

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>LANCASTER BIBLE COLLEGE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
1c Effective date of plan <u>01/01/1987</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LANCASTER BIBLE COLLEGE</u> <u>901 EDEN ROAD</u> <u>LANCASTER, PA 17601-5036</u>	2b Employer Identification Number (EIN) <u>23-1484178</u>	2c Plan Sponsor's telephone number <u>717-569-7071</u>
	2d Business code (see instructions) <u>611000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MATTHEW MASON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MATTHEW MASON
	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	5 431
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 237 6a(2) 268 6b 0 6c 197 6d 465 6e 1 6f 466 6g 445 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: 2F 2G 2L 2M b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 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 LANCASTER BIBLE COLLEGE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LANCASTER BIBLE COLLEGE	D Employer Identification Number (EIN) 23-1484178	

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 AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	812630	18	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.
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(a) Total amount of commissions paid 591	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid R. KAUFFMAN 1755 OREGON PIKE SUITE 100 LANCASTER, PA 17601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
591			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(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	192402
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1106321

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	112128
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	3946	
	(4) Transferred from separate account	7c(4)	80659	
	(5) Other (specify below)	7c(5)	6235	

▶ LOAN PAYMENTS

(6) Total additions	7c(6)	90840
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	202968
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4678
(2) Administration charge made by carrier	7e(2)	154
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	5734

▶ LOANS ISSUED

(5) Total deductions	7e(5)	10566
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	192402
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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 LANCASTER BIBLE COLLEGE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LANCASTER BIBLE COLLEGE	D Employer Identification Number (EIN) 23-1484178	

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
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(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	366880	423	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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(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
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(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	1685199
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	10988020

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	1669303
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c	Additions: (1) Contributions deposited during the year	7c(1)	28817	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	65412	
	(4) Transferred from separate account	7c(4)	37495	
	(5) Other (specify below)	7c(5)	68	

▶ PARTICIPANT LOAN PAYMENTS

(6) Total additions	7c(6)	131792
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1801095
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	47247	
	7e(2)	1	
	7e(3)	68648	
	7e(4)		

(5) Total deductions	7e(5)	115896
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1685199
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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 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 LANCASTER BIBLE COLLEGE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 LANCASTER BIBLE COLLEGE	D Employer Identification Number (EIN) 23-1484178

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
13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AXA EQUITABLE LIFE INSURANCE CO
13-5570651

(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)

TIAA-TEACHERS INSUR & ANNUITY ASSOC

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	425	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

(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?
37 58 28 25 59 60 62 63 67	RECORDKEEPER	222	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 LANCASTER BIBLE COLLEGE RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LANCASTER BIBLE COLLEGE	D Employer Identification Number (EIN) 23-1484178	

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) 525844
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>LANCASTER BIBLE COLLEGE RETIREMENT PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LANCASTER BIBLE COLLEGE</u>		D Employer Identification Number (EIN) <u>23-1484178</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	19640	19933
(2) Participant contributions.....	1b(2)	30224	25977
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	40946	57931
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	478349	525844
(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)	13313132	11668913
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1781431	1877601
(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	15663722	14176199

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	15663722	14176199
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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)	618191	
(B) Participants	2a(1)(B)	746152	
(C) Others (including rollovers)	2a(1)(C)	85555	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1449898
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)	2582	
(F) Other	2b(1)(F)	69358	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		71940
(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)		40171
(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)		-2403618
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-841609
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	740948	
(2) To insurance carriers for the provision of benefits	2e(2)	10128	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		751076
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	372	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		372
j Total expenses. Add all expense amounts in column (b) and enter total	2j		751448
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1593057
l Transfers of assets:			
(1) To this plan	2l(1)		105534
(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: TAIT, WELLER & BAKER LLP

(2) EIN: 23-1144520

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		40485

	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.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LANCASTER BIBLE COLLEGE RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 LANCASTER BIBLE COLLEGE		D Employer Identification Number (EIN) 23-1484178
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203		
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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2022 AND 2021

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

**To Board of Trustees
Lancaster Bible College Retirement Plan
Lancaster, Pennsylvania**

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

We have performed audits of the accompanying financial statements of Lancaster Bible College Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 are 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 institutions).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions 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 Lancaster Bible College Retirement 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.

