

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 08/01/2022 and ending 07/31/2023	
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		
2a	Plan sponsor's name (employer, if for a single-employer plan)	1b	Three-digit plan number (PN) ▶ 001
	Mailing address (include room, apt., suite no. and street, or P.O. Box)	1c	Effective date of plan 02/01/1992
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b	Employer Identification Number (EIN) 59-1221039
	FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	2c	Plan Sponsor's telephone number 305-226-8152
	4200 SW 89TH AVENUE MIAMI, FL 33165-5336	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.	05/15/2024	JULIA GARCIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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		5 201
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) 118
a(2) Total number of active participants at the end of the plan year		6a(2) 157
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 53
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 210
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 210
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 187
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: 2M		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 3 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 08/01/2022 and ending 07/31/2023	
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039

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 RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	0229	158	08/01/2022	07/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 5862	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ARMONDO BLOUNDIN 1625 N. COMMERCE DRIVE, SUITE 215 WESTON, FL 33326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3450			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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CAROLYN M. SMITH AGENCY INC. 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1100			3

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

STEPHEN GREENBERG

1625 N. COMMERCE DRIVE, SUITE 215
WESTON, FL 33326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
802			3

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

GARY GRANSTAFF

115 MAIN ST N, STE 215
CARTHAGE, TN 37030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
357			3

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

CONSOLIDATED RETIREMENT SERVICES INC

115 MAIN ST N, STE 215
CARTHAGE, TN 37030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
109			3

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

VOYA FINANCIAL ADVISORS

ONE ORANGE WAY, A1S
WINDSOR, CT 06095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44			3

(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	2309347
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	587408

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 ▶ ANNUITY CONTRACT

b	Balance at the end of the previous year	7b	2507079
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c	Additions: (1) Contributions deposited during the year	7c(1)	92209	
	(2) Dividends and credits.....	7c(2)	65065	
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	248	
	▶ LOAN PAYMENTS, TRANSFERS			

(6) Total additions.....	7c(6)	157522
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2664601
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	355255	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	0	
▶			

(5) Total deductions.....	7e(5)	355255
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2309346
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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 08/01/2022 and ending 07/31/2023	
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039

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 NATIONAL LIFE GROUP
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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
75-0953004	65528	44FE	16	08/01/2022	07/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 12	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid KEVIN R. WALKER 2700 NATURE WALK, UNIT 205 WESLEY CHAPEL, FL 33543-3764

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

(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** 363393**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **BASED ON SCH.'S FILED WITH STATE DEP. OF INSURANCE****b** Premiums paid to carrier **6b** 9718**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..... **6d**
Specify nature of costs ▶**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 ▶ **ANNUITY CONTRACTS****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions..... **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions..... **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023		
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039	

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 C.M. LIFE INSURANCE COMPANY
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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
06-1041383	93432	ART0114885EE	3	08/01/2022	07/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 370	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid WALES BARRY BRIAN 8300 NW 53RD STREET, STE 102-014 DORAL, FL 33166-7812

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
309			3

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

STRAUB, JEREMY M. 1000 CORPORATE DRIVE, SUITE 700 FORT LAUDERDALE, FL 33334

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48	0		3

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

ERIK C. SUSSMAN

1000 CORPORATE DR., STE 700
FORT LAUDERDALE, FL 33334

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	194673

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

b	Premiums paid to carrier	6b	5391
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	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

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

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023		
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039	

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	
THE VANGUARD GROUP, INC.	P.O. BOX 2600 VALLEY FORGE, PA 19482
23-1945930	

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

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

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

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

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

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

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

RELIASTAR LIFE INSURANCE CO.

41-0451140

(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?
60 64 65 66	SERVICE PROVIDER	535	Yes ☒ No ☐	Yes ☒ No ☐	10316	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
RELIASTAR LIFE INSURANCE CO.	64	7680
(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.	
ING FIXED FD 41-0451140	RECORD KEEPING FEES	
(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:	KEEFE, MCCULLOUGH & CO., L.L.P.
b EIN:	59-1363792
c Position:	ACCOUNT/AUDITING FIRM
d Address:	6550 N. FEDERAL HIGHWAY, 4TH FLOOR FORT LAUDERDALE, FL 33308
e Telephone:	954-771-0896

Explanation: FIRM WAS ACQUIRED BY CITRIN COOPERMAN.

