

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 01/01/2022 and ending 12/31/2022	
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 SANTA FE PREPARATORY SCHOOL DC RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1967
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) SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE CRUZ BLANCA SANTA FE, NM 87505	2b Employer Identification Number (EIN) 85-0165745 2c Plan Sponsor's telephone number 505-982-1829 2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	BRUCE SACHS
	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		5 255
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 174
a(2) Total number of active participants at the end of the plan year		6a(2) 234
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 74
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 308
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 308
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 174
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 2K 2M 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 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 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan SANTA FE PREPARATORY SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SANTA FE PREPARATORY SCHOOL	D Employer Identification Number (EIN) 85-0165745

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	314437	95	01/01/2022	12/31/2022

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	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	3103522
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4299577

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

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

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

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

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

b	Balance at the end of the previous year	7b	3860476
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c	Additions: (1) Contributions deposited during the year	7c(1)	0
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	132754
	(4) Transferred from separate account.....	7c(4)	1672819
	(5) Other (specify below)	7c(5)	0

(6) Total additions.....	7c(6)	1805573
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	5666049
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	871525
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	1691002
(4) Other (specify below)	7e(4)	0

(5) Total deductions.....	7e(5)	2562527
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3103522
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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.	10b	

Specify nature of costs.

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan SANTA FE PREPARATORY SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SANTA FE PREPARATORY SCHOOL	D Employer Identification Number (EIN) 85-0165745

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 EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	504188-01	2	01/01/2022	12/31/2022

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	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	1356
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 571

c	Additions: (1) Contributions deposited during the year	7c(1)	777	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	7	
	(4) Transferred from separate account.....	7c(4)	1	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions..... **7c(6)** 785

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 1356

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	1
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions..... **7e(5)** 1

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1355

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
		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 SANTA FE PREPARATORY SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SANTA FE PREPARATORY SCHOOL	D Employer Identification Number (EIN) 85-0165745	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
EMPOWER ANNUITY INS. CO. OF AMERICA	8515 EAST ORCHARD GREENWOOD VILLAGE, CO 80111
84-0467907	

(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	
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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)

CLIFTONLARSONALLEN WEALTH ADVISORS

3077 W. JEFFERSON ST., STE 105
JOLIET, IL 60435

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	25530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	14442	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MAP RETIREMENT USA LLC

W6180 AEROTECH DR
APPLETON, WI 54914

86-3678481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	1050	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.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SANTA FE PREPARATORY SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SANTA FE PREPARATORY SCHOOL	D Employer Identification Number (EIN) 85-0165745	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347547
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>SANTA FE PREPARATORY SCHOOL DC RETIREMENT 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>SANTA FE PREPARATORY SCHOOL</u>		D Employer Identification Number (EIN) <u>85-0165745</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)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	525	525
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	81893	51895
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	511806	347547
(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)	13262459	11036676
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3864987	3103522
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17721670	14540165

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	17721670	14540165
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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)	303840	
(B) Participants	2a(1)(B)	480924	
(C) Others (including rollovers)	2a(1)(C)	46815	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		831579
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)	3776	
(F) Other	2b(1)(F)	132754	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		136530
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		38034
(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)		-2217455
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1211312
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1867722	
(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)		1867722
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		26093
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	76798	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		76798
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1970613
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3181925
l Transfers of assets:			
(1) To this plan	2l(1)		420
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LOFTIS & LOVATO GROUP, LLC**

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

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan SANTA FE PREPARATORY SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SANTA FE PREPARATORY SCHOOL	D Employer Identification Number (EIN) 85-0165745

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): 13-1624303 84-0467907 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 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
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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 _____

October 13, 2023

To the Board of Trustees of
the Santa Fe Preparatory School DC Retirement Plan

We have audited the financial statements of Santa Fe Preparatory School DC Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), for the year ended December 31, 2022, and we will issue our report thereon dated October 13, 2023. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated July 18, 2023. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2022. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no significant estimates affecting the financial statements.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

The disclosure of information prepared and certified by the custodians in Note 4 to the financial statements.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 13, 2023.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