**To Board of Trustees
Lancaster Bible College Retirement Plan
Lancaster, Pennsylvania**

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Lancaster Bible College Retirement 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 of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

**To Board of Trustees
Lancaster Bible College Retirement Plan
Lancaster, Pennsylvania**

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, 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 schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).


TAIT, WELLER & BAKER LLP

**Philadelphia, Pennsylvania
October 16, 2023**

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 And 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments:		
Investments at fair value	\$ 13,545,639	\$ 15,127,709
Fully benefit responsive investment contract, at contract value	<u>526,719</u>	<u>445,203</u>
Total investments	<u>14,072,358</u>	<u>15,572,912</u>
Receivables:		
Employer contribution	19,933	19,640
Participant contributions	25,977	30,224
Notes receivable from participants	<u>57,931</u>	<u>40,946</u>
Total receivables	<u>103,841</u>	<u>90,810</u>
Total Assets	<u>\$ 14,176,199</u>	<u>\$ 15,663,722</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 14,176,199</u>	 <u>\$ 15,663,722</u>

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2022

Additions (deductions) to net assets attributed to:

Investment income (loss):

Net depreciation in the fair value of investments

\$ (2,366,631)

Interest and dividends

72,542

Total investment loss

(2,294,089)

Interest income on notes receivable from participants

2,582

Contributions:

Employer

618,191

Participants

746,152

Rollover

85,555

Total contributions

1,449,898

Total additions (investment losses)

(841,609)

Deductions from net assets attributed to:

Benefits paid to participants

751,076

Administrative fees

372

Total deductions

751,448

Net decrease

(1,593,057)

Other

Transfer from another plan

105,534

Net assets available for benefits:

Beginning of year

15,663,722

End of year

\$ 14,176,199

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 And 2021

(1) DESCRIPTION OF PLAN

The following description of the Lancaster Bible College Retirement Plan (*“Plan”*) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

A. General

The Plan is a defined contribution plan covering substantially all employees of the Lancaster Bible College (the *“College”*). The Plan was adopted January 1, 1987 and was amended and restated effective January 1, 2020. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (*ERISA*). All employees who work a minimum of 20 hours per week and who are not students of the College are eligible to participate in the Plan.

B. Contributions

Employees of the College may elect to contribute up to the maximum allowable elective deferral. For plan year ended December 31, 2022, the maximum allowable elective deferral was \$20,500. Participants who have attained age 50 before the plan year are eligible to make catch-up contributions up to an additional \$6,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The College will make a matching contribution of up to 3% of an employee’s gross compensation for all eligible employees upon 6 months of employment. The College will also make an automatic nonelective contribution of 2% of employee’s gross compensation. The maximum employer contribution is 5% of employee’s gross compensation.

C. Participants Accounts

Each participant’s account is credited with the participant’s contribution, the College’s match, and allocation of the Plan’s earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

D. Vesting

Participants are immediately vested in their voluntary contributions, the College’s matching and nonelective contributions, and actual earnings thereon.

E. Participant Loans

The Plan’s trustees, Equitable Life Insurance Company (the *“Equitable”*) and Lincoln Investments, permit participants to borrow funds, using their vested account balances as collateral, subject to certain provisions as established by the custodian. Beginning in 2021, TIAA-CREF also began offering such loans. In general, the maximum amount that can be borrowed is the lesser of 50% of a participant’s vested interest or \$50,000, at a reasonable rate of interest. Interest rates varied from 4.25% to 5.50% during the year. Loans are generally repaid within five years.

F. Plan Loans

Through 2020, loans were available to participants who invest through TIAA-CREF, subject to certain limitations. Plan loans are issued directly from funds owned by TIAA-CREF, and loan proceeds are not removed from a participant’s account balance. However, a portion of the participant’s vested account balances is used as collateral. In general, the maximum amount that can be borrowed is the lesser of 50% of a participant’s vested interest or \$50,000, at a reasonable rate of interest. Loans are generally repaid within five years.

