL 403(B) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended June 30, 2022

Investment income (loss)	
Net depreciation in fair value of investments	\$ (3,081,265)
Dividends and interest income	<u>380,757</u>
Total investment income (loss)	<u>(2,700,508)</u>
Contributions	
Participants	840,712
Employer matching	523,410
Rollovers from other qualified plans	<u>146,010</u>
Total contributions	1,510,132
Other income	4,238
Deductions	
Benefits paid to participants	1,464,558
Administrative expenses	<u>11,835</u>
Total deductions	<u>1,476,393</u>
Net decrease	(2,662,531)
Assets transferred into the plan	49,573
Net Assets Available for Benefits, beginning of year	<u>22,843,291</u>
Net Assets Available for Benefits, end of year	<u>\$ 20,230,333</u>

See accompanying notes to financial statements.

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of The Evergreen School 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established for the benefit of eligible employees of The Evergreen School (the School). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participant loans are not allowed under this Plan.

Custodian and Administrator of the Plan

The custodian of the Plan is TIAA and CREF. The administrator of the Plan is the School. TIAA and CREF provides recordkeeping services to the Plan. The custodian holds all the assets of the Plan in accordance with the service provider contracts with the School.

Eligibility

Employees of the School, unless excluded, are eligible to make voluntary salary reduction contributions to the Plan upon their date of hire. Employees excluded from participating in the Plan include employees who normally work less than 20 hours per week. Active participants in the Plan are eligible to receive employer contributions from the School.

Contributions

Participant Contributions – Participants can contribute up to 100% of their pretax annual compensation, as defined by the Plan, subject to federal statutory limitations. Participants are also allowed to contribute amounts representing distributions from other qualified plans (rollovers from other qualified plans). The Plan also allows employees to make catch up contributions for those who are 50 years of age or older, as well as qualified organization catch up contributions for those who have at least 15 years of service. Catch up provisions are described in further detail in the Plan document.

Employer Contributions – For the year ended June 30, 2022, the School matched participant contributions at a rate of 100% up to 7% of eligible compensation for each eligible participant.

Contributions are subject to certain other limitations in accordance with the Internal Revenue Code (IRC).

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the School's contributions and (b) Plan earnings and losses, and is charged with an allocation of administrative expenses. Allocations are based on participant eligible compensation, participant contributions, or account balances, as defined.

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

Participants direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Employee and employer contributions are immediately 100% vested.

Payment of Benefits

Upon termination of service due to retirement, disability, termination of employment, or death, participants or their designated beneficiaries may elect to receive either a lump-sum, annual installments, or an annuity settlement option equal to the value of the participant's vested interest in his or her account. Account balances under \$1,000 will be paid in a lump-sum payment.

Distributions are generally only allowed after termination of employment with the School; however, distributions can be made during a participant's employment upon attainment of age 59½ as defined within the Plan document.

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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 2 – Summary of Significant Accounting Policies

Annual Reporting Requirements

Prior to January 1, 2009, TIAA and CREF maintained records at a contract, not Plan level. TIAA and CREF, a contracted Plan administrator, administratively decided not to maintain accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As such, TIAA and CREF has not been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Basis of Accounting

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

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investments Valuation and Income Recognition

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

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

Payment of Benefits

Benefits paid to participants are recorded when paid.

Administrative Expenses

Administrative expenses related to the operation and maintenance of the Plan and certain investment and transaction fees are paid by the Plan. Additionally, the School pays certain expenses of the Plan including fees for the annual audit of the Plan. Expenses paid by the School are excluded from these financial statements.

Subsequent Events

The Plan has evaluated subsequent events through the date these financial statements were available to be issued, which was January 23, 2023.

Note 3 – Certified Investment Information

The plan administrator has elected the method of annual reporting compliance 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. Accordingly, TIAA and CREF, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments reflected on the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2022
- Investment information included in the schedule of assets (held at end of year) as of June 30, 2022 as shown on the ERISA-required supplemental schedule.

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 4 – Fair Value Measurements

Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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 the valuation methodology include:

- quoted market 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 to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to methodologies used at June 30, 2022 and 2021.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are valued using Level 1 inputs.

Other Registered Investment Companies: Valued at the daily closing price as reported by the fund. These investments held by the Plan are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. These investments held by the Plan are valued using Level 1 inputs. In efforts to reduce market timing and excessive trading, participants will not be permitted to make electronic transfers back into the same account through purchase or exchange for 90 days if a purchase, sale, and repurchase within that account is made within a 60-day period, except for the CREF Money Market Account.

