

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>08/01/2021</u> and ending <u>07/31/2022</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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>02/01/1992</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>FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.</u> <u>4200 SW 89TH AVENUE</u> <u>MIAMI, FL 33165-5336</u>
2b	Employer Identification Number (EIN) <u>59-1221039</u>
2c	Plan Sponsor's telephone number <u>305-226-8152</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.	05/12/2023	JASON HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	206
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)	112
a(2) Total number of active participants at the end of the plan year		6a(2)	117
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	67
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	184
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: 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>3</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 08/01/2021 and ending 07/31/2022	
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039

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
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	0229	169	08/01/2021	07/31/2022

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 7293	(b) Total amount of fees paid 0
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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
ARMONDO BLOUNDIN 1625 N. COMMERCE DRIVE, SUITE 215
WESTON, FL 33326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4185			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAROLYN M. SMITH AGENCY INC. 1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1607			3

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

STEPHEN GREENBERG

1625 N. COMMERCE DRIVE, SUITE 215
WESTON, FL 33326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
907			3

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

GARY GRANSTAFF

115 MAIN ST N, STE 215
CARTHAGE, TN 37030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
353			3

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

CONSOLIDATED RETIREMENT SERICES INC

115 MAIN ST N, STE 215
CARTHAGE, TN 37030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
225			3

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

VOYA FINANCIAL ADVISORS

ONE ORANGE WAY, A1S
WINDSOR, CT 06095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

(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	2507079
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	647217

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 ▶ **ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	2417209
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c	Additions: (1) Contributions deposited during the year	7c(1)	112485	
	(2) Dividends and credits.....	7c(2)	67865	
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below).....	7c(5)	953	

▶ **LOAN PAYMTS, POSITIVE VALUE ADJ., COLLATERAL, TRANSFERSL INTEREST**

(6)Total additions	7c(6)	181303
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2598512
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25729	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below).....	7e(4)	65704	

▶ **LOAN DST, NEGATIVE ADJ., TRANSFERS**

(5) Total deductions	7e(5)	91433
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2507079
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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)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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 08/01/2021 and ending 07/31/2022	
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039

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
LIFE INSURANCE COMPANY OF THE SOUTHWEST

(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
75-0953004	65528	A00119	19	08/01/2021	07/31/2022

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 180	(b) Total amount of fees paid 0
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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
KEVIN R. WALKER
2700 NATURE WALK, UNIT 205
WESLEY CHAPEL, FL 33543-3764

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
180			3

(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** 345357**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ► **BASED ON SCH.'S FILED WITH STATE DEP. OF INSURANCE****b** Premiums paid to carrier **6b** 16898**c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ►**e** Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ►**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ► **ANNUITY CONTRACTS****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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 08/01/2021 and ending 07/31/2022	
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039

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
C.M. LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041383	93432	ART0114885EE	3	08/01/2021	07/31/2022

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 364	(b) Total amount of fees paid 96
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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
WALES BARRY BRIAN
8300 NW 53RD STREET, STE 102-014
DORAL, FL 33166-7812

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
316			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STRAUB, JEREMY M.
1000 CORPORATE DRIVE, SUITE 700
FORT LAUDERDALE, FL 33334

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48	96	MISC.	3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	172295

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

b	Premiums paid to carrier	6b	5291
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	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 08/01/2021 and ending 07/31/2022		
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC. P.O. BOX 2600 VALLEY FORGE, PA 19482
23-1945930
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

RELIASTAR LIFE INSURANCE CO.

41-0451140

(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?
60 64 65 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	22450	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIASTAR LIFE INSURANCE CO.	60 66	3187
(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.	
FIDELITY VIP INDEX 500 PF 04-3158603	SUB-TRANS/REIM. FEES MORTALITY & EXP. CHGS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIASTAR LIFE INSURANCE CO.	64	11245
(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.	
ING FIXED FD 41-0451140	RECORD KEEPING FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIASTAR LIFE INSURANCE CO.	60 66	1614
(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.	
VYTRP DIV M G P I 52-2354156	SUB-TRANS/REIM. FEES MORTALITY & EXP. CHGS.	