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2022 And 2021

At December 31, 2022 and 2021, participants had outstanding Plan loan balances due to TIAA-CREF of \$3,815 and \$9,862, respectively. These amounts are included in the account balances reported in the accompanying statement of net assets available for benefits.

G. Investment Options

Upon enrollment in the Plan, and at any time during the plan year, a participant may direct all future employee and employer contributions into any of the investment options available under the Plan.

H. Payment of Benefits

A participant's vested benefits will normally be distributed to the participant or the participant's beneficiary upon retirement, disability or death of the participant by transfer to another qualified plan or individual retirement account, through lump sum distribution or in installment payments.

In-service withdrawals of all or a portion of a participant's vested account balance may be made by participants who have attained the age of 59-1/2. Hardship withdrawals from a participant's deferral contribution accounts are permitted when certain criteria are met. In-service withdrawals of all or a portion of a participant's rollover account balance may be withdrawn at any time.

I. Administration

The College is the administrator of the Plan. TIAA-CREF, Equitable and Lincoln Investments have been designated as custodians and trustees of the Plan.

All trustees maintain individual participant account records and advises the Plan on other matters related to the operation of the Plan.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute 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 would receive if they were to initiate permitted transactions under the terms of the plan. Certain TIAA Traditional Annuity contract types are considered fully benefit responsive, and contract value approximates fair value for the years ended December 31, 2022 and 2021.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date 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.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2022 And 2021

USE OF ESTIMATES

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

OPERATING EXPENSES

Most of the administrative expenses of maintaining the Plan are paid by the College.

(3) INVESTMENTS

The Plan's investments are held in directed trusts. There are several investment options available to the participants at the time of this report. Participant accounts are allocated based on the decisions of the individual participants. The following tables present the fair value and contract value of these investments for which a certification has been received from the trustees/custodians of the assets.

Investments at fair value:

	<u>2022</u>	<u>2021</u>
Insurance company general account	\$ 1,350,882	\$ 1,336,228
Pooled separate account	525,843	478,349
Mutual funds	<u>11,634,339</u>	<u>13,273,609</u>
Total investments at fair value – December	<u>\$ 13,511,064</u>	<u>\$ 15,088,186</u>

Fully benefit-responsive investment contracts at contract value:

Insurance company general account	<u>\$ 526,719</u>	<u>\$ 445,203</u>
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The Plan has investments held by Lincoln Investments a portion for which a certification was not obtained. For the years ended December 31, 2022 and 2021, the balances of these investments were \$34,575 and \$39,523, respectively. All investments were in mutual funds at December 31, 2022 and 2021.

Investment income certified by the trustees/custodians for the year ended December 31, 2022 is as follows:

Net depreciation in the fair value of investments	\$(2,361,683)
Interest and dividends	<u>72,542</u>
Total Investment Gain	<u>\$(2,289,141)</u>

Investment losses not certified by a custodian for the year ended December 31, 2022 was \$4,948 of net appreciation in the fair value of investments.

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2022 And 2021

The Plan utilized various methods to measure the fair value of its investments on a recurring basis. Generally accepted accounting principles establish a hierarchy that prioritizes inputs to valuation methods. The three levels of inputs are described below:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access

Level 2 – Observable inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates and similar data.

Level 3 – Unobservable inputs for the asset or liability, to the extent relevant observable inputs are not available, representing the Plan's own assumptions about the assumptions a market participant would use in valuing the asset or liability, and would be based on the best information available.

The inputs methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The summary of inputs used to value the Plan's assets that are carried at fair value as of December 31 is as follows:

	2022			
	Level 1	Level 2	Level 3	Total
Insurance Company General Account	\$ -	\$ -	\$ 1,350,882	\$ 1,350,882
Pooled Separate Account	525,843	-	-	525,843
Mutual Funds	<u>11,668,914</u>	<u>-</u>	<u>-</u>	<u>11,668,914</u>
Total Investments at fair value – December	<u>\$ 12,194,757</u>	<u>\$ -</u>	<u>\$ 1,350,882</u>	<u>\$ 13,545,639</u>

	2021			
	Level 1	Level 2	Level 3	Total
Insurance Company General Account	\$ -	\$ -	\$ 1,336,228	\$ 1,336,228
Pooled Separate Account	478,349	-	-	478,349
Mutual Funds	<u>13,313,132</u>	<u>-</u>	<u>-</u>	<u>13,313,132</u>
Total Investments at fair value – December	<u>\$ 13,791,481</u>	<u>\$ -</u>	<u>\$ 1,336,228</u>	<u>\$ 15,127,709</u>

There were no transfers between Level 1 and 2 for the year ended December 31, 2022.