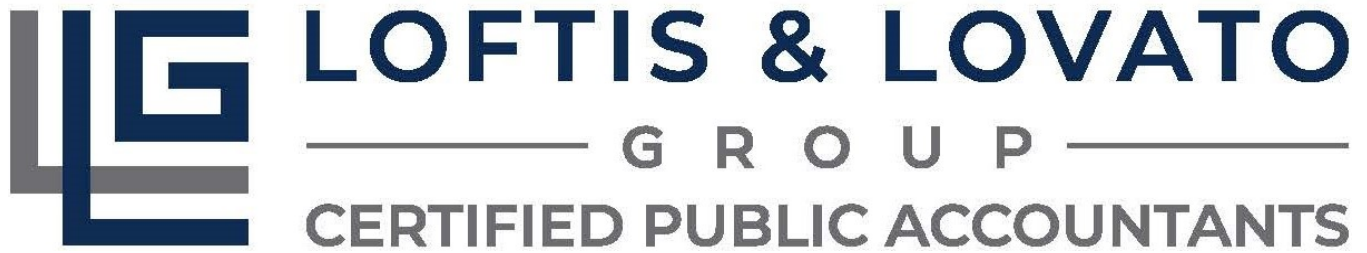
With respect to the ERISA-required supplemental schedule accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the ERISA-required supplemental schedule to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of Board of Trustees and Management of Santa Fe Preparatory School DC Retirement Plan and is not intended to be, and should not be, used by anyone other than these Santa Fe Preparatory School DC Retirement Plan specified parties.

Very truly yours,

A handwritten signature in black ink, appearing to read "NLR" followed by a stylized flourish or signature mark.

Loftis & Lovato Group



Santa Fe Preparatory School DC Retirement Plan

Financial Statements
and
Independent Auditor's Report

December 31, 2022 and 2021

Santa Fe Preparatory School DC Retirement Plan

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Independent Auditor's Report

Trustees and Management of the
Santa Fe Preparatory School DC Retirement Plan

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

We have performed audits of the accompanying financial statements of the Santa Fe Preparatory School DC 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 December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, 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 and for the years ended December 31, 2022 and 2021, stating that certified investment information, as described in Note 4 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the 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 judgement made by a reasonable user based on the financial statements.

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and related 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 Regulation for Reporting and Disclosure under ERISA.

In our opinion –

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

Loftis & Lovato Group

Albuquerque, New Mexico

October 12, 2023

Financial Statements

Santa Fe Preparatory School DC Retirement Plan
Statements of Net Assets Available for Benefits
December 31,

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value	\$ 14,083,326	\$ 16,797,801
Investments, at contract value	404,944	836,934
Receivables		
Notes receivable from participants	<u>51,895</u>	<u>81,893</u>
Total Assets	<u>\$ 14,540,165</u>	<u>\$ 17,716,628</u>
Net assets available for benefits	<u>\$ 14,540,165</u>	<u>\$ 17,716,628</u>

Santa Fe Preparatory School DC Retirement Plan
Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31,

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (2,283,896)	\$ 587,461
Interest and dividends	<u>240,853</u>	<u>1,207,597</u>
Total investment income (loss)	<u>(2,043,043)</u>	<u>1,795,058</u>
Contributions		
Participants'	464,587	461,502
Employer	311,536	300,886
Rollover	<u>50,738</u>	<u>78,872</u>
Total contributions	<u>826,861</u>	<u>841,260</u>
Total additions (loss)	<u>\$ (1,216,182)</u>	<u>\$ 2,636,318</u>
Deductions from net assets attributed to		
Benefits paid to participants and beneficiaries	\$ 1,921,040	\$ 1,130,624
Administrative expenses	<u>39,241</u>	<u>40,670</u>
Total deductions	<u>1,960,281</u>	<u>1,171,294</u>
Increase (decrease) in net assets available for benefits	(3,176,463)	1,465,024
Net assets available for benefits, beginning of year	<u>17,716,628</u>	<u>16,251,604</u>
Net assets available for benefits, end of year	<u>\$ 14,540,165</u>	<u>\$ 17,716,628</u>

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

1) Description of Plan

The Santa Fe Preparatory School DC Retirement Plan (the "Plan") was established on January 1, 1967, and most recently amended effective January 1, 2013, for the benefit of the employees of Santa Fe Preparatory School (the "School"). The School acts as the Plan sponsor and administrator. Participants should refer to the Plan document for a more complete description of the Plan.