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
RELIASTAR LIFE INSURANCE CO.	60 66	1383

(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.
VYA RUSS LC GR IN I 26-4508675	SUB-TR/REIM FEES, INSURANCE MORT & EXP

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 08/01/2021 and ending 07/31/2022

A Name of plan <u>FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.</u>	D Employer Identification Number (EIN) <u>59-1221039</u>	

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: <u>MASS MUTUAL ARTISTRY VARIABLE ANNU</u>				
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL ARTISTRY VARIABLE ANNU</u>				
c EIN-PN <u>06-1041383-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>172295</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA T. ROWE PRICE DIVERSIFIED MID C</u>				
b Name of sponsor of entity listed in (a): <u>RELIASTAR LIFE INSURANCE CO</u>				
c EIN-PN <u>41-0451140-010</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82225</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO VIT REAL RETURN PORT</u>				
b Name of sponsor of entity listed in (a): <u>RELIASTAR LIFE INSURANCE CO</u>				
c EIN-PN <u>41-0451140-019</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6474</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA INTERM BD PT I</u>				
b Name of sponsor of entity listed in (a): <u>RELIASTAR LIFE INSURANCE CO</u>				
c EIN-PN <u>41-0451140-065</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51280</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA RUSSELL LG CAP GRTH INDEX I</u>				
b Name of sponsor of entity listed in (a): <u>RELIASTAR LIFE INSURANCE CO</u>				
c EIN-PN <u>41-0451140-170</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77333</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP INDEX 500</u>				
b Name of sponsor of entity listed in (a): <u>RELIASTAR LIFE INSURANCE CO</u>				
c EIN-PN <u>41-0451140-082</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>200447</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ING FOREIGN FD</u>				
b Name of sponsor of entity listed in (a): <u>RELIASTAR LIFE INSURANCE CO</u>				
c EIN-PN <u>41-0451140-050</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5037</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MID CAP PORT I		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12060
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL COMPANY PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3041
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TEMPLETON FOREIGN ENTITY		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9164
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS INS SER GR 2		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13982
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS INS GR INC 2		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19778
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA T. ROWE PRICE DIV M G P SRV		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1012
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND P		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18361
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LG CAP GRTH PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19435
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET SM & MID CA		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4690
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOCATION GRTH PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9498

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LIMITED MAT BD CL S		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19168
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MIDCAP OPPORTUNITIES PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8739
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL CAP OPPT PORT I		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-020	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7161
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN ADV MGMT TR SOC RE		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22643
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS INS SER INTL CL Z		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18798
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LG CAP GRTH PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31604
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA OPPENHEIMER GLB PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA HIGH YIELD PORTFOLIO		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1411
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA IND P1 SCP		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-041	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3878
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 08/01/2021 and ending 07/31/2022		
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a	483	79
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1523	1130
	(2) Participant contributions.....	1b(2)	3548	3539
	(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)	0	0
	(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)	934785	819512
	(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)	3474097	3047969
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2736288	2852437
	(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	7150724 6724666
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7150724 6724666

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	122611
	(B) Participants	2a(1)(B)	261832
	(C) Others (including rollovers).....	2a(1)(C)	65704
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	450147
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	79923
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	79923
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	118242
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	118242
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-124242
(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)		-423114
c Other income.....	2c		-525
d Total income. Add all income amounts in column (b) and enter total.....	2d		100431
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	519757	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		519757
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)	6732	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6732
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		526489
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-426058
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **KEEFE, MCCULLOUGH & CO., L.L.P.**

(2) EIN: **59-1363792**

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 _____.

The Florida Christian School of Dade Co., Inc. Retirement Plan

Financial Statements
For the Year Ended July 31, 2022



The Florida Christian School of Dade Co., Inc. Retirement Plan

Financial Statements
For the Year Ended July 31, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
The Florida Christian School of Dade Co., Inc.
Retirement Plan

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

We have performed audits of the accompanying financial statements of The Florida Christian School of Dade Co., Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of July 31, 2022 and 2021, and the related statement of changes in net assets available for benefit for the year ended July 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of July 31, 2022 and 2021, and for the year ended July 31, 2022, stating that the certified investment information, as described in Notes 5 and 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

The Florida Christian School of Dade Co., Inc.
Retirement Plan

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year), as of July 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Florida Christian School of Dade Co., Inc.
Retirement Plan

- the information in the supplemental schedule relates to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