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2022 And 2021

The changes in investments measured at fair value for which the Plan used Level 3 inputs to determine fair value are as follows:

	TIAA Traditional Non-Benefit Responsive Annuity
Beginning balance, December 31, 2021	\$ 1,336,228
Contributions	10,084
Withdrawals	(47,240)
Transfers, net	(3,122)
Investment income, net	<u>54,932</u>
Ending balance, December 31, 2022	<u>\$ 1,350,882</u>

(4) TIAA TRADITIONAL ANNUITY

The plan offers guaranteed annuity contracts with Teachers Insurance Annuity Association (“TIAA”), an insurance company. TIAA maintains the contributions in a general account. The Traditional Annuity is offered through two contract types; Retirement Annuities (“RA”) and Supplemental Retirement Annuities (“SRA”). The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant’s account, and the options for receiving income upon retirement. The RA contract does not allow lump-sum cash withdrawals, and transfers must be spread over 10 annual installments. The SRA contracts provide for full participant-directed liquidity and are considered fully benefit-responsive. The contracts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed annuity contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the plan. When a participant’s accumulation in an annuity contract is converted to a lifetime payment annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

The RA contract is presented on the face of the statement of net assets available for benefits at contract value, which approximates fair value. The SRA contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the plan by TIAA, 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contracts at December 31, 2022 and 2021 was \$332,173 and \$331,019, respectively, for the SRA contract. The fair value of the investment contracts at December 31, 2022 and 2021 was \$1,350,882 and \$1,336,228, respectively, for the RA contract. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1% percent. Such interest rates are reviewed periodically for resetting.

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2022 And 2021

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 of 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 trust 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 guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

(5) **EQUITABLE GUARANTEED INTEREST ACCOUNT**

The plan has a guaranteed interest account ("**GIA**") option available to participants in the Equitable investment program. The GIA is presented on the face of the statement of net assets available for benefits at contract value. Contract value as reported to the plan by the Equitable represents contributions and transfers to that investment option, plus interest minus withdrawals and transfers out of the option, and charges the Equitable deducts.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the GIA was \$192,402 and \$112,128 at December 31, 2022 and 2021, respectively. The annual minimum guaranteed interest rate can range from 1 to 3%.

(6) **PLAN TERMINATION**

Although it has not expressed any intent to do so, the College has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

(7) **TAX STATUS**

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

Management has reviewed the tax positions for each of its open tax years (2019 – 2021) or expected to be taken in the Plan's 2022 tax return and has concluded that there are no uncertain tax positions that would require recognition in the financial statements.

(8) **RISKS AND UNCERTAINTIES**

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

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2022 And 2021

(9) PARTY-IN-INTEREST TRANSACTIONS

Certain administrative costs of the Plan are paid by the employer/sponsor.

(10) SECURE ACT 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2022 financial statements.

(11) SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 16, 2023 the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN: 23-1484178 / PN: 002

December 31, 2022

Participant Contributions Transferred Late To Plan	Total that Constitute Non-exempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 6,115 ⁽¹⁾	\$ -	\$ 6,115	\$ -	\$ -
\$ 6,866 ⁽²⁾	\$ -	\$ 6,866	\$ -	\$ -
\$27,504 ⁽³⁾	\$ -	\$ 27,504	\$ -	\$ -

⁽¹⁾ Delinquent contributions for Plan year 2020.

⁽²⁾ Delinquent contributions for Plan year 2019.

⁽³⁾ Delinquent contributions for Plan year 2018.