General

The Plan is a defined contribution plan covering all employees of the School except for employees who are normally credited with fewer than 20 hours of service per week. Eligible employees can make elective deferral contributions immediately upon date of hire. After completing the service hours requirement as defined by the Plan the employees become eligible for matching and non-elective contributions. Employees may elect not to participate in the salary deferral program. The Plan entry dates are immediate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants are allowed to contribute up to 100% of compensation up to the legally allowed limit. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions up to the legally allowed limit. Participants may also contribute amounts representing distributions from other qualified plans. For the years ended December 31, 2022 and 2021 the employer matching contribution for eligible employee salary deferrals was as follows: for employees with less than ten years of service up to 6% of employee compensation and for employees with 10 years or more of service up to 7.5% of employee compensation.

Administrative Expenses

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

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

1) Description of Plan — continued

Participant Accounts

Each participant's account is credited with the participant and employer contributions, account earnings, gains and losses. Allocations of employer contributions are based on employee contributions made during the Plan year. Employees can direct their accounts to be invested in any combination of available funds.

Vesting

Employees are immediately vested in their contributions and matching contributions plus actual earnings thereon.

Investment Options

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

Payment of Benefits

Benefits may be paid to a participant or beneficiary upon the following events: death, disability, termination of employment, or attaining age 59 ½ as defined in the Plan. In addition, a participant may qualify for a hardship distribution as defined in the Plan. The payment of benefits under the Plan is governed by IRS Code 403(b) and the investment contract distribution restrictions.

Notes Receivable from Participants

Under the Teacher Annuity Association of America and College Retirement Equities Fund (TIAA-CREF) recordkeeping system, the loans offered were referred to as "Plan Loans," however; these loans were issued directly from funds owned by TIAA-CREF and not from a participant's account. Therefore, there were no plan loans accounted for by the Plan and included in Plan assets for any investments held by TIAA-CREF.

Participants are able to borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Loan repayment terms cannot exceed five years. The loans bear interest at a prime rate plus two percent (2%). Payments will be made through payroll deduction every pay period. Loans become payable in full upon the participant's termination of employment.

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

2) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the Plan's valuation policies.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Tax Status

The Plan is operating as a tax-exempt Plan under a volume submitter 403(b) Plan document. The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2017 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operation, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2019.

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

2) Summary of Significant Accounting Policies – continued

Estimates

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

Date of Management's Review

Subsequent events were evaluated through October 12, 2023, which is the date the financial statements were available to be issued.

3) Investments

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

	<u>2022</u>	<u>2021</u>
Registered investment company shares	\$ 11,037,201	\$ 13,262,455
Pooled separate account	347,547	511,806
Fixed annuity contracts	<u>3,103,522</u>	<u>3,860,474</u>
Total investments	<u>\$ 14,488,270</u>	<u>\$ 17,634,735</u>

The Plan's investments depreciated in value by approximately \$2,284,000 and appreciated in value by approximately \$587,000 for the years ended December 31, 2022 and 2021, respectively.

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

4) Information Prepared and Certified by the Custodians

The following information included in the accompanying financial statements for the years ended December 31, 2022 and 2021 and the supplemental schedule as of December 31, 2022 were obtained from data that has been prepared and certified as complete and accurate by TIAA-CREF and Great West Trust Company LLC (Great West), the custodians, as of December 31:

	2022	2021
Registered investment company shares	\$ 11,037,201	\$ 13,262,455
Pooled separate account	347,547	511,806
Fixed annuity contracts	3,103,522	3,860,474
	<u>\$ 14,488,270</u>	<u>\$ 17,634,735</u>
Investment income (loss)	<u>\$ (2,043,043)</u>	<u>\$ 1,795,058</u>

5) Fair Value Measurement

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

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

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

5) Fair Value Measurement – continued

because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Fair Value Measurements – Inputs to valuation methodology include discounted cash flow and theoretical transfer (exit value). Unobservable inputs include the application of a risk-adjusted discount rate.