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

Variable Annuity Accounts - TIAA Access Annuities are variable annuity products that are funded through TIAA separate accounts that are registered under the Investment Company Act of 1940 but are not publicly traded. The separate account invests in proprietary and nonproprietary mutual funds through various subaccounts. Subaccount unit values are calculated daily and are available on the TIAA and CREF website. The underlying investments are generally priced using market quotations obtained from independent pricing services. The TIAA Access Annuities are reported at the NAV as a practical expedient to measuring fair value. There are no trading restrictions or unfunded commitments related to the TIAA Access Annuities.

Pooled Separate Accounts - Accumulation units in these accounts are available for transactions at the closing accumulation unit value on any day the New York Stock Exchange is open for business. The unit values are calculated each day and are posted at the TIAA website. The value of the investments is generally derived from the market value of the underlying real estate holdings or other real estate related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. These investments are classified within Level 2 of the fair value hierarchy.

Non-Fully Benefit-Responsive Investment Contracts - Non-fully benefit-responsive investment contracts represent investments in fixed annuity contracts with TIAA. Fair value is determined using the discounted cash flow method, which is approximated by contract value. These investments are classified within Level 3 of the fair value hierarchy. See Note 5.

The preceding methods described may produce a fair value calculation which 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.

The following tables present information about the Plan's assets that have been measured at fair value on a recurring basis as of June 30, 2022 and 2021, and indicate the classification by level of inputs within the fair value hierarchy described above:

	2022			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 3,985,270	\$ -	\$ -	\$ 3,985,270
Registered investment companies	10,370,077	-	-	10,370,077
Pooled separate accounts	-	1,096,251	-	1,096,251
Non-fully benefit responsive investment contracts	-	-	2,576,220	2,576,220
Investments in the fair value hierarchy	<u>\$14,355,347</u>	<u>\$ 1,096,251</u>	<u>\$ 2,576,220</u>	<u>18,027,818</u>
Investment measured at NAV*				<u>1,083,101</u>
Investments, at fair value				<u>\$ 19,110,919</u>

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

	2021			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 4,157,910	\$ -	\$ -	\$ 4,157,910
Registered investment companies	12,642,328	-	-	12,642,328
Pooled separate accounts	-	883,072	-	883,072
Non-fully benefit responsive investment contracts	-	-	2,485,126	2,485,126
Investments in the fair value hierarchy	<u>\$16,800,238</u>	<u>\$ 883,072</u>	<u>\$ 2,485,126</u>	<u>20,168,436</u>
Investment measured at NAV*				<u>1,573,343</u>
Investments, at fair value				<u>\$ 21,741,779</u>

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items present in the statements of net assets available for benefits.

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

Type	Fair Value at June 30, 2022	Fair Value at June 30, 2021	Principal Valuation Technique	Significant Unobservable Inputs	Rate
Tiaa Traditional Annuity Contracts Retirement Annuities	\$ 2,576,220	\$ 2,485,126	Discounted cash flow	Risk-adjusted discount rate applied	3.00% to 5.25%

Note 5 – Investment in Fully Benefit-Responsive Investment Contracts

As discussed in Note 4, fixed annuity contracts consist of investment options known as the TIAA Traditional Annuity Contracts (fixed annuity). Fixed annuity contracts are established between the participants and TIAA. The investment options offered by the Plan are commonly known as the Retirement Annuity (RA), Retirement Choice (RC), Supplemental Retirement Annuity (SRA), and Group Supplemental Retirement Annuity (GSRA). The return of fixed annuity contributions plus interest to participants is subject to TIAA's claims paying ability.

Fixed annuity contracts are credited with a minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

Contributions to the fixed annuity accounts are grouped by TIAA into "vintages" comprised of premiums received over defined time periods or one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

THE EVERGREEN SCHOOL 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

During the year ended June 30, 2022, the crediting rates of the fixed annuity contracts were as follows:

RA	3.70% - 5.00%
RC	3.95% - 5.25%
SRA	3% - 4.25%
GSRA	3% - 4.25%

RA account balances may only be withdrawn over 10 annual installments. RC account balances may require withdrawals in installments and may only be allowed at certain points in time. RAs and RCs are not considered to be fully benefit-responsive investment contracts as defined by ASC 960 because this provision is considered to restrict participants "reasonable access" to their contract balances.

