

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>01/01/2021</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)	EVERGLADES COLLEGE, INC. 1900 W. COMMERCIAL BLVD SUITE 180 FT. LAUDERDALE, FL 33309	2b Employer Identification Number (EIN) <u>65-0216638</u> 2c Plan Sponsor's telephone number <u>954-776-4476</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.	09/19/2023	CHRISTOPHER VALLEAU
	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 (2022)
v. 220413

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 2721
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) 2231
a(2) Total number of active participants at the end of the plan year		6a(2) 4096
b Retired or separated participants receiving benefits		6b 8
c Other retired or separated participants entitled to future benefits.....		6c 195
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 4299
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 4301
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 2195
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: 2E 2F 2G 2J 2K 2S 3D 2T		
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) ☐ 0 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGLADES COLLEGE, INC.	D Employer Identification Number (EIN) 65-0216638	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	NONE	191800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	135441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EVERGLADES COLLEGE, INC.		
D Employer Identification Number (EIN) 65-0216638		
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: RELIANCE TRUST STABLE VALUE EMPLOYE		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 46-6350416-001	d Entity code C	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: PUTNAM STABLE VALUE		
b Name of sponsor of entity listed in (a): EMPOWER		
c EIN-PN 04-3159710-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7419240
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA OVERSEAS MYWAYRETIRE INTL		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-4126285-589	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30842
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER BOND TRUST CL R1		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-5420248-291	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1154403
a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL LARGE CAP PORTFOLIO CL		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 20-4705609-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1224019
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. DEBT INDEX 1		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 20-3802445-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2278602
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQUITY INDEX 1		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3734885

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

Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVERGLADES COLLEGE, INC.</u>	D Employer Identification Number (EIN) <u>65-0216638</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	217	0
(2) Participant contributions.....	1b(2)	368	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	2709123	2668638
(9) Value of interest in common/collective trusts.....	1c(9)	5006829	15841991
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	104732880	80800939
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	112449417	99311568

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	112449417	99311568
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3740593	
(B) Participants	2a(1)(B)	7985852	
(C) Others (including rollovers)	2a(1)(C)	432322	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12158767
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	124303	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		124303
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4246172	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4246172
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		-171130
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-21100860
c Other income	2c		-28891
d Total income. Add all income amounts in column (b) and enter total	2d		-4771639
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8038969	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8038969
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	321210	
(3) Investment advisory and management fees	2i(3)	6031	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		327241
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8366210
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-13137849
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: SYMPHONA LLP

(2) EIN: 58-2663273

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		4225289

	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	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGLADES COLLEGE, INC.		D Employer Identification Number (EIN) 65-0216638
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663 65-0708495 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

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

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

EVERGLADES COLLEGE, INC.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY SCHEDULES

December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Trustees, Retirement Plan Committee, and Plan Administrator
Everglades College, Inc. Retirement Savings Plan
Fort Lauderdale, FL

Opinion

We have audited the financial statements of Everglades College, Inc. Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements. In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Everglades College, Inc. Retirement Savings Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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 Everglades College, Inc. Retirement Savings Plan's ability to continue as a going concern for one year from when the financial statements are issued or 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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Auditor's Responsibilities for the Audit of the Financial Statements, continued

Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

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 Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2022 are presented for purposes of additional analysis and are 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Symphona LLP". The signature is written in a cursive, flowing style.

Savannah, Georgia
September 12, 2023

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value		
Mutual funds	\$ 80,800,939	\$ 104,707,201
Money market fund	-	25,679
Collective trust funds	8,422,751	-
Stable value collective trust funds	<u>7,419,240</u>	<u>5,006,829</u>
Total investments, at fair value	<u>96,642,930</u>	<u>109,739,709</u>
Receivables		
Employer contributions	-	217
Participant contributions	-	368
Notes receivable from participants	<u>2,668,638</u>	<u>2,709,123</u>
Total receivables	<u>2,668,638</u>	<u>2,709,708</u>
Total assets	<u>99,311,568</u>	<u>112,449,417</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 99,311,568</u>	<u>\$ 112,449,417</u>

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2022

ADDITIONS	
Investment (loss) income	
Net depreciation of investments	\$ (21,271,990)
Interest on notes receivable	124,303
Dividends	<u>4,246,172</u>
Total investment loss	<u>(16,901,515)</u>
Contributions	
Employer	3,740,593
Participant	7,985,852
Rollover	<u>432,322</u>
Total contributions	<u>12,158,767</u>
Total additions	<u>(4,742,748)</u>
DEDUCTIONS	
Benefits paid to participants	8,038,969
Administrative expenses	327,241
Other	<u>28,891</u>
Total deductions	<u>8,395,101</u>
NET DECREASE	<u>(13,137,849)</u>
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>112,449,417</u>
End of year	<u>\$ 99,311,568</u>