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.

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

Registered Investment Company Shares – Valued at the net asset value of shares held by the Plan at the end of each day, which is determined by quoted prices in an active market.

Pooled Separate Account – Consists of investments in real estate properties and real estate-related investments whose value is principally derived from the market value of the underlying real estate holdings or other real estate investments.

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

5) Fair Value Measurement – continued

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

	Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)
December 31, 2022		
Registered investment company shares	\$ 11,037,201	\$ 11,037,201
Fixed annuity contracts	2,698,578	2,698,578
Pooled separate account	347,547	347,547
Total	<u>\$ 14,083,326</u>	<u>\$ 14,083,326</u>
December 31, 2021		
Registered investment company shares	\$ 13,262,455	\$ 13,262,455
Fixed annuity contracts	3,023,540	3,023,540
Pooled separate account	511,806	511,806
Total	<u>\$ 16,797,801</u>	<u>\$ 16,797,801</u>

6) Investment Contract

The Plan has a variable annuity investment contract with TIAA-CREF. TIAA-CREF maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

For investment contracts that are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. These contracts are included in the financial statements at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. At December 31, 2022 and 2021, one of the Plan's investment contracts is fully benefit responsive.

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

6) Investment Contract – continued

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the non-benefit responsive fixed annuity contract at December 31, 2022 and 2021, was approximately \$2,699,00 and \$3,023,400, respectively. The contract value of the benefit responsive fixed annuity contract at December 31, 2022 and 2021, was approximately \$405,000 and \$837,000, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, at December 31, 2022 and 2021, it was 1.04% and 3%, respectively. Such interest rates are reviewed on an annual basis for resetting. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the custodial account to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

7) Related Party Transactions

Certain Plan investments are issued or managed by TIAA-CREF therefore these transactions qualify as party-in-interest.

8) Plan Termination

Although it has not expressed any intent to do so, the sponsors have the right to terminate the Plan subject to the provisions of ERISA.

Santa Fe Preparatory School DC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

9) Risks and Uncertainties

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

10) Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. The reclassifications had no effect on total assets, net assets available for benefits or changes in net assets available for benefits.

Supplemental Schedule

Santa Fe Preparatory School DC Retirement Plan
Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 85-0165745, Plan Number 001
December 31, 2022

Party in Interest	Description of Investment	Current Value
*	TIAA Traditional Non Benefit Responsive	\$ 2,698,578
*	CREF Stock R1	1,243,439
	Vanguard Target Retirement 2040	1,430,364
	Vanguard Target Retirement 2030	1,323,256
	Vanguard Target Retirement 2035	1,062,684
	Vanguard Target Retirement 2025	1,005,229
	Vanguard Target Retirement 2020	682,552
*	CREF Global Equities R1	586,077
	Vanguard Target Retirement 2045	443,583
*	TIAA Traditional Benefit Responsive	404,944
*	TIAA Real Estate	347,547
	Vanguard Target Retirement 2050	294,062
*	CREF Equity Index R1	272,563
*	CREF Social Choice R1	265,080
*	CREF Growth R1	218,681
	Vanguard Target Retirement 2055	210,926
*	CREF Money Market R1	183,456
*	CREF Bond Market R1	181,403
*	TIAA Access Intl Equity T4	151,132
*	TIAA Access Lifecycle 2035 T4	150,778
	Vanguard Target Ret Income Inv	144,129
*	CREF Inflation-Linked Bond R1	131,130
*	TIAA Access Lg-Cap Val T4	113,615
*	TIAA Access Lifecycle 2040 T4	107,795
	Vanguard Target Retirement 2060	106,506
*	TIAA Access Mid-Cap Val T4	58,301
	DFA Emerging Markets Core Equity I	48,922
	Vanguard Mid-Cap Growth Index Admiral	41,764
*	TIAA Access Lifecycle 2025 T4	40,865
	Vanguard Total Stock Mkt Idx Adm	40,859
	DFA US Small Cap Growth Instl	38,851
*	TIAA Access Real Est Secs T4	37,781
*	TIAA Access Lifecycle 2020 T4	35,608