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

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

EIN: 23-1484178 / PN: 002

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Market Value
*	Equitable	Equitable Guaranteed Interest Account	\$ 192,402
*	TIAA-CREF	TIAA Traditional Non-Benefit Responsive Annuity Fund	1,350,882
*	TIAA-CREF	TIAA Traditional Benefit Responsive	332,173
*	TIAA-CREF	TIAA Real Estate Fund	525,844
*	TIAA-CREF	TIAA Plan Loan Default Fund	2,144
*	TIAA-CREF	CREF Stock Fund R1	2,276,885
*	TIAA-CREF	CREF Money Market Fund R1	380,260
*	TIAA-CREF	CREF Social Choice Fund R1	202,109
*	TIAA-CREF	CREF Core Bond Fund R1	572,271
*	TIAA-CREF	CREF Global Equities Fund R1	821,124
*	TIAA-CREF	CREF Growth Fund R1	480,067
*	TIAA-CREF	CREF Equity Index Fund R1	238,051
*	TIAA-CREF	CREF Inflation-Linked Bond Fund R1	153,848
*	TIAA-CREF	Access Lifecycle 2010 T4	5,135
*	TIAA-CREF	Access Lifecycle 2015 T4	175,100
*	TIAA-CREF	Access Lifecycle 2020 T4	171,722
*	TIAA-CREF	Access Lifecycle 2025 T4	856,479
*	TIAA-CREF	Access Lifecycle 2030 T4	354,618
*	TIAA-CREF	Access Lifecycle 2035 T4	826,938
*	TIAA-CREF	Access Lifecycle 2040 T4	642,415
*	TIAA-CREF	Access Lifecycle 2045 T4	361,473
*	TIAA-CREF	Access Lifecycle 2050 T4	620,215
*	TIAA-CREF	Access Lifecycle 2055 T4	392,585
*	TIAA-CREF	Access Lifecycle 2060 T4	91,228
*	TIAA-CREF	Access Core Bond Plus T4	12,511
*	TIAA-CREF	Access Equity Index T4	12,327
*	TIAA-CREF	Access Growth & Income T4	183,243
*	TIAA-CREF	Access International Equity T4	146,464
*	TIAA-CREF	Access Large-Cap Growth T4	36,922
*	TIAA-CREF	Access Large-Cap Value T4	81,389
*	TIAA-CREF	Access Mid-Cap Growth T4	39,546
*	TIAA-CREF	Access Mid-Cap Value T4	55,419
*	TIAA-CREF	Access Real Estate Securities T4	65,303
*	TIAA-CREF	Access Small-Cap Blend Index T4	100,111
*	TIAA-CREF	Access Quant Small-Cap Equity T4	79,915
*	TIAA-CREF	Access Social Change Equity T4	26,503
*	Equitable	EQ/Large Cap Growth Managed Volatility	125,296
*	Equitable	EQ/Large Cap Value Managed Volatility	64,479
*	Equitable	EQ/Mid Cap Value Managed Volatility	40,786
*	Equitable	EQ/Small Company Index	39,975
*	Equitable	EQ/International Equity Index	23,614
*	Equitable	EQ/International Value Managed Volatility Portfolio	34,974
*	Equitable	EQ/Global Equity Managed Volatility Portfolio	20,657
*	Equitable	Charter Multi-Sector Bond	39,702
*	Equitable	Multimanager Core Bond	27,819
*	Equitable	EQ/PIMCO Ultra Short Bond	43,664
*	Equitable	EQ/GAMCO Mergers and Acquisition	25,536
*	Equitable	EQ/Clearbridge Large Cap GRWT ESG	11,207

* Party-In-Interest

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (Continued)
 EIN: 23-1484178 / PN: 002

