

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed 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-SF.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 04/30/2023

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>THE SEQUOYAH EDUCATIONAL CENTER 403(B) PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>12/01/1995</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE SEQUOYAH EDUCATIONAL CENTER</u> <u>535 SOUTH PASADENA AVENUE</u> <u>PASADENA, CA 91105-3001</u>		2b Employer Identification Number (EIN) <u>95-2022023</u>
		2c Sponsor's telephone number <u>626-795-4351</u>
		2d Business code (see instructions) <u>611000</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 <u>THE SEQUOYAH SCHOOL</u> c Plan Name <u>THE SEQUOYAH SCHOOL 403(B) RETIREMENT PLAN</u>		4b EIN <u>95-2022023</u>
		4d PN <u>001</u>
5a Total number of participants at the beginning of the plan year.....	5a	<u>120</u>
b Total number of participants at the end of the plan year	5b	<u>126</u>
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c	<u>122</u>
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>95</u>
d(2) Total number of active participants at the end of the plan year.....	5d(2)	<u>102</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	<u>0</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. <u>02/14/2024</u> <u>MICHAEL BARAK</u>
	Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2022)
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	5085025	5878115
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	5085025	5878115
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	219043	
(2) Participants.....	8a(2)	259550	
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	433288	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		911881
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	118766	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g	25	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		118791
i Net income (loss) (subtract line 8h from line 8c).....	8i		793090
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2L 2M 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e	X		20018
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g	X		5046
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver.Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

THE SEQUOYAH EDUCATIONAL CENTER

For the Period Ending 04/30/2023

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
Insurance Company General Contract						
BR1	TIAA#	TIAA Traditional Benefit Responsive			\$662,408.10	\$542,526.58
NBR	TIAA#	TIAA Traditional Non Benefit Responsive			\$542,663.27	\$447,216.79
Subtotal Insurance Company General Contract					\$1,205,071.37	\$989,743.37
Pooled Separate Account						
X1	QREARX	TIAA Real Estate	\$538.285600	193.7754	\$104,306.50	\$86,389.73
Subtotal Pooled Separate Account					\$104,306.50	\$86,389.73
Registered Investment Company						
X2	QCSTRX	CREF Stock R1	\$682.369400	1,378.5918	\$940,708.86	\$546,867.21
X3	QCMMRX	CREF Money Market R1	\$26.883000	19,375.4639	\$520,870.59	\$506,338.76
X4	QCSCRX	CREF Social Choice R1	\$306.684700	1,191.3932	\$365,382.07	\$274,055.08
X6	QCGLRX	CREF Global Equities R1	\$252.203800	1,721.8656	\$434,261.04	\$278,028.82
X7	QCGRRX	CREF Growth R1	\$314.374800	3,000.4664	\$943,271.02	\$395,053.62
X8	QCEQRX	CREF Equity Index R1	\$352.775000	651.5591	\$229,853.76	\$130,230.31
X9	QCILRX	CREF Inflation-Linked Bond R1	\$79.109300	892.5971	\$70,612.73	\$58,872.81
8Y	W436#	TIAA Access Core Bond Plus T4	\$38.584700	26.6995	\$1,030.19	\$1,027.21
8K	W422#	TIAA Access Equity Index T4	\$85.727000	196.1212	\$16,812.88	\$10,675.21
8B	W413#	TIAA Access Growth & Income T4	\$96.783300	177.1434	\$17,144.52	\$11,469.30
8A	W411#	TIAA Access Intl Equity T4	\$34.371100	3,771.9203	\$129,645.05	\$113,583.45
8W	W434#	TIAA Access Lg-Cap Gr T4	\$112.987100	320.7595	\$36,241.69	\$20,846.05
8C	W414#	TIAA Access Lg-Cap Val T4	\$59.328700	834.7430	\$49,524.21	\$42,345.50
83	W441#	TIAA Access Lifecycle 2025 T4	\$51.742400	371.5876	\$19,226.84	\$18,706.00
84	W442#	TIAA Access Lifecycle 2030 T4	\$53.388200	752.7044	\$40,185.54	\$40,443.31
85	W443#	TIAA Access Lifecycle 2035 T4	\$56.004000	671.4123	\$37,601.77	\$38,964.02
86	W444#	TIAA Access Lifecycle 2040 T4	\$59.198600	955.9429	\$56,590.49	\$56,680.67
91	W449#	TIAA Access Lifecycle 2045 T4	\$58.823000	1,911.0265	\$112,412.31	\$112,268.04



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Total Plan Assets Under Management

For the Period Ending 04/30/2023

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
92	W450#	TIAA Access Lifecycle 2050 T4	\$58.599000	2,675.5735	\$156,785.94	\$124,215.06
8E	W416#	TIAA Access Mid-Cap Gr T4	\$72.102400	126.9139	\$9,150.80	\$9,516.55
8F	W417#	TIAA Access Mid-Cap Val T4	\$58.846500	419.7268	\$24,699.46	\$23,087.56
8S	W430#	TIAA Access Real Est Secs T4	\$45.148600	1,052.8178	\$47,533.25	\$43,494.24
8Q	W428#	TIAA Access Sm-Cap BI Idx T4	\$62.261300	388.5982	\$24,194.63	\$22,054.34
8G	W418#	TIAA Access Quant Sml Cp Eq T4	\$65.987400	473.4177	\$31,239.60	\$31,141.50
8D	W415#	TIAA Access Social Ch Eq T4	\$82.582300	405.7568	\$33,508.33	\$30,049.54
X5	QCBMRX	CREF Core Bond R1	\$125.857400	1,127.0654	\$141,849.51	\$130,900.41
AA	W463#	TIAA Access Lifecycle 2055 T4	\$59.077800	790.7890	\$46,718.07	\$46,258.25
AB	W464#	TIAA Access Lifecycle 2060 T4	\$41.693300	638.8790	\$26,636.97	\$26,578.03
Subtotal Registered Investment Company					\$4,563,692.12	\$3,143,750.85
90	LOAN#	Participant Loan Fund Participant Loan Fund			\$5,045.62	\$5,045.62
Subtotal Participant Loan Fund					\$5,045.62	\$5,045.62
TOTAL ASSETS UNDER MANAGEMENT					\$5,878,115.61	\$4,224,929.57



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THE SEQUOYAH EDUCATIONAL CENTER

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X9	QCILRX	CREF Inflation-Linked Bond R1	\$79.109300	892.5971	\$70,612.73	\$58,872.81
8Y	W436#	TIAA Access Core Bond Plus T4	\$38.584700	26.6995	\$1,030.19	\$1,027.21
8K	W422#	TIAA Access Equity Index T4	\$85.727000	196.1212	\$16,812.88	\$10,675.21
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Subtotal Participant Loan Fund					\$5,045.62	\$5,045.62
TOTAL ASSETS UNDER MANAGEMENT					\$5,878,115.61	\$4,224,929.57