

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WILLIAM JEWELL COLLEGE 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1982
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) WILLIAM JEWELL COLLEGE 500 COLLEGE HILL LIBERTY, MO 64068
2b	Employer Identification Number (EIN) 44-0545914
2c	Plan Sponsor's telephone number 816-781-7700
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2023	JULIE DUBINSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2023	JULIE DUBINSKY
	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

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		5 435
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 196
a(2) Total number of active participants at the end of the plan year		6a(2) 206
b Retired or separated participants receiving benefits		6b 35
c Other retired or separated participants entitled to future benefits.....		6c 230
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 471
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 15
f Total. Add lines 6d and 6e		6f 486
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 428
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 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)		9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 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 WILLIAM JEWELL COLLEGE 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM JEWELL COLLEGE	D Employer Identification Number (EIN) 44-0545914

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	346260	239	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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
--

(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	5282103
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	16742942

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	5085876
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c	Additions: (1) Contributions deposited during the year	7c(1)	88693
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	193455
	(4) Transferred from separate account.....	7c(4)	137995
	(5) Other (specify below)	7c(5)	22680

(6) Total additions.....	7c(6)	442823
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	5528699
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	202611
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	25303
(4) Other (specify below)	7e(4)	18682

(5) Total deductions.....	7e(5)	246596
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5282103
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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 WILLIAM JEWELL COLLEGE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM JEWELL COLLEGE	D Employer Identification Number (EIN) 44-0545914	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA CREF
13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CREF - TIAA-CREF INVESTMENT MGMT
13-3586142

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA-CREF MUTUAL FUNDS-TEACHERS ADV
13-3760073

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JP MORGAN CHASE BANK N.A.
13-4994650

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

DFA

30-0447847

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

PUTNAM INVESTMENT MNGT CO.

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

AMERICAN FUNDS

95-1411037

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

BLACKROCK

13-3806691

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

COLUMBIA

41-1533211

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

VANGUARD

23-1945930

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

T. ROWE PRICE

52-0556948

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

AMERICAN CENTURY

44-0640487

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)

CBIZ INVESTMENT ADVISORY SERVICES

81-3968784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 WILLIAM JEWELL COLLEGE 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WILLIAM JEWELL COLLEGE	D Employer Identification Number (EIN) 44-0545914	

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)
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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) 1450181
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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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>WILLIAM JEWELL COLLEGE 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILLIAM JEWELL COLLEGE</u>	D Employer Identification Number (EIN) <u>44-0545914</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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1179622	1450181
(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)	49453909	37956845
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5085876	5282103
(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	55719407	44689129

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	55719407	44689129
---	-----------	----------	----------

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)	562024	
(B) Participants	2a(1)(B)	1033511	
(C) Others (including rollovers)	2a(1)(C)	66604	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1662139
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	193455	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		193455
(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)	1339911	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1339911
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		90771
(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)		-9834728
c Other income	2c		22680
d Total income. Add all income amounts in column (b) and enter total	2d		-6525772
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4489506	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4489506
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)	15000	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4504506
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-11030278
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		900000
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 WILLIAM JEWELL COLLEGE 403(B) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM JEWELL COLLEGE		D Employer Identification Number (EIN) 44-0545914
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 75-0939949		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____



William Jewell College 403(b) Plan

EIN 44-0545914 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2022 and 2021



William Jewell College 403(b) Plan
December 31, 2022 and 2021

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1201 Walnut Street, Suite 1700 / Kansas City, MO 64106

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forvis.com

Independent Auditor's Report

Plan Administrator
William Jewell College 403(b) Plan
Liberty, Missouri

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

We were engaged to perform audits of the financial statements of William Jewell College 403(b) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate. Assets held by American Century and GuideStone have not been certified by the custodians.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

As described in *Note 10* to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

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

Other Matter – 2022 Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the "Basis for Disclaimer of Opinion" section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

FORVIS, LLP

Kansas City, Missouri
October 13, 2023

Federal Employer Identification Number: 44-0160260

William Jewell College 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

Assets

	<u>2022</u>	<u>2021</u>
Investments		
At fair value	\$ 42,757,329	\$ 53,830,995
At contract value	<u>1,931,800</u>	<u>1,888,412</u>
Total investments	<u>44,689,129</u>	<u>55,719,407</u>
Net Assets Available for Benefits	<u><u>\$ 44,689,129</u></u>	<u><u>\$ 55,719,407</u></u>