SRAs and GSRA are considered fully benefit-responsive investment contracts because they are fully liquid and immediately cashable once a participant terminates employment with the School.

Note 6 – Related Party and Party-in-Interest Transactions

Certain plan investments consist of investments managed or sponsored by TIAA and CREF for the Plan years ended June 30, 2022 and 2021. TIAA and CREF is the service provider of the Plan; therefore, these transactions qualify as exempt party-in-interest transactions.

Note 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 and its related regulations. In the event of Plan termination, participants would remain 100% vested in any employer contributions.

Note 8 – Income Tax Status

The Plan received an advisory letter dated March 31, 2017, for the volume submitter plan. The Plan has since been amended; however, in the opinion of the Plan administrator, the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC and that the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Note 9 – Plan Transfer

During the year ended June 30, 2021, assets were distributed from Empower Retirement (a prior custodian of the Plan) to a participant of the Plan. These assets totaling \$49,573 were then transferred into the Plan during the year ended June 30, 2022.

SUPPLEMENTAL SCHEDULE

THE EVERGREEN SCHOOL 403(B) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – June 30, 2022

EIN\PN: 91-0756462\001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Descriptions of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard 500 Idx Adm	Mutual Fund	**	\$ 1,207,194
	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund	**	430,841
	Vanguard Extended Mkt Idx Adm	Mutual Fund	**	424,889
	Metropolitan West Tot Ret Bd M	Mutual Fund	**	412,570
	AF EuroPacific Growth Fund R4	Mutual Fund	**	369,561
	Harbor Capital Appreciation In	Mutual Fund	**	321,541
	Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund	**	234,576
	MFS Value Fund Class R4	Mutual Fund	**	178,185
	MFS Mid Cap Growth Fund R4	Mutual Fund	**	170,700
	MFS Mid Cap Value Class R4	Mutual Fund	**	161,690
	Allspring Spec SmallCap Val R6	Mutual Fund	**	73,035
	Principal Small Cap Grw I R5	Mutual Fund	**	488
Total Mutual Funds				3,985,270
Registered Investment Companies				
*	CREF Stock R1	Registered Investment Company	**	2,651,805
*	CREF Social Choice R1	Registered Investment Company	**	1,629,386
*	CREF Equity Index R1	Registered Investment Company	**	861,399
*	CREF Global Equities R1	Registered Investment Company	**	851,343
*	CREF Growth R1	Registered Investment Company	**	733,013
*	TIAA-CREF Lfcyle Idx 2050-Rtmt	Registered Investment Company	**	594,569
*	TIAA-CREF Lfcyle Idx 2040-Rtmt	Registered Investment Company	**	587,019
*	TIAA-CREF Lfcyle Idx 2045-Rtmt	Registered Investment Company	**	462,794
*	CREF Core Bond R1	Registered Investment Company	**	450,386
*	TIAA-CREF Lfcyle Idx 2030-Rtmt	Registered Investment Company	**	408,042
*	TIAA-CREF Lfcyle Idx 2055-Rtmt	Registered Investment Company	**	367,203
*	TIAA-CREF Lfcyle Idx 2025-Rtmt	Registered Investment Company	**	255,407
*	CREF Inflation-Linked Bond R1	Registered Investment Company	**	208,525
*	TIAA-CREF Lfcyle Idx 2060-Rtmt	Registered Investment Company	**	131,171
*	CREF Money Market R1	Registered Investment Company	**	71,748
*	TIAA-CREF Lfcyle Idx 2035-Rtmt	Registered Investment Company	**	66,434
*	TIAA-CREF Lfcyle Idx 2020-Rtmt	Registered Investment Company	**	24,527
*	TIAA-CREF Lfcyle Idx RtIn-Rtmt	Registered Investment Company	**	10,580
*	TIAA-CREF Lfcyle Idx 2065-Rtmt	Registered Investment Company	**	2,132
*	TIAA-CREF Lfcyle Idx 2015-Rtmt	Registered Investment Company	**	2,082
*	TIAA-CREF Money Market-Rtmt	Registered Investment Company	**	512
Total Registered Investment Companies				10,370,077

THE EVERGREEN SCHOOL 403(B) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – June 30, 2022