Santa Fe Preparatory School 403(b) Plan
Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
- continued
EIN: 85-0165745, Plan Number 001
December 31, 2022

Party in Interest	Description of Investment	Current Value
	Vanguard Total Intl Stock Index Admiral	33,334
*	TIAA Access Quant Sml Cp Eq T4	32,815
	Vanguard 500 Index Admiral	32,359
	DFA US Small Cap Value I	30,304
*	TIAA Access Core Bond Plus T4	28,183
*	TIAA Access Mid-Cap Gr T4	27,384
	DFA Real Estate Securities I	27,253
*	TIAA Access Lifecycle 2015 T4	26,062
*	TIAA Access Lifecycle 2045 T4	24,324
*	TIAA Access Sm-Cap BI Idx T4	23,823
	DFA Inflation-Protected Securities	20,022
	DFA International Large Cap Growth	19,689
	DFA US Small Cap	14,294
	DFA US Large Cap Value I	14,014
	DFA International Core Equity I	11,774
*	TIAA Access Lg-Cap Gr T4	4,040
*	TIAA Access Equity Index T4	3,921
*	TIAA Access Social Ch Eq T4	3,774
	DFA US Core Equity 2	2,954
*	Guaranteed Interest Fund	1,881
	Vanguard Target Retirement 2065 Inv	964
*	DFA Investment Grade I	789
	DFA Five Year Global Fixed Income	513
	DFA Short-Term Extended Quality Instl	509
	DFA International Value I	419
	DFA International Small Cap Value	412
		<u>\$ 14,488,270</u>
		<u>Cost</u>
*	Participant Loans, 4 loans, interest rates from 5.25% to 7.50%, maturities ranging from September 2024 to September 2026	\$ -
		51,895
		<u>\$ 14,540,165</u>