KEEFE McCULLOUGH

Fort Lauderdale, Florida
May 11, 2023

The Florida Christian School of Dade Co., Inc.
Retirement Plan
Statements of Net Assets Available for Benefits
July 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Cash	\$ 79	\$ 483
Investments, at fair value:		
Mutual funds	3,047,969	3,474,097
Pooled separate accounts	647,217	736,775
Investments, at contract value:		
Annuity contracts	2,852,437	2,736,288
Pooled separate accounts	172,295	198,010
Total investments	<u>6,719,918</u>	<u>7,145,170</u>
Receivables:		
Employer contributions	1,130	1,523
Employee contributions	3,539	3,548
Total receivables	<u>4,669</u>	<u>5,071</u>
Total assets	<u>6,724,666</u>	<u>7,150,724</u>
Liabilities:	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	\$ <u>6,724,666</u>	\$ <u>7,150,724</u>

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

The Florida Christian School of Dade Co., Inc.
Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended July 31, 2022

Additions to Net Assets Attributed to:

Investment income (loss):	
Dividend and interest income	\$ 198,165
Net appreciation (depreciation) in fair value of investments	<u>(547,356)</u>
Total investment income (loss)	<u>(349,191)</u>

Other income (loss):	
Miscellaneous income (loss)	<u>(525)</u>

Contributions:	
Participants	261,832
Employer	<u>122,611</u>
Total contributions	<u>384,443</u>

Total additions	<u>34,727</u>
-----------------	---------------

Deductions from Net Assets Attributed to:

Benefits and withdrawals paid to participants	454,053
Administrative expenses	<u>6,732</u>
Total deductions	<u>460,785</u>

Net increase (decrease) in net assets available for benefits	(426,058)
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Net Assets Available for Benefits, August 1, 2021	<u>7,150,724</u>
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Net Assets Available for Benefits, July 31, 2022	<u>\$ 6,724,666</u>
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The accompanying notes to financial statements are an integral part of these statements.

Note 1 - Description of the Plan

The following description of The Florida Christian School of Dade Co., Inc. Retirement Plan (the "Plan") provides only general information. A more complete description of the Plan's provisions may be found in the Summary Plan Description which has been distributed to all participants, and also in the Plan document, which is available to all Plan participants upon request.

General: The Florida Christian School of Dade Co., Inc. (the "Organization" and/or "Employer") established a 403(b) defined contribution plan to provide employees with a systematic means of savings and investing for the future. All permissible employees of the Organization, as defined in accordance with the universal availability standards are eligible to enroll on their date of hire. Deferrals begin on the first day of the month subsequent to enrollment. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective April 1, 2019, the Plan was amended to eliminate loans and rollovers.

Eligibility: All employees are eligible to make salary reduction contributions to the Plan unless they meet certain criteria. The employees who are excluded are certain nonresident aliens who have no earned income from sources within the United States, employees who normally work less than 20 hours per week, employees who are enrolled as students and regularly attending classes offered by the Employer, and employees who the Employer previously did not classify as "employees" (such as independent contractors) but who are reclassified as employees.

Administration of plan assets: The Plan's assets are held by Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), Newport Trust Company, and Mass Mutual Financial Group (C.M. Life Insurance Company), the custodians/trustees of the Plan. Contributions to the Plan are held and managed by the custodians who invest contributions and investment income and makes distributions to participants.

Certain uncompensated administrative functions are performed by employees of the Organization. Substantially all administrative expenses are paid by the Plan.

Plan contributions: Each year, eligible participants may contribute a specific percentage or dollar amount of annual compensation, as defined in the Plan, subject to Internal Revenue Service (IRS) regulations. Contributions to the Plan generally are pre-tax and are deductible from gross income for federal income tax purposes. The Plan provides a discretionary matching contribution of the participant's elective deferral to the Plan.

For the year ended July 31, 2022, the total employer and employee contributions may not exceed the lesser of 100% of compensation or \$ 61,000. Participants may contribute the lesser of 100% of compensation or \$ 20,500, as well as an additional \$ 6,500 for eligible participants over 50 years of age. In addition, individuals with at least 15 years of service with an educational organization are allowed to make additional contributions subject to IRS limits.

Participants' accounts (self-directed): Each participant's account is credited with the participant's contributions, allocations of the Organization's matching contributions and the Plan's gains or losses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account.

Note 1 - Description of the Plan (continued)

Vesting: Participants are immediately vested in their voluntary contributions; the Employer's matching contributions, and earnings thereon.