EIN\PN: 91-0756462\001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Descriptions of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Account				
*	TIAA Real Estate	Pooled Separate Account	**	1,096,251
Total Pooled Separate Account				1,096,251
Fixed Annuity Contracts (Fully Benefit Responsive)				
*	TIAA Traditional Benefit Responsive	Fixed Annuity Contract	**	1,118,147
*	TIAA Traditional Benefit Responsive 2	Fixed Annuity Contract	**	1,267
Total Fixed Annuity Contracts (Fully Benefit Responsive)				1,119,414
Fixed Annuity Contracts (Non-Fully Benefit Responsive)				
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contract	**	1,663,927
*	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity Contract	**	909,648
*	Plan Loan Default Fund	Fixed Annuity Contract	**	2,645
Total Fixed Annuity Contracts (Non-Fully Benefit Responsive)				2,576,220
Variable Annuity Accounts				
*	TIAA Access Core Bond Plus T4	Variable Annuity Account	**	38,524
*	TIAA Access Growth & Income T4	Variable Annuity Account	**	15,732
*	TIAA Access Intl Equity T4	Variable Annuity Account	**	208,597
*	TIAA Access Lg-Cap Gr T4	Variable Annuity Account	**	68,040
*	TIAA Access Lg-Cap Val T4	Variable Annuity Account	**	168,940
*	TIAA Access Lifecycle 2020 T4	Variable Annuity Account	**	19,350
*	TIAA Access Lifecycle 2025 T4	Variable Annuity Account	**	53,162
*	TIAA Access Lifecycle 2030 T4	Variable Annuity Account	**	24,352
*	TIAA Access Lifecycle 2035 T4	Variable Annuity Account	**	25,946
*	TIAA Access Lifecycle 2040 T4	Variable Annuity Account	**	10,831
*	TIAA Access Lifecycle 2045 T4	Variable Annuity Account	**	21,558
*	TIAA Access Lifecycle 2050 T4	Variable Annuity Account	**	81,972
*	TIAA Access Mid-Cap Gr T4	Variable Annuity Account	**	15,695
*	TIAA Access Mid-Cap Val T4	Variable Annuity Account	**	96,126
*	TIAA Access Real Est Secs T4	Variable Annuity Account	**	71,971
*	TIAA Access Sm-Cap BI Idx T4	Variable Annuity Account	**	97,470
*	TIAA Access Quant Sml Cp Eq T4	Variable Annuity Account	**	44,040
*	TIAA Access Social Ch Eq T4	Variable Annuity Account	**	15,120
*	TIAA Access Lifecycle 2055 T4	Variable Annuity Account	**	5,529
*	TIAA Access Lifecycle 2060 T4	Variable Annuity Account	**	146
Total Variable Annuity Accounts				1,083,101
Total Investments per Financial Statements				\$ 20,230,333

* Represents a party-in-interest

** Not required for participant-directed investments

THE EVERGREEN SCHOOL 403(B) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – June 30, 2022

EIN\PN: 91-0756462\001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Descriptions of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard 500 Idx Adm	Mutual Fund	**	\$ 1,207,194
	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund	**	430,841
	Vanguard Extended Mkt Idx Adm	Mutual Fund	**	424,889
	Metropolitan West Tot Ret Bd M	Mutual Fund	**	412,570
	AF EuroPacific Growth Fund R4	Mutual Fund	**	369,561
	Harbor Capital Appreciation In	Mutual Fund	**	321,541
	Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund	**	234,576
	MFS Value Fund Class R4	Mutual Fund	**	178,185
	MFS Mid Cap Growth Fund R4	Mutual Fund	**	170,700
	MFS Mid Cap Value Class R4	Mutual Fund	**	161,690
	Allspring Spec SmallCap Val R6	Mutual Fund	**	73,035
	Principal Small Cap Grw I R5	Mutual Fund	**	488
Total Mutual Funds				3,985,270
Registered Investment Companies				
*	CREF Stock R1	Registered Investment Company	**	2,651,805
*	CREF Social Choice R1	Registered Investment Company	**	1,629,386
*	CREF Equity Index R1	Registered Investment Company	**	861,399
*	CREF Global Equities R1	Registered Investment Company	**	851,343
*	CREF Growth R1	Registered Investment Company	**	733,013
*	TIAA-CREF Lfcyle Idx 2050-Rtmt	Registered Investment Company	**	594,569
*	TIAA-CREF Lfcyle Idx 2040-Rtmt	Registered Investment Company	**	587,019
*	TIAA-CREF Lfcyle Idx 2045-Rtmt	Registered Investment Company	**	462,794
*	CREF Core Bond R1	Registered Investment Company	**	450,386
*	TIAA-CREF Lfcyle Idx 2030-Rtmt	Registered Investment Company	**	408,042
*	TIAA-CREF Lfcyle Idx 2055-Rtmt	Registered Investment Company	**	367,203
*	TIAA-CREF Lfcyle Idx 2025-Rtmt	Registered Investment Company	**	255,407
*	CREF Inflation-Linked Bond R1	Registered Investment Company	**	208,525
*	TIAA-CREF Lfcyle Idx 2060-Rtmt	Registered Investment Company	**	131,171
*	CREF Money Market R1	Registered Investment Company	**	71,748
*	TIAA-CREF Lfcyle Idx 2035-Rtmt	Registered Investment Company	**	66,434
*	TIAA-CREF Lfcyle Idx 2020-Rtmt	Registered Investment Company	**	24,527
*	TIAA-CREF Lfcyle Idx Rtln-Rtmt	Registered Investment Company	**	10,580
*	TIAA-CREF Lfcyle Idx 2065-Rtmt	Registered Investment Company	**	2,132
*	TIAA-CREF Lfcyle Idx 2015-Rtmt	Registered Investment Company	**	2,082
*	TIAA-CREF Money Market-Rtmt	Registered Investment Company	**	512
Total Registered Investment Companies				10,370,077