Year End: December 31, 2022

Trial balance

L/S: A To SS

Prepared by	Reviewed by	Reviewed by
MC 7/20/2023		NL 8/21/2023

TB

Account	Prelim	Adj's	Reclass	Rep	Annotation	Rep 12/21	%Chg
A Cash	0.00	0.00	0.00	0.00		0.00	0
1300 Contributions Receivable - Employer	0.00	0.00	0.00	0.00		0.00	0
B-1 Receivable - Employer contributions	0.00	0.00	0.00	0.00		0.00	0
1310 Contributions Receivable - Employee	0.00	0.00	0.00	0.00		0.00	0
B-2 Receivable - Participant contributions	0.00	0.00	0.00	0.00		0.00	0
1320 Loan Receivable-Empower	78,782.92	(26,888.00)	0.00	51,894.92		81,893.26	(37)
B-3 Participant loans receivable	78,782.92	(26,888.00)	0.00	51,894.92	FS	81,893.26	(37)
2000 Excess Contributions Payable	0.00	0.00	0.00	0.00		0.00	0
BB-1	0.00	0.00	0.00	0.00		0.00	0
1530 Guaranteed Interest Fund	1,350.60	530.00	0.00	1,880.60		565.16	233
1600 Vanguard Target Retirement 2055	210,926.31	0.00	0.00	210,926.31		237,811.80	(11)
1601 Vanguard Target Retirement 2050	294,061.84	0.00	0.00	294,061.84		348,715.66	(16)
1602 Vanguard Target Retirement 2040	1,430,364.45	0.00	0.00	1,430,364.45		1,517,124.40	(6)
1603 Vanguard Target Retirement 2030	1,323,255.67	0.00	0.00	1,323,255.67		1,490,171.17	(11)
1604 Vanguard Target Retirement 2045	443,583.29	0.00	0.00	443,583.29		468,307.05	(5)
1605 Vanguard Target Retirement 2035	1,062,684.36	0.00	0.00	1,062,684.36		1,137,363.17	(7)
1606 Vanguard Target Retirement 2060	106,505.51	0.00	0.00	106,505.51		77,841.80	37
1607 Vanguard Target Retirement 2025	1,005,228.83	0.00	0.00	1,005,228.83		1,207,632.24	(17)
1608 Vanguard Target Retirement 2020	682,552.05	0.00	0.00	682,552.05		1,146,841.62	(40)
1609 Vanguard Target Retirement 2015	0.00	0.00	0.00	0.00		186,058.51	(100)
1610 DFA Emerging Markets Core Equity I	48,921.60	0.00	0.00	48,921.60		40,797.98	20
1611 DFA International Core Equity I	11,773.71	0.00	0.00	11,773.71		12,476.66	(6)
1612 DFA International Large Cap Growth	19,688.70	0.00	0.00	19,688.70		17,943.60	10
1613 Vanguard Total Intl Stock Index Admiral	0.00	0.00	0.00	0.00		0.00	0
1614 DFA Real Estate Securities I	27,253.10	0.00	0.00	27,253.10		35,892.55	(24)
1615 DFA US Small Cap	14,293.98	0.00	0.00	14,293.98		13,849.85	3
1616 DFA US Small Cap Growth Instl	38,851.25	0.00	0.00	38,851.25		44,056.79	(12)
1617 Vanguard Mid-Cap Growth Index Admiral	41,764.18	0.00	0.00	41,764.18		51,580.35	(19)
1618 DFA US Large Cap Value I	14,014.03	0.00	0.00	14,014.03		14,315.48	(2)
1619 Vanguard 500 Index Admiral	32,359.06	0.00	0.00	32,359.06		34,039.16	(5)
1620 Vanguard Total Stock Mkt Idx Adm	40,858.76	0.00	0.00	40,858.76		48,284.28	(15)
1621 DFA Investment Grade I	789.18	0.00	0.00	789.18		204.44	286
1623 Vanguard Target Ret Income Inv	144,129.18	0.00	0.00	144,129.18		0.00	0
1624 Vanguard Ttl Bd Mkt Idx Adm	0.00	0.00	0.00	0.00		0.00	0
1625 DFA Short-Term Extended Quality Instl	509.09	0.00	0.00	509.09		127.70	299
1626 DFA One-Year Fixed income I	0.00	0.00	0.00	0.00		0.00	0
1627 DFA Five Year Global Fixed Income	513.10	0.00	0.00	513.10		127.37	303
1628 DFA Inflation-Protected Securities	20,021.75	0.00	0.00	20,021.75		7,774.45	158
1629 DFA International Small Cap Value	411.52	0.00	0.00	411.52		102.63	301
1630 DFA International Value I	419.05	0.00	0.00	419.05		103.51	305
1631 DFA US Core Equity 2	2,953.61	0.00	0.00	2,953.61		810.75	264
1632 DFA US Small Cap Value I	30,304.13	0.00	0.00	30,304.13		30,952.22	(2)
1633 Vanguard Total Intl Stock Index Admiral	33,334.36	0.00	0.00	33,334.36		36,518.65	(9)
1635 Vanguard Target Retirement 2065 Inv	964.05	0.00	0.00	964.05		0.00	0
N-1 Registered investment company shares	7,084,640.30	530.00	0.00	7,085,170.30	1	8,208,391.00	(14)
1502 CREF Stock R1	1,243,438.96	0.00	0.00	1,243,438.96		1,733,198.92	(28)
1503 CREF Money Market R1	183,456.40	0.00	0.00	183,456.40		185,374.14	(1)
1504 CREF Social Choice R1	265,079.90	0.00	0.00	265,079.90		323,712.86	(18)
1505 CREF Bond Market R1	181,402.58	0.00	0.00	181,402.58		222,729.24	(19)
1506 CREF Global Equities R1	586,077.38	0.00	0.00	586,077.38		731,465.75	(20)
1507 CREF Growth R1	218,681.43	0.00	0.00	218,681.43		326,054.86	(33)
1508 CREF Equity Index R1	272,563.08	0.00	0.00	272,563.08		345,344.63	(21)
1509 CREF Inflation-Linked Bond R1	131,129.86	0.00	0.00	131,129.86		147,738.79	(11)
1511 TIAA Access Core Bond Plus T4	28,183.16	0.00	0.00	28,183.16		33,315.30	(15)
1512 TIAA Access Equity Index T4	3,920.85	0.00	0.00	3,920.85		4,887.20	(20)
1513 TIAA Access Growth & Income T4	0.00	0.00	0.00	0.00		0.00	0