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Everglades College, Inc. Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established on January 1, 2021, is maintained by Everglades College, Inc. (the Company or Sponsor) for the benefit of its eligible employees. The Plan is a defined contribution plan under Sections 401(a) and 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Effective May 2, 2022, the Plan changed recordkeepers and custodians from Slavic401k and Fidelity to Empower Annuity Insurance Company of America (Empower) and Empower Retirement, LLC (Empower Retirement). Empower Retirement is a subsidiary of Empower. Also effective May 2, 2022, the Plan adopted a Empower Retirement non-standardized defined contribution pre-approved plan document, through the execution of an updated adoption agreement.

As part of the change in custodians, in late April and early May 2022, Fidelity transferred all of the Plan's assets directly to Empower. During this time there was a brief blackout period in which participants could not make election changes, withdrawal, and, along with the Plan itself, were unable to perform certain other administrative functions.

Eligibility

From May 1, 2022 and prior, all active employees of the Company, excluding employees covered by a collective bargaining agreement, who had completed 1,000 hours of service within a 12-month period, as defined by the Plan, and were at least 21 years of age, were eligible to participate in the Plan. Participants became eligible to participate on the first Plan entry date (first day of the first calendar quarter) following completion of the eligibility requirements.

Effective May 2, 2022 and beyond, all active employees of the Company, excluding employees covered by a collective bargaining agreement, resident aliens, and residents of Puerto Rico, age 21 and older are eligible to participate in the Plan. Participants become eligible to participate on the first day of the following Plan month once eligibility requirements are completed. Participants must complete 1,000 hours of service within a 12-month period to be eligible for employer safe harbor matching contributions.

Contributions

Eligible employees may elect to contribute, on a pretax basis, up to 100% of their eligible compensation to the Plan, not to exceed the limit under the IRC. Roth contributions of up to 100% of eligible compensation are also permitted by the Plan. In addition, eligible participants are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Effective prior to May 2, 2022, the Company could provide a non-elective discretionary profit sharing contribution and an elective discretionary matching contribution. Effective May 2, 2022, the Company can provide an elective discretionary matching contribution. For the 2022 Plan year, no employer discretionary contributions were made. Contributions are invested in various investment options at the direction of the participants. Investment options include collective trust funds, a stable value fund, and mutual funds.

The Plan is a safe harbor 401(k) plan, which requires the Company to make safe harbor matching contributions. The Company, as required by the Plan, made safe harbor matching contributions equal to 100% of each participants' elective deferral up to and not exceeding 4% of base compensation that a participant contributed to the Plan in 2022. During the year ended December 31, 2022, the Company made safe harbor matching contributions of \$3,740,593 to the Plan. Matching contributions are subject to certain IRC limitations and are deducted every payroll period.

Effective May 2, 2022, the Plan has an automatic deferral arrangement. Participants with a hire date of May 2, 2022 or later are automatically enrolled into the Plan at a deferral of 3% or pretax basis compensation, as defined by the Plan. The automatic deferral arrangement calls for annual automatic deferral increases of 1%, with a maximum deferral of 8%.

EVERGLADES COLLEGE, INC. RETIREMENT SAVNGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 1. DESCRIPTION OF THE PLAN, continued

Vesting

Participants are vested immediately in their voluntary contributions and Company safe harbor matching contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants vest at a rate of 20% per year beginning with the second year of service. Participants become fully vested after six years of service. As of December 31, 2022, no contributions of any kind have been made to the Plan that are subject to vesting.

Participants are considered to have completed one year of service for purpose of vesting upon the completion of 1,000 hours of service at any time during 12 consecutive months.