December 31, 2022

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Market Value
*	Equitable	EQ/Blackrock Basic Value Equity	\$ 48,629
*	Equitable	EQ/GAMCO Small Company Value	28,204
*	Equitable	EQ/International Core Managed Volatility	53
*	Equitable	EQ/Target 2035 Allocation Portfolio	194,409
*	Equitable	EQ/T. Rowe Price Growth Stock	27,333
*	Equitable	EQ/MSF International Growth	23,911
*	Equitable	EQ/Moderate Allocation Portfolio	41,763
*	Equitable	EQ/Moderate-Plus Allocation Portfolio	9,795
*	Equitable	EQ/Common Stock Index	3,987
*	Equitable	EQ/Morgan Stanley Mid Cap Growth	24,643
*	Equitable	Delaware Ivy High Income Fund	13,470
*	Equitable	EQ/Wellington Energy Portfolio	74,618
*	Equitable	EQ/Lazard Emerging Markets Equity	4,852
*	Equitable	EQ/Conservative-Plus Allocation Portfolio	279
*	Equitable	EQ/Fidelity Institution Asset Management Large Cap	12,187
*	Equitable	EQ/MSF Technology	7,650
*	Equitable	EQ/JPMorgan Val Opportunities	69,025
*	Equitable	EQ/Invesco Common Stock	19,637
*	Equitable	EQ/American Century Mid Cap Value	1,301
*	Equitable	EQ/Morgan Stanley Small Cap Growth	1,120
*	Equitable	EQ/Horizon Small Cap Value Portfolio	109
*	Equitable	Van Eck VIP Global Hard Assets	1,559
*	Equitable	EQ/Aggressive Growth Strategy	78
	American Funds	American Funds Capital Income Builder Fund – A	18,471
	American Funds	American Capital World Growth & Income Fund – A	3,666
	DWS	CROCI Equity Dividend Fund – A	6,884
	Federated Hermes	Federated Hermes Equity Income Fund – A	680
	Federated Hermes	Federated Hermes Kaufmann Fund – A	17,786
	Franklin Templeton	Franklin Mutual Beacon Fund – A	2,937
	Invesco	Invesco American Franchise Fund – A	1,552
	Invesco	Invesco Charter Fund – A	4,241
	Invesco	Invesco Discovery Mid Cap Growth - A	1,439
	Invesco	Invesco Diversified Dividend Fund – A	10,427
	Invesco	Invesco Equity and Income Fund – A	13,991
	Invesco	Invesco EQV International Equity Fund – A	10,032
	Invesco	Invesco Main Street Fund – A	499
	Invesco	Invesco Multi-Asset Income Fund – A	<u>7,811</u>
		Total Securities	<u>14,072,358</u>
	Participant Loans	Participant Note 4.25 - 5.00%	<u>57,931</u>
		Total Assets (Held at Year End)	<u>\$ 14,130,289</u>

* Party-In-Interest

Lancaster Bible College
Lancaster Bible College Retirement Plan
EIN: 23-1484178, PLAN 002
2022 FORM 5500 ATTACHMENT
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i