Distributions: Upon retirement, disability or death, a participant or beneficiary receives the entire amount credited to the participant's account in either a lump sum or, at the participant's election, in annual installments. Upon termination, other than by retirement, disability, or death, a participant becomes eligible to receive the current value of the participant's vested account in a lump-sum. In addition, a participant may qualify for a hardship distribution as defined in the Plan. The payments of benefits under the Plan are governed by IRS Code Section 403(b).

Note 2 - Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Consequently, additions to net assets are recognized when earned and deductions from net assets are recognized when the obligation is incurred.

Investment valuation and income recognition: At July 31, 2022, the Plan's investments were held in various insurance contracts and annuities and various mutual funds and pooled separate accounts. Investments are generally reported at fair value, except for the Plan's fully benefit responsive investment/annuity contracts which are stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the custodians. See Note 5 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date. The net appreciation or depreciation includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation (depreciation) in the fair value of investments.

Excluded contracts and accounts: The Plan administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with DOL FAB 2009-2 due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact has stopped making contributions to the contract or account before January 1, 2009;

Note 2 - Summary of Significant Accounting Policies (continued)

- All the rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer; and
- The individual owner of the contract is fully vested in the contract or account.

Payment of benefits: Benefits are recorded when paid.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities, and disclosures. Accordingly, actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which the adjustments are determined.

Administrative expenses: Certain of the Plan's administrative expenses are paid by the Organization. Other expenses may be paid from Plan assets, which amounted to approximately \$ 6,700 for the Plan year ended July 31, 2022, and deducted from participant accounts in accordance with the Plan document.

Date of management review: Subsequent events have been evaluated by management through May 11, 2023, the date the financial statements were available for issuance.

Note 3 - Information Certified by the Plan's Custodians

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), Newport Trust Company, and Mass Mutual Financial Group (C.M. Life Insurance Company), the custodians/trustees of the Plan assets, have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of July 31, 2022 and 2021; the related investment activity reflected in the accompanying statement of changes in net assets available for benefits for the year ended July 31, 2022; and the information reflected on the accompanying supplemental schedule of assets (held at end of year) as of July 31, 2022.

Note 4 - Cash Receipts and Payments

All contributions to the Plan have been placed in investment companies referred to in Note 3. In addition, there have been net benefit and withdrawal payments of approximately \$ 454,000 to Plan participants during the year ended July 31, 2022.

Note 5 - Fair Value Measurements

FASB ASC No. 820, *Fair Value Measurements and Disclosures* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: *Level 1* inputs consist of unadjusted quoted market prices in active markets for identical investments and have the highest priority; *Level 2* inputs consist of observable inputs other than quoted prices included within Level 1 that are observable for the investments, either directly or indirectly; and *Level 3* inputs are unobservable inputs for the investments and have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

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

Pooled separate accounts: Pooled separate accounts (PSA) are privately managed through investment/insurance companies and are not publicly quoted. PSA's are comprised, primarily, of shares of registered investment companies held through sub-accounts of an insurance company. The PSA's are valued based on the net asset value (NAV) of the underlying mutual funds or securities. The Plan has concluded that the NAVs reported by the custodian companies approximate the fair value of the investments. There are currently no redemption restrictions or unfunded commitments on these investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2022 and 2021:

	Level 1	Level 2	Level 3	Investments Valued at NAV	Total
At July 31, 2022:					
Mutual funds	\$ 3,047,969	\$ -	\$ -	\$ -	\$ 3,047,969
Pooled separate accounts	-	-	-	647,217	647,217
	<u>\$ 3,047,969</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 647,217</u>	<u>\$ 3,695,186</u>
At July 31, 2021:					
Mutual funds	\$ 3,474,097	\$ -	\$ -	\$ -	\$ 3,474,097
Pooled separate accounts	-	-	-	736,775	736,775
	<u>\$ 3,474,097</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 736,775</u>	<u>\$ 4,210,872</u>

Note 6 - Annuity Contracts

The Plan invests in fully benefit-responsive investment contracts (the "Contracts") with Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), and Mass Mutual Financial Group (C.M. Life Insurance Company) (the "Custodians"). The Custodians maintain the contributions in a general account. The account is credited on a net daily basis at annual effective rates.