Participant Accounts

Individual accounts are maintained for each participant's share of the Plan's investment results, the Company's safe harbor matching contributions and discretionary nonelective contributions, and the participant's contributions. Allocations of Plan investment results are based on participant account balances, as defined by the Plan document.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loans are secured by the participant's account balance and bear interest at a reasonable rate of interest as determined by the trustee based on prevailing interest rates charged for similar loans in the loan market. Repayments of the loans are made in substantially equal payroll deductions amortized over the life of the loan. The loan must be repaid within five years unless the loan is used to purchase a primary residence, in which case the repayment period may not extend beyond 15 years from the date of the loan. The principal amount of the loan, together with all accrued interest, shall immediately become due when the participant is no longer employed by the Company. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Forfeitures

Forfeited account balances are utilized to reduce future Company contributions or pay Plan fees. There were no forfeitures as of and for the years ended December 31, 2022 or . In 2022 and 2021, no non-vested amounts were used to pay Plan fees or reduce Company contributions. The Plan currently has a balance of \$83,414 sitting in a forfeiture/asset holding account. The Plan and it's recordkeeper are currently in the process of determining how to allocate that account balance.

Benefit Payments

A participant becomes eligible for benefits at the normal retirement date (age 65), upon termination from the Company, or at the date the participant dies or becomes disabled. In addition, a participant is eligible to receive distributions without termination of employment upon attainment of age 59½ without penalty. May 1, 2022 and prior, a participant received the benefits as a lump-sum distribution, until reaching the age 59½, when partial payments over a specified period of time were permitted. Effective May 2, 2022, distributions may be taken as lump-sum or installments, subject to certain Plan limitations. Participants can elect to receive their distributions directly or as a direct roll-over distribution to another qualified plan. In-service hardship withdrawals are permitted by the Plan.

Administrative Expenses

Certain expenses of the Plan are paid by the Company, with the exception of investment advisory, recordkeeping and management fees, and TPA fees. These expenses are allocated as necessary to each participant's account.

Plan Termination

Although the Company has not expressed any intent to terminate the Plan, the Company has the right to amend, modify or terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, all participant accounts will become 100% vested. These accounts, which are non-forfeitable, will continue to accrue investment earnings until benefits are paid to the participants in accordance with the terms of the Plan.

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 assets, liabilities, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable from Participants

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest. The notes receivable from participants were \$2,668,638 and \$2,709,123 at December 31, 2022 and 2021, respectively, and had interest rates ranging from 4.25-8.00%.

Subsequent Events

Subsequent events have been evaluated for potential recognition and/or disclosure through September 12, 2023. This represents the date the financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

EVERGLADES COLLEGE, INC. RETIREMENT SAVNGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 3. FAIR VALUE MEASUREMENTS, continued

Money market fund: Valued at closing price reported in the active market in which the individual security is traded.

Stable value collective trust funds and collective trust funds: Funds that are valued at the NAV of units of the collective trust as provided to the plan administrator by the trustee of the collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawals from the trust in order to ensure that securities' liquidations will be carried out in an orderly business matter.

The following table sets forth by level, within the fair value hierarchy, the trust investment assets at fair value, as of December 31, 2022. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 80,800,939	\$ -	\$ -	\$ 80,800,939
	<u>\$ 80,800,939</u>	<u>\$ -</u>	<u>\$ -</u>	<u>80,800,939</u>
Investments measured at NAV (a)				<u>15,841,991</u>
Total investment assets at fair value				\$ 96,642,930

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 104,707,201	\$ -	\$ -	\$ 104,707,201
Money market fund	25,679	-	-	25,679
	<u>\$ 104,732,880</u>	<u>\$ -</u>	<u>\$ -</u>	<u>104,732,880</u>
Investments measured at NAV (a)				<u>5,006,829</u>
Total investment assets at fair value				\$ 109,739,709

(a) These funds were measured at NAV per share in accordance with FASB ASC Subtopic 820-10 and have not been classified in the fair value hierarchy. The fair value amounts presented permit reconciliation of the fair value hierarchy to the line item presented in the Statement of Net Assets Available for Benefits.

EVERGLADES COLLEGE, INC. RETIREMENT SAVNGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 3. FAIR VALUE MEASUREMENTS, continued

Fair value of investments in entities that use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022:

	Fair Value December 31, 2021	Fair Value December 31, 2022	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Blackrock EAFE equity index I	\$ -	\$ 3,734,885	N/A	Daily	None
Blackrock US debt index I	\$ -	\$ 2,278,602	N/A	Daily	None
Columbia overseas Mywayretire INTL	\$ -	\$ 30,842	N/A	Daily	None
Diamon Hill large cap portfolio CL	\$ -	\$ 1,224,019	N/A	Daily	None
Pioneer bond trust CL	\$ -	\$ 1,154,403	N/A	Daily	None
Putnam stable value fund	\$ -	\$ 7,419,240	N/A	Daily	None
Reliance stable value fund	\$ 5,006,829	\$ -	N/A	Daily	None

Investment strategy of Putnam and Reliance Stable Value Collective Trust Funds

The primary investment objectives of the collective trust funds is to seek to preserve principal and maintain a stable credit rating that is responsive to changes in interest rates.