10/12/2023

4:15 PM

Year End: December 31, 2022

Trial balance

L/S: A To SS

Prepared by	Reviewed by	Reviewed by
MC 7/20/2023		NL 8/21/2023

TB-1

Account	Prelim	Adj's	Reclass	Rep	Annotation	Rep 12/21	%Chg
1514 TIAA Access Intl Equity T4	151,131.64	0.00	0.00	151,131.64		184,168.91	(18)
1515 TIAA Access Lg-Cap Gr T4	4,039.54	0.00	0.00	4,039.54		6,052.51	(33)
1516 TIAA Access Lg-Cap Val T4	113,614.80	0.00	0.00	113,614.80		124,334.64	(9)
1517 TIAA Access Lifecycle 2015 T4	26,061.98	0.00	0.00	26,061.98		30,129.74	(14)
1518 TIAA Access Lifecycle 2020 T4	35,608.43	0.00	0.00	35,608.43		41,486.89	(14)
1519 TIAA Access Lifecycle 2025 T4	40,865.48	0.00	0.00	40,865.48		48,052.25	(15)
1520 TIAA Access Lifecycle 2035 T4	150,777.90	0.00	0.00	150,777.90		180,806.80	(17)
1521 TIAA Access Lifecycle 2040 T4	107,795.21	0.00	0.00	107,795.21		120,109.30	(10)
1522 TIAA Access Lifecycle 2045 T4	24,323.53	0.00	0.00	24,323.53		29,639.39	(18)
1523 TIAA Access Lifecycle 2050 T4	0.00	0.00	0.00	0.00		0.00	0
1524 TIAA Access Mid-Cap Gr T4	27,384.28	0.00	0.00	27,384.28		41,205.48	(34)
1525 TIAA Access Mid-Cap Val T4	58,300.81	0.00	0.00	58,300.81		66,376.34	(12)
1526 TIAA Access Real Est Secs T4	37,780.94	0.00	0.00	37,780.94		53,728.52	(30)
1527 TIAA Access Sm-Cap BI Idx T4	23,822.98	0.00	0.00	23,822.98		30,635.92	(22)
1528 TIAA Access Quant Sml Cp Eq T4	32,815.31	0.00	0.00	32,815.31		38,890.22	(16)
1529 TIAA Access Social Ch Eq T4	3,773.74	0.00	0.00	3,773.74		4,623.50	(18)
1622 TIAA Access Sm-Cap Equity T4	0.00	0.00	0.00	0.00		0.00	0
N-2 TIAA CREF - Registered investment compan	3,952,030.17	0.00	0.00	3,952,030.17	1	5,054,062.10	(22)
1510 TIAA Real Estate	347,547.18	0.00	0.00	347,547.18		511,805.54	(32)
N-3 Pooled separate accounts	347,547.18	0.00	0.00	347,547.18	1	511,805.54	(32)
1501 TIAA Traditional Non Benefit Responsive	2,698,578.06	0.00	0.00	2,698,578.06		3,023,542.73	(11)
N-4 Non-benefit responsive insurance contracts	2,698,578.06	0.00	0.00	2,698,578.06	2	3,023,542.73	(11)
1500 TIAA Traditional Benefit Responsive	404,943.56	0.00	0.00	404,943.56		836,933.50	(52)
N-5 Fully benefit responsive investment contract	404,943.56	0.00	0.00	404,943.56	2	836,933.50	(52)
3000 Net Assets Available for Benefit	(17,716,628.00)	0.00	0.00	(17,716,628.00)		(16,251,604.00)	9
SS Net assets available for benefits	(17,716,628.00)	0.00	0.00	(17,716,628.00)	FS	(16,251,604.00)	9
1340 Employee contrib - Loan repayments	17,856.17	0.00	0.00	17,856.17		21,483.00	(17)
4010 Employee Contributions	(482,443.62)	0.00	0.00	(482,443.62)		(482,985.33)	0
10-2 Employee contributions	(464,587.45)	0.00	0.00	(464,587.45)	FS	(461,502.33)	1
4000 Employer Contributions	(311,536.16)	0.00	0.00	(311,536.16)		(300,886.28)	4
10-3 Employer contributions	(311,536.16)	0.00	0.00	(311,536.16)	FS	(300,886.28)	4
4020 Employee Rollovers	(3,922.56)	0.00	0.00	(3,922.56)		(3,922.56)	0
4021 Other Contribution-Empower	(46,815.26)	0.00	0.00	(46,815.26)		(83,142.82)	(44)
5102 Other Transfer Out-TIAA	0.00	0.00	0.00	0.00		8,194.48	(100)
10-4 Rollover contributions	(50,737.82)	0.00	0.00	(50,737.82)	FS	(78,870.90)	(36)
1634 Participant NR interest - EMPOWER	(4,570.86)	0.00	0.00	(4,570.86)	3	(3,834.99)	19
4030 Interest and Dividends-Empower	(204,292.02)	0.00	0.00	(204,292.02)	3	(1,187,654.85)	(83)
4031 Interest and Dividends-TIAA	(31,990.20)	0.00	0.00	(31,990.20)	3	(16,107.00)	99
4035 Investment Gains and Losses-Empower	1,543,769.87	0.00	0.00	1,543,769.87	4	300,376.60	414
4036 Investment Gains and Losses-TIAA	740,126.46	0.00	0.00	740,126.46	4	(887,838.35)	(183)
10-1 Investment income	2,043,043.25	0.00	0.00	2,043,043.25		(1,795,058.59)	(214)
1330 Payments to participants - EMPOWER	(10,175.00)	0.00	0.00	(10,175.00)		(43,500.00)	(77)
5100 Payments to Participants-Empower	589,218.48	26,888.00	0.00	616,106.48		604,881.81	2
5101 Payments to Participants-TIAA	1,315,529.07	0.00	0.00	1,315,529.07		562,506.62	134
5103 Other Payments to Participants - TIAA CREF	(420.43)	0.00	0.00	(420.43)		6,735.32	(106)
40-1 Benefits paid to participants	1,894,152.12	26,888.00	0.00	1,921,040.12	FS	1,130,623.75	70
5000 Administrative Fees	39,771.87	(530.00)	0.00	39,241.87		40,670.22	(4)
5001 Misc. Fee-Unidentified	0.00	0.00	0.00	0.00		0.00	0
40-2 Administrative expenses	39,771.87	(530.00)	0.00	39,241.87	FS	40,670.22	(4)
	0.00	0.00	0.00	0.00		0.00	0