PARTY IN INTEREST	IDENTITY OF ISSUE/ BORROWER	DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
*	Guaranteed Interest Account	Insurance Company General Contract	N/R	\$ 192,402
*	TIAA Traditional Benefit Responsive	Insurance Company General Contract	N/R	\$ 332,173
*	TIAA Traditional Non Benefit Responsive	Insurance Company General Contract	N/R	\$ 1,350,882
	Plan Loan Default Fund	Insurance Company General Contract	N/R	\$ 2,144
*	TIAA Real Estate	Pooled Separate Account	N/R	\$ 525,844
*	CREF Stock R1	Registered Investment Company	N/R	\$ 2,276,885
*	CREF Money Market R1	Registered Investment Company	N/R	\$ 380,260
*	CREF Social Choice R1	Registered Investment Company	N/R	\$ 202,109
*	CREF Global Equities R1	Registered Investment Company	N/R	\$ 821,124
*	CREF Growth R1	Registered Investment Company	N/R	\$ 480,067
*	CREF Equity Index R1	Registered Investment Company	N/R	\$ 238,051
*	CREF Inflation-Linked Bond R1	Registered Investment Company	N/R	\$ 153,848
*	TIAA Access Core Bond Plus T4	Registered Investment Company	N/R	\$ 12,511
*	TIAA Access Equity Index T4	Registered Investment Company	N/R	\$ 12,327
*	TIAA Access Growth & Income T4	Registered Investment Company	N/R	\$ 183,243
*	TIAA Access Intl Equity T4	Registered Investment Company	N/R	\$ 146,463
*	TIAA Access Lg-Cap Gr T4	Registered Investment Company	N/R	\$ 36,922
*	TIAA Access Lg-Cap Val T4	Registered Investment Company	N/R	\$ 81,389
*	TIAA Access Lifecycle 2010 T4	Registered Investment Company	N/R	\$ 5,135
*	TIAA Access Lifecycle 2015 T4	Registered Investment Company	N/R	\$ 175,100
*	TIAA Access Lifecycle 2020 T4	Registered Investment Company	N/R	\$ 171,722
*	TIAA Access Lifecycle 2025 T4	Registered Investment Company	N/R	\$ 856,479
*	TIAA Access Lifecycle 2030 T4	Registered Investment Company	N/R	\$ 354,618
*	TIAA Access Lifecycle 2035 T4	Registered Investment Company	N/R	\$ 826,938
*	TIAA Access Lifecycle 2040 T4	Registered Investment Company	N/R	\$ 642,415
*	TIAA Access Lifecycle 2045 T4	Registered Investment Company	N/R	\$ 361,473
*	TIAA Access Lifecycle 2050 T4	Registered Investment Company	N/R	\$ 620,215
*	TIAA Access Mid-Cap Gr T4	Registered Investment Company	N/R	\$ 39,546
*	TIAA Access Mid-Cap Val T4	Registered Investment Company	N/R	\$ 55,419
*	TIAA Access Real Est Secs T4	Registered Investment Company	N/R	\$ 65,303
*	TIAA Access Sm-Cap Bl Idx T4	Registered Investment Company	N/R	\$ 100,111
*	TIAA Access Quant Sml Cp Eq T4	Registered Investment Company	N/R	\$ 79,915
*	TIAA Access Social Ch Eq T4	Registered Investment Company	N/R	\$ 26,503
*	CREF Core Bond R1	Registered Investment Company	N/R	\$ 572,271
*	TIAA Access Lifecycle 2055 T4	Registered Investment Company	N/R	\$ 392,585
*	TIAA Access Lifecycle 2060 T4	Registered Investment Company	N/R	\$ 91,228
*	1290 VT GAMCO Mergers & Acq	Registered Investment Company	N/R	\$ 25,536
*	1290 VT GAMCO Small Co Val	Registered Investment Company	N/R	\$ 28,204
*	1290 VT Small Cap Value	Registered Investment Company	N/R	\$ 109
*	EQ/Aggressive Growth Strategy	Registered Investment Company	N/R	\$ 78
*	EQ/American Centry Mid Cap Val	Registered Investment Company	N/R	\$ 1,301
*	EQ/Com Stck Index	Registered Investment Company	N/R	\$ 3,987

Lancaster Bible College
Lancaster Bible College Retirement Plan
EIN: 23-1484178, PLAN 002
2022 FORM 5500 ATTACHMENT
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i