THE EVERGREEN SCHOOL 403(B) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – June 30, 2022

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Pooled Separate Account				
*	TIAA Real Estate	Pooled Separate Account	**	1,096,251
Total Pooled Separate Account				1,096,251
Fixed Annuity Contracts (Fully Benefit Responsive)				
*	TIAA Traditional Benefit Responsive	Fixed Annuity Contract	**	1,118,147
*	TIAA Traditional Benefit Responsive 2	Fixed Annuity Contract	**	1,267
Total Fixed Annuity Contracts (Fully Benefit Responsive)				1,119,414
Fixed Annuity Contracts (Non-Fully Benefit Responsive)				
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contract	**	1,663,927
*	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity Contract	**	909,648
*	Plan Loan Default Fund	Fixed Annuity Contract	**	2,645
Total Fixed Annuity Contracts (Non-Fully Benefit Responsive)				2,576,220
Variable Annuity Accounts				
*	TIAA Access Core Bond Plus T4	Variable Annuity Account	**	38,524
*	TIAA Access Growth & Income T4	Variable Annuity Account	**	15,732
*	TIAA Access Intl Equity T4	Variable Annuity Account	**	208,597
*	TIAA Access Lg-Cap Gr T4	Variable Annuity Account	**	68,040
*	TIAA Access Lg-Cap Val T4	Variable Annuity Account	**	168,940
*	TIAA Access Lifecycle 2020 T4	Variable Annuity Account	**	19,350
*	TIAA Access Lifecycle 2025 T4	Variable Annuity Account	**	53,162
*	TIAA Access Lifecycle 2030 T4	Variable Annuity Account	**	24,352
*	TIAA Access Lifecycle 2035 T4	Variable Annuity Account	**	25,946
*	TIAA Access Lifecycle 2040 T4	Variable Annuity Account	**	10,831
*	TIAA Access Lifecycle 2045 T4	Variable Annuity Account	**	21,558
*	TIAA Access Lifecycle 2050 T4	Variable Annuity Account	**	81,972
*	TIAA Access Mid-Cap Gr T4	Variable Annuity Account	**	15,695
*	TIAA Access Mid-Cap Val T4	Variable Annuity Account	**	96,126
*	TIAA Access Real Est Secs T4	Variable Annuity Account	**	71,971
*	TIAA Access Sm-Cap BI Idx T4	Variable Annuity Account	**	97,470
*	TIAA Access Quant Sml Cp Eq T4	Variable Annuity Account	**	44,040
*	TIAA Access Social Ch Eq T4	Variable Annuity Account	**	15,120
*	TIAA Access Lifecycle 2055 T4	Variable Annuity Account	**	5,529
*	TIAA Access Lifecycle 2060 T4	Variable Annuity Account	**	146
Total Variable Annuity Accounts				1,083,101
Total Investments per Financial Statements				\$ 20,230,333

* Represents a party-in-interest

** Not required for participant-directed investments