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 08/01/2022 and ending 07/31/2023		
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.	D Employer Identification Number (EIN) 59-1221039	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL ARTISTRY VARIABLE ANNUI				
b Name of sponsor of entity listed in (a): MASS MUTUAL ARTISTRY VARIABLE ANNUI				
c EIN-PN 06-1041383-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	194673	
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA T. ROWE PRICE DIVERSIFIED MID C				
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO				
c EIN-PN 41-0451140-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	90634	
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT REAL RETURN PORT				
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO				
c EIN-PN 41-0451140-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6466	
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERM BD PT I				
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO				
c EIN-PN 41-0451140-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30114	
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LG CAP GRTH INDEX I				
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO				
c EIN-PN 41-0451140-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	89849	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP INDEX 500				
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO				
c EIN-PN 41-0451140-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	223811	
a Name of MTIA, CCT, PSA, or 103-12 IE: ING FOREIGN FD				
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO				
c EIN-PN 41-0451140-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5777	

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MID CAP PORT I		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13304
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL COMPANY PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3218
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TEMPLETON FOREIGN ENTITY		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10306
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS INS SER GR 2		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16445
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS INS GR INC 2		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23225
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA T. ROWE PRICE DIV M G P SRV		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1107
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND P		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18019
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LG CAP GRTH PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21684
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET SM & MID CA		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5083
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOCATION GRTH PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10124

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LIMITED MAT BD CL S		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MIDCAP OPPORTUNITIES PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL CAP OPPT PORT I		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-020	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN ADV MGMT TR SOC RE		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS INS SER INTL CL Z		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5431
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LG CAP GRTH PORT		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6811
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA HIGH YIELD PORTFOLIO		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1556
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA IND P1 SCP		
b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE CO		
c EIN-PN 41-0451140-041	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4339
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 08/01/2022 and ending 07/31/2023		
A Name of plan FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA CHRISTIAN SCHOOL OF DADE CO., INC.		D Employer Identification Number (EIN) 59-1221039

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	79	79
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1130	10224
(2) Participant contributions.....	1b(2)	3539	20658
(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)	0	0
(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)	819512	782080
(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)	3047969	3216585
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2852437	2672740
(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	6724666	6702366

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6724666	6702366
---	-----------	---------	---------

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)	133443	
(B) Participants	2a(1)(B)	259818	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		393261
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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	84783	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		84783
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		69604
(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)		136233
c Other income	2c		75226
d Total income. Add all income amounts in column (b) and enter total	2d		759107
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	773226	
(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)		773226
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)	8181	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8181
j Total expenses. Add all expense amounts in column (b) and enter total	2j		781407
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-22300
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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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		20710

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

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

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

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

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

Florida Christian School of Dade Co., Inc. Retirement Plan

Financial Statements and Supplemental Schedules
For the Year Ended July 31, 2023

Florida Christian School of Dade Co., Inc. Retirement Plan

Financial Statements and Supplemental Schedules
For the Year Ended July 31, 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Florida Christian School of Dade Co., Inc. Retirement Plan
Miami, Florida

Scope and Nature of ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements

We have performed an audit of the financial statements of Florida Christian School of Dade Co., Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of July 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 July 31, 2023, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements is complete and accurate.

Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section -

- the amounts and disclosures in the 2023 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2023 financial statements related to assets held by and certified to by qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2023 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

Auditor's Responsibilities for the Audit of the 2023 Financial Statement (Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2023 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

2023 Supplemental Schedules Required by ERISA

The supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) and Schedule H - Line 4a - Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNI). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

2023 Supplemental Schedules Required by ERISA (Continued)

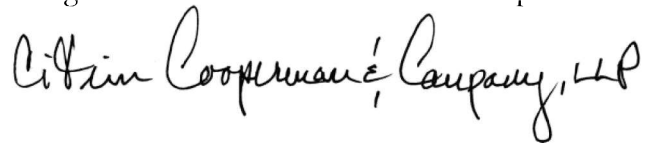
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion-

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

Auditor's Report on the 2022 Financial Statements

The financial statements of Florida Christian School of Dade Co., Inc. Retirement Plan as of July 31, 2022, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by qualified institutions. Their report dated May 11, 2023, indicated that in their opinion (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedule, other than the information in the 2022 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determines meets the the requirements of ERISA Section 103(a)(3)(C).



CERTIFIED PUBLIC ACCOUNTANTS

Fort Lauderdale, Florida
May 14, 2024

Florida Christian School of Dade Co., Inc.
Retirement Plan
Statements of Net Assets Available for Benefits
July 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets:		
Cash	\$ 79	\$ 79
Investments at fair value	3,803,992	3,695,186
Investments at contract value	<u>2,867,413</u>	<u>3,024,732</u>
Total investments	<u>6,671,405</u>	<u>6,719,918</u>
Receivables:		
Employer contributions	10,224	1,130
Participant contributions	<u>20,658</u>	<u>3,539</u>
Total receivables	<u>30,882</u>	<u>4,669</u>
Total assets	<u>6,702,366</u>	<u>6,724,666</u>
Net Assets Available for Benefits	<u>\$ 6,702,366</u>	<u>\$ 6,724,666</u>

See accompanying notes to financial statements.