Note 6 - Annuity Contracts (continued)

Because the Contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits. The Contracts are presented on the face of the accompanying statements of net assets available for benefits at contract value which it is believed by management to approximate fair value in arriving at net assets available for benefits. Contract value, as reported to the Plan by the Custodians, represents generally contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The aggregate contract value of the investment contracts as of July 31, 2022 and 2021 was \$ 3,024,732 and \$ 2,934,298, respectively. The crediting interest rate is agreed upon with the issuer, on a portfolio basis.

Note 7 - Tax Status

The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Plan document.

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

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

Note 9 - Related Party Transactions

Section 3(14) of ERISA defines a party-in-interest to include, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, loans to participants (as applicable) and transactions with investment funds managed and held by the custodians/trustees are considered party-in-interest transactions. As noted in Note 3, Plan investments are managed and held by Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), Newport Trust Company, and Mass Mutual Financial Group (C.M. Life Insurance Company). These parties-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 10 - Risks and Uncertainties

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

The Florida Christian School of Dade Co., Inc.
Retirement Plan
Schedule of Assets (Held at End of Year)
July 31, 2022

Form 5500
Schedule H
Part IV

EIN - 59-1221039
Plan #001

Question 4i - Schedule of Assets (Held at End of Year)

(a) Party-in-Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
*	Life Insurance Company of the Southwest	Annuity Contracts ***	**	\$ 345,358
*	Voya Financial (ReliaStar Life Insurance Company)	Annuity Contracts ***	**	2,507,079
*	Voya Financial (ReliaStar Life Insurance Company)	T. Rowe Price Diversified Mid-Cap Growth	**	82,225
*	Voya Financial (ReliaStar Life Insurance Company)	Russell Large-Cap Growth Index Portfolio	**	77,333
	Fidelity	VIP Index 500 Portfolio	**	200,447
*	Voya Financial (ReliaStar Life Insurance Company)	Invesco Oppenheimer Global Portfolio	**	5,037
*	Voya Financial (ReliaStar Life Insurance Company)	Index Plus Mid-Cap Portfolio	**	12,060
*	Voya Financial (ReliaStar Life Insurance Company)	Small Company Portfolio	**	3,040
*	Voya Financial (ReliaStar Life Insurance Company)	Templeton Foreign Fund	**	9,164
	American Funds Insurance	Growth Fund	**	13,982
	American Funds Insurance	Growth Income Fund	**	19,778
*	Voya Financial (ReliaStar Life Insurance Company)	T. Rowe Price Diversified Mid-Cap Growth Fund	**	1,012
*	Voya Financial (ReliaStar Life Insurance Company)	Global Bond Portfolio - Class S	**	18,360
*	Voya Financial (ReliaStar Life Insurance Company)	Large-Cap Growth Portfolio	**	19,435
	Oppenheimer Funds	Main Street Small & Mid-Cap Value	**	4,690
*	Voya Financial (ReliaStar Life Insurance Company)	Strategic Allocation Growth Portfolio	**	9,498
*	Voya Financial (ReliaStar Life Insurance Company)	Limited Maturity Bond Portfolio	**	19,168

The Florida Christian School of Dade Co., Inc.
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July 31, 2022

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Question 4i - Schedule of Assets (Held at End of Year)

(a) Party-in- Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
*	Voya Financial (ReliaStar Life Insurance Company)	Mid-Cap Opportunities Portfolio	**	8,739
*	Voya Financial (ReliaStar Life Insurance Company)	Small-Cap Opportunities Portfolio	**	7,161
	Neuberger Berman	AMT Sustainable Equity Portfolio	**	22,643
	American Funds Insurance	International Fund	**	18,798
*	Voya Financial (ReliaStar Life Insurance Company)	Large-Cap Growth Portfolio	**	31,604
*	Voya Financial (ReliaStar Life Insurance Company)	High Yield Portfolio	**	1,411
	PIMCO	VIT Real Return Portfolio	**	6,474
*	Voya Financial (ReliaStar Life Insurance Company)	Index Plus Small-Cap Portfolio	**	3,878
*	Voya Financial (ReliaStar Life Insurance Company)	Intermediate Bond Portfolio	**	51,280
*	Vanguard Holdings	500 Index Fund	**	63,452
*	Vanguard Holdings	Balanced Index Fund	**	210,310
*	Vanguard Holdings	Cash Reserves Federal Money	**	345,853
*	Vanguard Holdings	Core Bond Fund Admiral Shares	**	562
*	Vanguard Holdings	Developed Market Index	**	423
*	Vanguard Holdings	Diversified Equity Fund	**	638
*	Vanguard Holdings	Dividend Appreciation Index	**	672
*	Vanguard Holdings	Dividend Growth Fund	**	71,571
*	Vanguard Holdings	Emerging Markets Stock Index Fund	**	3,933
*	Vanguard Holdings	Energy Fund	**	8,195
*	Vanguard Holdings	Equity Income Fund Investor	**	686
*	Vanguard Holdings	Explorer Value Fund	**	2,861
*	Vanguard Holdings	Extended Market Index Fund	**	51,024
*	Vanguard Holdings	Federal Money Market Fund	**	175,454
*	Vanguard Holdings	Global Equity Fund	**	3,999
*	Vanguard Holdings	Growth Index Fund	**	29,145