Investment strategy of Pioneer Bond Trust

The trust seeks current income and total return. The Fund invests primarily in debt securities issued or guaranteed by the U.S. governments or its agencies or instrumentalities; debt securities, including convertible debt securities, of corporate and other issuers rated at least investment-grade at the time of investment, and comparably rated commercial paper; and cash and cash equivalents such as CDs, repurchase agreements maturing in one week or less, and bankers' acceptances.

Investment strategy of BlackRock US Debt Index Fund

The fund seeks to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the Bloomberg U.S. Aggregate Bond Index. To implement this objective, the fund will be invested in the U.S. Debt Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

Investment strategy of BlackRock EAFE Index Fund

The fund seeks to achieve investment results that are similar to the price and yield performance, before fees and expenses, of the MSCI EAFE Index. To implement this objective, the Fund will be invested in the EAFE Equity Index Fund F (the "Underlying Fund") managed by BlackRock Institutional Trust Company, N.A.

Investment strategy of Diamond Hill Large Cap Fund

The fund seeks to have 40-60 total positions, with a maximum size of 7%. Top 10 holdings and greater than 30% of net assets, maximum industry exposure and sector exposure are 20% and 30%, respectively. Typically invests in companies with market capitalization of \$5 billion or greater.

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 3. FAIR VALUE MEASUREMENTS, continued

Investment strategy of Columbia Overseas MyWayRetirement Value

The Fund seeks to generate long-term capital appreciation by investing in equity securities of foreign companies that have market capitalizations of more than \$1 billion at the time of purchase. To implement this objective, the entire Fund is expected to be invested in the Columbia Trust Overseas Value Fund, a fund of the Ameriprise Trust Company Collective Investment Trust.

NOTE 4. TAX STATUS

Through May 1, 2022, the Plan was a non-standardized prototype plan sponsored by Slavic401k which obtained an opinion letter dated June 30, 2020, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the applicable requirements of the IRC. Effective May 2, 2022, the Plan adopted a non-standardized pre-approved profit sharing plan sponsored by Empower Retirement, which obtained an opinion letter dated June 30, 2020, in which the IRS stated that the Plan, as designed, was in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

FASB requires the Plan Administrator to annually evaluate the Plan's tax positions, including accounting and measurement of uncertain tax positions. For the year ending December 31, 2022, the Plan Administrator concluded that no uncertain tax positions had been taken that would require adjustment to or disclosure in the financial statements. The Plan is currently subject to income tax examinations by the federal, state, or local tax authorities for its 2021 Form 5500, as it was the first and only filed by the Plan.

NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments consisting of a money market fund and certain shares of mutual funds were managed by Fidelity. Fidelity was the custodian until May 1, 2022, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Slavic401k provided recordkeeping and other third-party administrator (TPA) services to the Plan through May 1, 2022, which also qualify as party-in-interest transactions. Empower started providing recordkeeping, custodial, and other TPA services May 2, 2022. These transactions qualify as party-in-interest transactions.

No direct compensation was paid to Fidelity for the year ended December 31, 2022. During the year ended December 31, 2022, the Plan paid indirect compensation to Fidelity. The Plan paid indirect compensation to Empower, as well as direct compensation of \$191,800 and \$135,441 to Empower and Slavic401k, respectively for recordkeeping and other TPA services during 2022.

Notes receivable from participants also qualify as party-in-interest transactions.

NOTE 6. PLAN TERMINATION

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

NOTE 7. 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 statement of net assets available for benefits.

EVERGLADES COLLEGE, INC. RETIREMENT SAVNGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 8. PROHIBITED TRANSACTIONS AND DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2022, the Company inadvertently failed to deposit \$2,248,505 of participant contributions within the required timeframe as stated by the United States Department of Labor regulations. To correct this failure for the year, the Company will deposit the lost earnings to participant accounts. The Company also plans to file Form 5330 and pay the applicable excise tax in late 2023 or early 2024. The excise tax payments will be paid from the Plan Sponsor's assets and not from the assets of the Plan.

During 2021, the Company inadvertently failed to deposit \$1,976,984 of participant contributions within the required timeframe as stated by the United States Department of Labor regulations. To correct this failure for the year, the Company deposited the lost earnings to participant accounts. To correct this failure for the year, the Company will deposit the lost earnings to participant accounts. The Company also plans to file Form 5330 and pay the applicable excise tax in late 2023 or early 2024. The excise tax payments will be paid from the Plan Sponsor's assets and not from the assets of the Plan.