William Jewell College 403(b) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021

	2022	2021
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ (9,721,277)	\$ 4,269,370
Interest and dividends	<u>1,533,366</u>	<u>1,858,368</u>
Net investment income (loss)	<u>(8,187,911)</u>	<u>6,127,738</u>
Contributions		
Employer	562,024	554,878
Participants	1,033,511	953,631
Rollovers	<u>66,604</u>	<u>383,449</u>
	<u>1,662,139</u>	<u>1,891,958</u>
Total additions, net of investment income (loss)	<u>(6,525,772)</u>	<u>8,019,696</u>
Deductions		
Benefits paid to participants	4,489,506	3,518,209
Administrative expenses	<u>15,000</u>	<u>225</u>
Total deductions	<u>4,504,506</u>	<u>3,518,434</u>
Net Increase (Decrease)	(11,030,278)	4,501,262
Net Assets Available for Benefits, Beginning of Year	<u>55,719,407</u>	<u>51,218,145</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 44,689,129</u></u>	<u><u>\$ 55,719,407</u></u>

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 1: Description of the Plan

General

The following description of William Jewell College 403(b) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

The Plan is a defined contribution plan sponsored by William Jewell College (the “College”) for the benefit of its employees. Employees are immediately eligible to participate in the Plan as a contributing participant upon commencement of employment with the College. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Teachers Insurance and Annuity Association of America (TIAA), College Retirement Equities Fund (CREF), TIAA, FSB, American Century and GuideStone serve as plan custodians.

During 2022, American Century was removed as a custodian and the funds were transferred into TIAA.

Contributions

Participants may contribute up to the maximum amounts allowed under Section 402(g) of the Internal Revenue Code not to exceed certain limits of other Code Sections. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan allows for special code Section 403(b) catch-up contributions for those participants with 15 years of service. The Plan Sponsor may make a discretionary matching contribution for eligible participants at the later of (i) the date the employee completes one year of service or (ii) the date the employee attains age 21. For the years ended December 31, 2022 and 2021, the Plan Sponsor’s discretionary matching contribution was a 100% match up to 5% compensation. The Plan Sponsor may also make an employer non-elective contribution. For the years ended December 31, 2022 and 2021, the Plan Sponsor made an employer non-elective contribution to certain faculty members that were age 55 or older and had entered into a voluntary retirement agreement with the Plan Sponsor. The non-elective contribution was 7.5% of the participant’s eligible compensation.

Participant Investment Account Options

Investment account options available include various annuity contracts, a pooled separate account and mutual funds. Each participant has the option of directing contributions into any of the investment account options selected by the College and may change the allocation daily.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the College’s contribution and plan earnings and is 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.

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Vesting

Participants are immediately vested in their voluntary contributions and the College's contributions on their behalf, plus earnings thereon.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, partial payments, installment payments or an annuity contract over the life expectancy of the participant or beneficiary or for any specific period of time. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

Participants are fully vested upon entrance to the Plan; therefore, no portion of account balances may be forfeited upon exit from the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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 net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Variable annuity accounts and pooled separate accounts are valued at estimated fair value as provided by Teachers Insurance and Annuity Association of America (TIAA).

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the College or the Plan, at the College's discretion.

Note 3: Certification of Plan Custodians

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) and TIAA, FSB, qualified institutions, have certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Certain investments as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Certain investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Certain investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2022.

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

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Assets held by American Century and GuideStone have not been certified by the custodians, and have been subjected to additional audit procedures in relation to certain investments, investment income (loss) and investment information included in the accompanying schedule of assets (held at end of year).

Note 4: Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Certain plan investments are units of variable annuity accounts or units of a pooled separate account that are managed by an entity related to TIAA, which is the recordkeeper for the Plan. The Plan's traditional annuity contract is maintained in TIAA's general account.

The Plan invests in certain funds of the plan custodians. All recordkeeping fees and investment transaction fees are netted within the investment income (loss) on the statements of changes in net assets available for benefits. The College provides certain administrative services at no cost to the Plan.