PARTY IN INTEREST	IDENTITY OF ISSUE/ BORROWER	DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
* EQ/Conserv-Plus Allocation		Registered Investment Company	N/R	\$ 279
* EQ/Core Plus Bond		Registered Investment Company	N/R	\$ 39,702
* EQ/FIDELITY INSTITUTINL AM LgC		Registered Investment Company	N/R	\$ 12,187
* EQ/Glb Eqty Managed Vol		Registered Investment Company	N/R	\$ 20,657
* EQ/Int Core Managed Vol		Registered Investment Company	N/R	\$ 53
* EQ/Int Val Managed Vol		Registered Investment Company	N/R	\$ 34,974
* EQ/International Equity Index		Registered Investment Company	N/R	\$ 23,614
* EQ/Invesco Comstock		Registered Investment Company	N/R	\$ 19,637
* EQ/Lazard Emerging Mrkts Eqty		Registered Investment Company	N/R	\$ 4,852
* EQ/Lg Cap Grw Managed Vol		Registered Investment Company	N/R	\$ 125,296
* EQ/Lg Cap Val Managed Vol		Registered Investment Company	N/R	\$ 64,479
* EQ/MFS International Growth		Registered Investment Company	N/R	\$ 23,911
* EQ/MFS Technology		Registered Investment Company	N/R	\$ 7,650
* EQ/Mid Cap Val Managed Vol		Registered Investment Company	N/R	\$ 40,786
* EQ/Moderate Allocation		Registered Investment Company	N/R	\$ 41,763
* EQ/Moderate-Plus Allocation		Registered Investment Company	N/R	\$ 9,795
* EQ/Morgan Stanley Mid Cap Growth		Registered Investment Company	N/R	\$ 24,643
* EQ/Morgan Stanley Sml Cap Grw		Registered Investment Company	N/R	\$ 1,120
* EQ/JPMorgan Val Opportunities		Registered Investment Company	N/R	\$ 69,025
* EQ/PIMCO Ultra Short Bond		Registered Investment Company	N/R	\$ 43,664
* EQ/Small Company Index		Registered Investment Company	N/R	\$ 39,975
* EQ/T. Rowe Price Growth Stock		Registered Investment Company	N/R	\$ 27,333
* EQ/Value Equity		Registered Investment Company	N/R	\$ 48,629
* EQ/Wellington Energy		Registered Investment Company	N/R	\$ 74,618
* EQ/Wells Fargo Omega Growth		Registered Investment Company	N/R	\$ 11,207
* Ivy VIP High Income		Registered Investment Company	N/R	\$ 13,470
* Multimanager Core Bond		Registered Investment Company	N/R	\$ 27,819
* Target 2035 Allocation		Registered Investment Company	N/R	\$ 194,409
* VanEck VIP Global Resources		Registered Investment Company	N/R	\$ 1,559
American Funds Capital Income Builder Fund - A		Registered Investment Company	N/R	\$ 18,471
American Funds Capital World Growth & Income -		Registered Investment Company	N/R	\$ 3,666
Federated Hermes Equity Income Fund - A		Registered Investment Company	N/R	\$ 680
Federated Hermes Kaufmann Fund - A		Registered Investment Company	N/R	\$ 17,786
Franklin Mutual Beacon Fund - A		Registered Investment Company	N/R	\$ 2,937
Invesco Equity & Income Fund - A		Registered Investment Company	N/R	\$ 13,990
Invesco Oppenheimer Main Street Fund - A		Registered Investment Company	N/R	\$ 499
Invesco MultiAsset Income A		Registered Investment Company	N/R	\$ 7,811
DWS CROCI Equity Dividend Fund - A		Registered Investment Company	N/R	\$ 6,883
Invesco Charter Fund - A		Registered Investment Company	N/R	\$ 4,241
Invesco Diversified Dividend Fund - A		Registered Investment Company	N/R	\$ 10,427
Invesco EVQ Int'l Equity A		Registered Investment Company	N/R	\$ 10,032
Invesco American Franchise Fund - A		Registered Investment Company	N/R	\$ 1,552

Lancaster Bible College

Lancaster Bible College Retirement Plan

EIN: 23-1484178, PLAN 002

2022 FORM 5500 ATTACHMENT

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, LINE 4i

PARTY IN INTEREST	IDENTITY OF ISSUE/ BORROWER	DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
	Invesco Discovery MidCap Growth A	Registered Investment Company	N/R	\$ 1,439
	LOAN FUND	Participant Loan Fund 4.25% - 5.00%	N/R	\$ 41,558
	Loan Account	Participant Loans 4.50%		\$ 16,373
	* Indicates party-in-interest			\$ 14,130,289
	N/R Participant directed investment, cost not required to be reported			

LANCASTER BIBLE COLLEGE RETIREMENT PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS *EIN: 23-1484178 / PN: 002*

December 31, 2022

Participant Contributions Transferred Late To Plan	Total that Constitute Non-exempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 6,115 ⁽¹⁾	\$ -	\$ 6,115	\$ -	\$ -
\$ 6,866 ⁽²⁾	\$ -	\$ 6,866	\$ -	\$ -
\$27,504 ⁽³⁾	\$ -	\$ 27,504	\$ -	\$ -

⁽¹⁾ Delinquent contributions for Plan year 2020.

⁽²⁾ Delinquent contributions for Plan year 2019.

⁽³⁾ Delinquent contributions for Plan year 2018.