NOTE 9. 2021 FORM 5500 LATE FILING

The Plan's deadline to file its 2021 Form 5500 with the United States Department of Labor (DOL) and IRS was February 15, 2023, as extended by Florida disaster relief. The Plan filed its 2021 Form 5500 in March 2023 and entered the Delinquent Filer Voluntary Compliance Program (DFVCP), as prescribed by the DOL. The Plan Sponsor paid all penalties, interest, and fees associated with the program to rectify the late filing.

NOTE 10. SUBSEQUENT EVENTS

Effective August 2023, the Plan replaced one of its trustees and the Plan Administrator, which are both filled by the role of the Chief Financial Officer/Treasurer of the Company.

SUPPLEMENTARY SCHEDULES

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2022
EIN: 65-0216638 PLAN: 001

Year	Participant Contributions Transferred Late to Plan	<u>Total That Constitute Nonexempt Prohibited Transactions</u>			Totally Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	<u>\$ 2,248,505</u>	<u>\$ 2,248,505</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2021	<u>\$ 1,976,984</u>	<u>\$ 1,976,984</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022
EIN: 65-0216638 PLAN: 001

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	AllianceBernstein	AB SMALL CAP GROWTH Z		436,396
	Allspring	ALLSPRING SPECIAL MID CAP VALUE R6	N/A	1,330,971
	American Century	AMERICAN CENTURY SMALL CAP VALUE R6	N/A	711,742
	American Funds	AMERICAN FUNDS 2010 TRGT DATE RETIRE R6	N/A	3,610,908
	American Funds	AMERICAN FUNDS 2015 TRGT DATE RETIRE R6	N/A	700,804
	American Funds	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	N/A	8,484,019
	American Funds	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	N/A	2,685,366
	American Funds	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	N/A	12,266,073
	American Funds	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	N/A	4,003,856
	American Funds	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	N/A	11,480,638
	American Funds	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	N/A	3,548,955
	American Funds	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	N/A	7,103,568
	American Funds	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	N/A	685,538
	American Funds	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	N/A	211,162
	American Funds	AMERICAN FUNDS 2065 TRGT DATE RETIRE R6	N/A	237,364
	American Funds	AMERICAN FUNDS AMERICAN BALANCED R6	N/A	509,215
	American Funds	AMERICAN FUNDS NEW WORLD R6	N/A	563,755
	Blackrock	BLACKROCK MID-CAP GROWTH EQUITY K	N/A	951,752
	Cohen & Steers	COHEN & STEERS REAL ESTATE SECURITIES Z	N/A	885,693
	DFA	DFA INFLATION-PROTECTED SECURITIES I	N/A	309,567
*	Fidelity	FIDELITY 500 INDEX	N/A	7,761,189
	MFS	MFS GROWTH R6	N/A	4,670,972
	Morgan Stanley	MORGAN STANLEY INST INTL ADVTG I	N/A	143,218
	PGIM	PGIM HIGH-YIELD R6	N/A	715,581
	PIMCO	PIMCO INT BOND (USD-HEDGED) INST	N/A	468,250
	Vanguard	VANGUARD MID CAP INDEX ADMIRAL	N/A	2,254,897
	Vanguard	VANGUARD SMALL CAP INDEX ADM	N/A	1,645,106
	Vanguard	VANGUARD TOTAL STOCK MKT IDX ADM	N/A	2,424,384
		Total mutual funds		<u>\$ 80,800,939</u>
	Putnam	PUTNAM STABLE VALUE FUND		7,419,240
	Blackrock	BLACKROCK EAFE EQUITY INDEX 1		3,734,885
	Blackrock	BLACKROCK U.S. DEBT INDEX 1		2,278,602
	Columbia	COLUMBIA OVERSEAS MYWAYRETIRE INTL VALUE		30,842
	Diamond Hill	DIAMOND HILL LARGE CAP PORTFOLIO CL R1		1,224,019
	Pioneer	PIONEER BOND TRUST CL R1		1,154,403
		Total collective trust funds	N/A	<u>\$ 15,841,991</u>
*	Plan Participants	Notes receivable from participants (4.25%-8.00%)	N/A	<u>\$ 2,668,638</u>

* - Represents a party-in-interest.
See independent auditor's report.

EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2022
EIN: 65-0216638 PLAN: 001

Year	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Totally Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	<u>\$ 2,248,505</u>	<u>\$ 2,248,505</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2021	<u>\$ 1,976,984</u>	<u>\$ 1,976,984</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Everglades College, Inc. Retirement Savings Plan

01-APR-22 to 31-DEC-22

22-JAN-23 15:17:08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RFTTX			3,812,368.39	3,610,908.60
1RFJTX			743,775.04	700,803.92
1RRCTX			9,047,647.29	8,484,019.06
1RFDTX			2,870,354.54	2,685,366.31
1RFETX			13,256,318.16	12,266,073.06
1RFFTX			4,369,296.23	4,003,856.08
1RFGTX			12,697,184.78	11,480,638.38
1RFHTX			3,936,245.63	3,548,955.16
1RFITX			7,925,673.71	7,103,567.82
1RFKTX			758,525.87	685,537.87
1RFUTX			230,500.81	211,161.86
1RFVTX			257,909.34	237,364.03
1RNWGX			594,139.84	563,754.65
1WTCORJ			28,559.47	30,841.70
1MFAIX			161,821.79	143,217.80
1BREAI1			3,708,610.80	3,734,884.74
1CSZIX			1,054,112.45	885,693.39
1QUAZX			492,085.35	436,395.82
1ASVDX			763,886.83	711,741.88
1VSMAX			1,744,120.77	1,645,105.59
1BMGKX			1,089,626.53	951,752.13
1VIMAX			2,407,733.09	2,254,896.76
1WFPRX			1,396,709.66	1,330,971.31
1DHLCR2			1,262,389.59	1,224,019.42
1FXAIX			8,335,088.19	7,761,188.63
1MFEKX			5,292,141.22	4,670,971.96
1VTSAX			2,592,694.64	2,424,383.87
1RLBGX			507,676.85	509,215.42
1BRUSD1			2,350,298.53	2,278,601.58
1DIP SX			327,366.04	309,567.38
1PFORX			497,069.62	468,249.62
1PIO191			1,201,197.40	1,154,403.32
1PHYQX			763,438.52	715,580.95
1PCSV25			7,335,826.76	7,335,826.76
			103,812,393.73	96,559,516.83
PARTICIPANT LOANS	VARIOUS	4.250-8.000	2,665,276.92	2,668,637.57
FORFEITURES			83,413.65	83,413.65

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Everglades College, Inc. Retirement Savings Plan

01-APR-22 to 31-DEC-22

22-JAN-23 15:17:08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RFTTX American Funds 2010 Trgt Date Retire R6
 1RRCTX American Funds 2020 Trgt Date Retire R6
 1RFETX American Funds 2030 Trgt Date Retire R6
 1RFGTX American Funds 2040 Trgt Date Retire R6
 1RFITX American Funds 2050 Trgt Date Retire R6
 1RFUTX American Funds 2060 Target Date Ret R6
 1RNWGX American Funds New World R6
 1MFAIX Morgan Stanley Inst Intl Advtg I
 1CSZIX Cohen & Steers Real Estate Securities Z
 1ASVDX American Century Small Cap Value R6
 1BMGKX BlackRock Mid-Cap Growth Equity K
 1WFPRX Allspring Special Mid Cap Value R6
 1FXAIX Fidelity 500 Index
 1VTSAX Vanguard Total Stock Mkt Idx Adm
 1BRUSD1 Blackrock U.S. Debt Index 1
 1PFORX PIMCO Int Bond (USD-Hedged) Inst
 1PHYQX PGIM High-Yield R6

1RFJTX American Funds 2015 Trgt Date Retire R6
 1RFDTX American Funds 2025 Trgt Date Retire R6
 1RFFTX American Funds 2035 Trgt Date Retire R6
 1RFHTX American Funds 2045 Trgt Date Retire R6
 1RFKTX American Funds 2055 Trgt Date Retire R6
 1RFVTX American Funds 2065 Target Date Fund R6
 1WTCORJ Columbia Overseas MyWayRetire Intl Value
 1BREA11 Blackrock EAFE Equity Index 1
 1QUAZX AB Small Cap Growth Z
 1VSMAX Vanguard Small Cap Index Adm
 1VIMAX Vanguard Mid Cap Index Admiral
 1DHLCR2 Diamond Hill Large Cap Portfolio CL R1
 1MFEKX MFS Growth R6
 1RLBGX American Funds American Balanced R6
 1DIPSX DFA Inflation-Protected Securities I
 1PIO191 Pioneer Bond Trust CL R1
 1PCSV25 Putnam Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year