Note 5: Disclosures About Fair Value of Plan Assets

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2022 and 2021:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2022				
Variable annuity contracts	\$ 15,292,762	\$ -	\$ 15,292,762	\$ -
Mutual funds	22,664,083	22,664,083	-	-
Pooled separate account	1,450,181	-	1,450,181	-
Traditional annuity contracts	3,350,303	-	-	3,350,303
	<u>\$ 42,757,329</u>	<u>\$ 22,664,083</u>	<u>\$ 16,742,943</u>	<u>\$ 3,350,303</u>
December 31, 2021				
Variable annuity contracts	\$ 20,159,682	\$ -	\$ 20,159,682	\$ -
Mutual funds	29,294,227	29,294,227	-	-
Pooled separate account	1,179,622	-	1,179,622	-
Traditional annuity contracts	3,197,464	-	-	3,197,464
	<u>\$ 53,830,995</u>	<u>\$ 29,294,227</u>	<u>\$ 21,339,304</u>	<u>\$ 3,197,464</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2022 and 2021. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 investments include mutual funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. Level 2 investments include a pooled separate account and variable annuity contracts. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. Level 3 investments include traditional annuity contracts. See the table below for inputs and valuation techniques used for Level 3 securities.

Level 3 Activity

Activity transfers into and out of Level 3 and the reasons for those transfers are as follows:

	Traditional Annuity Contracts	Reason for Transfer
<u>2022</u>		
Purchases	\$ 180,396	
Sales	(150,252)	
Transfers to Level 3	122,064	Interfund transfer
Transfers from Level 3	(11,722)	Interfund transfer
<u>2021</u>		
Purchases	\$ 73,699	
Sales	(290,715)	
Transfers to Level 3	139,668	Interfund transfer
Transfers from Level 3	31,306	Interfund transfer

William Jewell College 403(b) Plan
Notes to Financial Statements
December 31, 2022 and 2021

Unobservable (Level 3) Inputs

The following table presents quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2022 and 2021:

	Fair Value	Valuation Technique	Unobservable Inputs	Range (Weighted Average)
<u>December 31, 2022</u>				
TIAA Traditional annuity contracts	\$ 3,350,303	Discounted cash flow	Risk-adjusted discount rate applied*	RA- 3.70% - 6.25% SRA- 3.00% - 5.50% GRA- 3.70% - 6.25%
		Theoretical transfer		GSRA- 3.00% - 5.50% RC- 3.95% - 6.50% RCP- 3.20% - 5.75%
<u>December 31, 2021</u>				
TIAA Traditional annuity contracts	\$ 3,197,464	Discounted cash flow	Risk-adjusted discount rate applied*	RA- 3.00% - 3.80% SRA- 3.00% - 3.05% GRA- 3.00% - 3.80%
		Theoretical transfer		GSRA- 3.00% - 3.05% RC- 2.75% - 3.90% RCP- 2.00% - 3.15%
RA	Retirement Annuity			
SRA	Supplemental Retirement Annuity			
GRA	Group Retirement Annuity			
GSRA	Group Supplemental Retirement Annuity			
RC	Retirement Choice			
RCP	Retirement Choice Plus			

*Unobservable inputs include discount rate applied

William Jewell College 403(b) Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 6: Investment Contract with Insurance Company

The Plan has entered into a fully benefit-responsive investment contract with TIAA. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

The guaranteed investment contract is fully benefit responsive; therefore, contract value is the relevant measurement. 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 the contract value for credit risk of the contract issuer or otherwise.

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 plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

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

Note 7: 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.

Note 8: Tax Status

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not requested or obtained a determination letter, as the Internal Revenue Code does not currently provide that service for 403(b) plans. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

William Jewell College 403(b) Plan
Notes to Financial Statements
December 31, 2022 and 2021

Note 9: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of the investment securities, such as a pandemic or international conflict. 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 the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10: Net Assets Available for Benefits

In November 2007, the Department of Labor issued amended regulations eliminating an exemption granted to 403(b) plans from annual Form 5500 reporting, disclosure and audit requirements under Title I of ERISA. The removal of this exemption subjected the Plan to audit and expanded Form 5500 reporting requirements for the first time beginning with the Plan's year ended December 31, 2009. The Plan and its third-party issuer and/or custodians have not maintained sufficiently detailed accounting records relating to the Plan's annuity and custodial accounts issued to current and former employees prior to December 31, 2008. Accordingly, the completeness of the Plan's net assets available for benefits as of December 31, 2022 and 2021, and changes in net assets available for benefits for the years ended December 31, 2022 and 2021, could not be verified.

Note 11: Subsequent Events

Subsequent events have been evaluated through October 13, 2023, which was the date the financial statements were available to be issued.