Year End: December 31, 2022
Trial balance
L/S: A To SS

Prepared by	Reviewed by	Reviewed by
MC 7/20/2023		NL 8/21/2023

TB-2

Account	Prelim	Adj's	Reclass	Rep	Annotation	Rep 12/21 %Chg
Net Income (Loss)	(3,150,105.81)			(3,176,463.81)		1,465,024.13 (317)
1. Investments at fair value = \$11,384,218 FS						
2. Investments at contract value = \$3,103,522 FS						
3. Interest and dividends - \$240,853 FS						
4. Net depreciation in investments = \$(2,283,896) FS						

Year End: December 31, 2022
Adjusting journal entries
Date: 1/1/2022 To 12/31/2022

Prepared by	Reviewed by	Reviewed by
		NL 8/21/2023

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Number	Date	Name	Account No	Reference	Annotation	Debit	Credit	Recurrence	Misstatement
1	12/31/2022	Loan Receivabe-Empower	1320	B-1			26,888.00		
1	12/31/2022	Guaranteed Interest Fund	1530	B-1		530.00			
1	12/31/2022	Administrative Fees	5000	B-1			530.00		
1	12/31/2022	Payments to Participants-Empower	5100	B-1		26,888.00			
		To adjust participant notes receivable for the deemed distribution.							
						27,418.00	27,418.00		
Net Income (Loss)			(3,176,463.81)						