The Florida Christian School of Dade Co., Inc.
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Question 4i - Schedule of Assets (Held at End of Year)

(a) Party-in- Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
*	Vanguard Holdings	Health Care Fund	**	8,358
*	Vanguard Holdings	High Dividend Yield Index Fund	**	32,718
*	Vanguard Holdings	Intermediate-Term Investment-Grade Fund	**	224
*	Vanguard Holdings	International Explorer Fund	**	2,175
*	Vanguard Holdings	International Growth Fund	**	47,669
*	Vanguard Holdings	Life-Strategy Conservative Growth Fund	**	107,538
*	Vanguard Holdings	Life-Strategy Growth Fund	**	85,709
*	Vanguard Holdings	Life-Strategy Moderate Growth Fund	**	154,953
*	Vanguard Holdings	Long-Term Bond Index Fund	**	16,077
*	Vanguard Holdings	Long-Term Investment-Grade Fund	**	21,026
*	Vanguard Holdings	Long-Term Treasury Fund	**	6,274
*	Vanguard Holdings	Mid-Cap Growth Fund	**	4,357
*	Vanguard Holdings	Mid-Cap Growth Index Fund	**	2,646
*	Vanguard Holdings	Real Estate Index Fund	**	114
*	Vanguard Holdings	Small-Cap Growth Index Fund	**	109
*	Vanguard Holdings	Small-Cap Index Fund	**	41,799
*	Vanguard Holdings	Small-Cap Value Index Fund	**	289
*	Vanguard Holdings	Short-Term Investment-Grade Fund	**	1,731
*	Vanguard Holdings	Short-Term Treasury Fund	**	19,900
*	Vanguard Holdings	Strategic Equity Fund	**	3,252
*	Vanguard Holdings	Target Retirement 2020	**	135,797
*	Vanguard Holdings	Target Retirement 2025	**	16,178
*	Vanguard Holdings	Target Retirement 2030	**	186,238
*	Vanguard Holdings	Target Retirement 2035	**	289,767
*	Vanguard Holdings	Target Retirement 2040	**	452,565

The Florida Christian School of Dade Co., Inc.
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*	Vanguard Holdings	Target Retirement 2045	**	174,833
*	Vanguard Holdings	Target Retirement 2050	**	40,161
*	Vanguard Holdings	Target Retirement 2055	**	40,343
*	Vanguard Holdings	Target Retirement 2060	**	14,009
*	Vanguard Holdings	Target Retirement 2065	**	7,425
*	Vanguard Holdings	Total Bond Market Index Fund	**	14,804
*	Vanguard Holdings	Total International Bond Index	**	113
*	Vanguard Holdings	Total Stock Market Index Fund	**	360
*	Vanguard Holdings	Total World Stock Index Fund	**	4,447
*	Vanguard Holdings	Treasury Money Market Fund	**	4,700
*	Vanguard Holdings	U.S. Growth Fund	**	98,221
*	Vanguard Holdings	Value Index Fund	**	20,272
*	Vanguard Holdings	Wellesley Income Fund	**	412
*	Vanguard Holdings	Wellington Fund	**	5,704
*	Vanguard Holdings	Windsor Fund	**	7,496
*	Vanguard Holdings	Windsor II Fund	**	8,428
*	Mass Mutual Financial	Artistry Variable Annuity ***	**	172,295
				<u>\$ 6,719,918</u>

* Represents party-in-interest.

** Cost information not required for participant directed investments.

*** Presented at contract value.

Note: The information presented has been prepared and certified by Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), Newport Trust Company, and Mass Mutual Financial Group (C.M. Life Insurance Company) as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure.

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