Supplemental Schedule

William Jewell College 403(b) Plan
EIN 44-0545914 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
*Variable Annuity Accounts		
CREF Stock R1	7,820 units	\$ 4,922,738
CREF Money Market R1	21,359 units	567,570
CREF Social Choice R1	2,544 units	736,267
CREF Global Equities R1	7,703 units	1,780,964
CREF Growth R1	7,738 units	2,074,375
CREF Equity Index R1	4,229 units	1,379,073
CREF Inflation-Linked Bond R1	2,727 units	209,386
TIAA Access Core Bond Plus T2	1,091 units	43,649
TIAA Access Equity Index T2	4,796 units	408,713
TIAA Access Growth & Income T2	3,495 units	325,209
TIAA Access Intl Equity T2	7,710 units	257,638
TIAA Access Lfcyle Rtmt Inc T2	19 units	874
TIAA Access Lg-Cap Gr T2	372 units	38,141
TIAA Access Lg-Cap Val T2	2,406 units	149,531
TIAA Access Lifecycle 2020 T2	2,160 units	110,656
TIAA Access Lifecycle 2025 T2	106 units	5,622
TIAA Access Lifecycle 2030 T2	1,092 units	59,334
TIAA Access Lifecycle 2035 T2	7,891 units	447,140
TIAA Access Lifecycle 2040 T2	674 units	40,165
TIAA Access Lifecycle 2045 T2	4,662 units	273,707
TIAA Access Lifecycle 2050 T2	2,169 units	126,721
TIAA Access Mid-Cap Gr T2	1,128 units	80,906
TIAA Access Mid-Cap Val T2	2,204 units	140,207
TIAA Access Real Est Secs T2	1,990 units	93,986
TIAA Access Sm-Cap Bl Idx T2	1,228 units	81,578
TIAA Access Quant Sml Cp Eq T2	1,681 units	118,462
TIAA Access Social Ch Eq T2	1,676 units	140,892
CREF Core Bond R1	4,637 units	562,087
TIAA Access Lifecycle 2055 T4	89 units	4,895
TIAA Access Lifecycle 2055 T2	1,445 units	83,516
TIAA Access Lifecycle 2060 T2	715 units	28,760
		15,292,762

William Jewell College 403(b) Plan

EIN 44-0545914 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
TIAA-CREF		
*TIAA-CREF Lfcyle Idx 2010-Inst	15,054 units	\$ 225,504
*TIAA-CREF Lfcyle Idx 2015-Inst	342 units	5,384
*TIAA-CREF Lfcyle Idx 2020-Inst	121 units	2,049
*TIAA-CREF Lfcyle Idx 2025-Inst	4,283 units	79,312
*TIAA-CREF Lfcyle Idx 2030-Inst	3,223 units	64,629
*TIAA-CREF Lfcyle Idx 2035-Inst	3,834 units	82,440
*TIAA-CREF Lfcyle Idx 2040-Inst	3,261 units	73,966
*TIAA-CREF Lfcyle Idx 2045-Inst	8,448 units	197,854
*TIAA-CREF Lfcyle Idx 2050-Inst	2,447 units	57,959
*TIAA-CREF Lfcyle Idx 2055-Inst	2,194 units	41,888
*TIAA-CREF Money Market-Inst	155,408 units	155,408
*TIAA-CREF Money Market-Rtmt	13,903 units	13,903
*TIAA-CREF Real Est Secs-Inst	573 units	9,278
AM FDS Cap Wrld GRW AND INC R6	618 units	31,841
American EuroPac Growth R6	461 units	22,581
DFA US Targeted Val Port Inst	9 units	253
Vanguard Selected Value Inv	511 units	12,772
*TIAA-CREF Lfcyle Idx 2060-Inst	1,326 units	19,592
*TIAA-CREF Lfcyle Idx 2065-Inst	74 units	779
Columbia Dividend Income Inst3	1,062 units	31,327
Putnam Small Cap Growth R6	4 units	199
BlackRock Total Return K	4,957 units	48,924
T Rowe Price Growth Stock I	61 units	3,777
Vanguard Ttl Stk Mkt Idx Adm	597 units	55,604
American Century Inf Adj Bd R6	157 units	1,652
Vanguard Ttl Intl Stk Idx Adm	33 units	915

William Jewell College 403(b) Plan

EIN 44-0545914 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2022

Identity of Issuer	Description of Investment	Current Value
GuideStone		
*Aggressive Allocation Fund	95,536 shares	\$ 948,676
*Balanced Allocation Fund	359,571 shares	3,699,984
*Conservative Allocation Fund	123,588 shares	1,271,725
*Defensive Market Strategies Fund	38,068 shares	403,518
*Emerging Markets Equity Fund	9,731 shares	79,893
*Equity Index Fund	17,633 shares	705,657
*Global Bond Fund	11,357 shares	94,828
*Global Real Estate Securities Fund	8,553 shares	70,988
*Growth Allocation Fund	170,959 shares	1,774,550
*Growth Equity Fund	49,359 shares	866,739
*International Equity Fund	22,475 shares	274,871
*Low-Duration Bond Fund	41,107 shares	518,353
*Medium-Duration Bond Fund	49,201 shares	617,965
*Money Market Fund	973,275 shares	973,275
*MyDestination 2015 Fund	129,008 shares	1,159,780
*MyDestination 2025 Fund	111,512 shares	1,027,026
*MyDestination 2035 Fund	132,773 shares	1,242,752
*MyDestination 2045 Fund	95,605 shares	896,779
*MyDestination 2055 Fund	12,498 shares	166,342
*Small Cap Equity Fund	36,833 shares	563,171
*Strategic Alternatives Fund	6,012 shares	59,042
*Value Equity Fund	47,514 shares	809,158
*Vanguard Balanced Index Admiral Fund	5,198 shares	206,116
*Vanguard Short Term Bond Index Admiral Fund	33,082 shares	326,518
*Vanguard Total Bond Market Index Admiral Fund	19,571 shares	185,534
*Vanguard Total International Stock Index Fund	13,801 shares	384,484
*Vanguard Total Stock Market Index Admiral Fund	22,520 shares	2,096,569
		<u>22,664,083</u>
*Pooled Separate Account - TIAA Real Estate	2,604 units	<u>1,450,181</u>
*TIAA Traditional Annuity Contracts		
*TIAA Traditional Annuity Contract (fully benefit-responsive)		1,926,392
*TIAA Traditional Annuity Contract (non fully benefit-responsive)		3,350,303
*TIAA Stable Value		<u>5,408</u>
		<u>5,282,103</u>
Total assets held at end of year		<u>\$ 44,689,129</u>

*Party in interest

William Jewell College 403(b) Plan
EIN 44-0545914 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
*Variable Annuity Accounts		
CREF Stock R1	7,820 units	\$ 4,922,738
CREF Money Market R1	21,359 units	567,570
CREF Social Choice R1	2,544 units	736,267
CREF Global Equities R1	7,703 units	1,780,964
CREF Growth R1	7,738 units	2,074,375
CREF Equity Index R1	4,229 units	1,379,073
CREF Inflation-Linked Bond R1	2,727 units	209,386
TIAA Access Core Bond Plus T2	1,091 units	43,649
TIAA Access Equity Index T2	4,796 units	408,713
TIAA Access Growth & Income T2	3,495 units	325,209
TIAA Access Intl Equity T2	7,710 units	257,638
TIAA Access Lfcyle Rtmt Inc T2	19 units	874
TIAA Access Lg-Cap Gr T2	372 units	38,141
TIAA Access Lg-Cap Val T2	2,406 units	149,531
TIAA Access Lifecycle 2020 T2	2,160 units	110,656
TIAA Access Lifecycle 2025 T2	106 units	5,622
TIAA Access Lifecycle 2030 T2	1,092 units	59,334
TIAA Access Lifecycle 2035 T2	7,891 units	447,140
TIAA Access Lifecycle 2040 T2	674 units	40,165
TIAA Access Lifecycle 2045 T2	4,662 units	273,707
TIAA Access Lifecycle 2050 T2	2,169 units	126,721
TIAA Access Mid-Cap Gr T2	1,128 units	80,906
TIAA Access Mid-Cap Val T2	2,204 units	140,207
TIAA Access Real Est Secs T2	1,990 units	93,986
TIAA Access Sm-Cap Bl Idx T2	1,228 units	81,578
TIAA Access Quant Sml Cp Eq T2	1,681 units	118,462
TIAA Access Social Ch Eq T2	1,676 units	140,892
CREF Core Bond R1	4,637 units	562,087
TIAA Access Lifecycle 2055 T4	89 units	4,895
TIAA Access Lifecycle 2055 T2	1,445 units	83,516
TIAA Access Lifecycle 2060 T2	715 units	28,760
		15,292,762

William Jewell College 403(b) Plan

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
TIAA-CREF		
*TIAA-CREF Lfcyle Idx 2010-Inst	15,054 units	\$ 225,504
*TIAA-CREF Lfcyle Idx 2015-Inst	342 units	5,384
*TIAA-CREF Lfcyle Idx 2020-Inst	121 units	2,049
*TIAA-CREF Lfcyle Idx 2025-Inst	4,283 units	79,312
*TIAA-CREF Lfcyle Idx 2030-Inst	3,223 units	64,629
*TIAA-CREF Lfcyle Idx 2035-Inst	3,834 units	82,440
*TIAA-CREF Lfcyle Idx 2040-Inst	3,261 units	73,966
*TIAA-CREF Lfcyle Idx 2045-Inst	8,448 units	197,854
*TIAA-CREF Lfcyle Idx 2050-Inst	2,447 units	57,959
*TIAA-CREF Lfcyle Idx 2055-Inst	2,194 units	41,888
*TIAA-CREF Money Market-Inst	155,408 units	155,408
*TIAA-CREF Money Market-Rtmt	13,903 units	13,903
*TIAA-CREF Real Est Secs-Inst	573 units	9,278
AM FDS Cap Wrld GRW AND INC R6	618 units	31,841
American EuroPac Growth R6	461 units	22,581
DFA US Targeted Val Port Inst	9 units	253
Vanguard Selected Value Inv	511 units	12,772
*TIAA-CREF Lfcyle Idx 2060-Inst	1,326 units	19,592
*TIAA-CREF Lfcyle Idx 2065-Inst	74 units	779
Columbia Dividend Income Inst3	1,062 units	31,327
Putnam Small Cap Growth R6	4 units	199
BlackRock Total Return K	4,957 units	48,924
T Rowe Price Growth Stock I	61 units	3,777
Vanguard Ttl Stk Mkt Idx Adm	597 units	55,604
American Century Inf Adj Bd R6	157 units	1,652
Vanguard Ttl Intl Stk Idx Adm	33 units	915

William Jewell College 403(b) Plan

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2022

Identity of Issuer	Description of Investment	Current Value
GuideStone		
*Aggressive Allocation Fund	95,536 shares	\$ 948,676
*Balanced Allocation Fund	359,571 shares	3,699,984
*Conservative Allocation Fund	123,588 shares	1,271,725
*Defensive Market Strategies Fund	38,068 shares	403,518
*Emerging Markets Equity Fund	9,731 shares	79,893
*Equity Index Fund	17,633 shares	705,657
*Global Bond Fund	11,357 shares	94,828
*Global Real Estate Securities Fund	8,553 shares	70,988
*Growth Allocation Fund	170,959 shares	1,774,550
*Growth Equity Fund	49,359 shares	866,739
*International Equity Fund	22,475 shares	274,871
*Low-Duration Bond Fund	41,107 shares	518,353
*Medium-Duration Bond Fund	49,201 shares	617,965
*Money Market Fund	973,275 shares	973,275
*MyDestination 2015 Fund	129,008 shares	1,159,780
*MyDestination 2025 Fund	111,512 shares	1,027,026
*MyDestination 2035 Fund	132,773 shares	1,242,752
*MyDestination 2045 Fund	95,605 shares	896,779
*MyDestination 2055 Fund	12,498 shares	166,342
*Small Cap Equity Fund	36,833 shares	563,171
*Strategic Alternatives Fund	6,012 shares	59,042
*Value Equity Fund	47,514 shares	809,158
*Vanguard Balanced Index Admiral Fund	5,198 shares	206,116
*Vanguard Short Term Bond Index Admiral Fund	33,082 shares	326,518
*Vanguard Total Bond Market Index Admiral Fund	19,571 shares	185,534
*Vanguard Total International Stock Index Fund	13,801 shares	384,484
*Vanguard Total Stock Market Index Admiral Fund	22,520 shares	2,096,569
		<u>22,664,083</u>
*Pooled Separate Account - TIAA Real Estate	2,604 units	<u>1,450,181</u>
*TIAA Traditional Annuity Contracts		
*TIAA Traditional Annuity Contract (fully benefit-responsive)		1,926,392
*TIAA Traditional Annuity Contract (non fully benefit-responsive)		3,350,303
*TIAA Stable Value		<u>5,408</u>
		<u>5,282,103</u>
Total assets held at end of year		<u>\$ 44,689,129</u>

*Party in interest