Florida Christian School of Dade Co., Inc.
Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended July 31, 2023

Additions to Net Assets Attributed to:

Investment income:

Dividend and interest	\$ 160,009
Net appreciation in fair value of investments	<u>205,837</u>

Investment income	<u>365,846</u>
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Contributions:

Participants	259,818
Employer	<u>133,443</u>

Total contributions	<u>393,261</u>
---------------------	----------------

Total additions	<u>759,107</u>
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Deductions from Net Assets Attributed to:

Benefits paid to participants	773,226
Administrative expenses	<u>8,181</u>

Total deductions	<u>781,407</u>
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Net decrease in net assets available for benefits	(22,300)
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Net Assets Available for Benefits, Beginning	<u>6,724,666</u>
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Net Assets Available for Benefits, Ending	<u><u>\$ 6,702,366</u></u>
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See accompanying notes to financial statements.

Note 1 - Description of the Plan

The following description of Florida Christian School of Dade Co., Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and/or Plan agreement for a more complete description of the Plan's provisions.

General: The Plan was established in 1992, subsequently restated and amended, by Florida Christian School of Dade Co., Inc. (the "Sponsor/Employer") to provide benefits to eligible employees of the Sponsor, as defined by the Plan. The Plan is a 403(b) defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility: All employees are eligible to make salary reduction contributions to the Plan, unless they meet certain criteria, as soon as administratively feasible on or after the participant's first day of employment. The employees who are excluded are certain nonresident aliens who have no earned income from sources within the United States, employees who normally work less than 20 hours per week, and employees who are enrolled as students and regularly attending classes offered by the Employer.

Contributions: Each year, participants may contribute an amount or percentage of annual compensation, as defined, subject to Internal Revenue Service (IRS) regulations. Contributions to the Plan are pre-tax and are deductible from gross income for federal income tax purposes. As determined annually by the managing body of the Employer, the Employer may make a discretionary matching contribution, determined as a percentage of elective employee salary deferrals. For the year ended July 31, 2023, the Employer made matching contributions of 100% of employee contributions up to 2.5% of eligible compensation. Rollover and transfers of funds from other qualified plans in which employees cease to participate are not permitted.

Participants' accounts (self-directed): Each participant's account is credited with the individual contributions, as well as an allocation of the Sponsor's contributions, if any, and Plan earnings or losses, and charged with an allocation of administrative expenses. The earnings or losses, including fair value adjustments, on a participant's account are based on the performance of the investment funds.

Vesting: Participants are immediately vested in their voluntary contributions; the Employer's matching contributions, and earnings thereon.

Payments of benefits: Upon termination, normal retirement, disability or death, a participant or beneficiary receives the entire amount credited to the participant's account in either a lump sum, installments, or an annuity contract, as permitted by investment arrangements. In addition, a participant may qualify for a hardship distribution from elective deferrals or when the participant attains age of 59 ½ (in-service withdrawals) from the entire vested balance, as defined in the Plan. The payments of benefits under the Plan are governed by IRS Code Section 403(b).

Note 2 - Summary of Significant Accounting Policies

Basis of accounting: The Plan's policy is to prepare its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). Consequently, additions to net assets are recognized when earned and deductions from net assets are recognized when the obligation is incurred.

Investment valuation and income recognition: At July 31, 2023, the Plan's investments were held in various insurance contracts and annuities and various mutual funds and pooled separate accounts. Investments are generally reported at fair value, except for the Plan's fully benefit responsive investment/annuity contracts which are stated at contract value. The difference between fair value and the cost of investments is reflected as net appreciation or depreciation in fair value of investments in the statement of changes in net assets available for benefits. The Plan's management determines the Plan's valuation policies utilizing information provided by the custodians.

The investment in pooled separate accounts is valued at the net asset value (the "NAV") per unit, as determined by the custodians at year-end. The NAV is used as the practical expedient to estimate fair value and is based on the fair value of the underlying investment held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Investments valued at NAV used as the practical expedient and excluded from the fair value hierarchy.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued as it is earned, and dividends are recorded as of the ex-dividend date. Net appreciation (depreciation) in fair value includes the Plan's gains and losses on investments bought, sold and held during the year.

Payment of benefits: Benefits are recorded when paid.

Use of estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the year. Accordingly, actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which the adjustments are determined.

Administrative expenses: Certain of the Plan's administrative expenses are paid by the Sponsor, and are excluded from these financial statements. Other expenses may be paid from Plan assets, which amounted to approximately \$ 8,200 for the Plan year ended July 31, 2023, and deducted from participant accounts in accordance with the Plan document.

Date of management review: Subsequent events have been evaluated by management through May 14, 2024, the date the financial statements were available to be issued, and management has determined that there are no subsequent events that require disclosure under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855 Subsequent Events.

Note 3 - Information Prepared and Certified by the Plan's Custodians

The following tables summarize information regarding the Plan as of July 31, 2023 and 2022, and for the year ended July 31, 2023, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), Vanguard (Ascensus, LLC (2023)/Newport Trust Company (2022), and Mass Mutual Life Insurance Company (collectively, the "custodians"), without audit, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodians that such information is complete and accurate.

	<u>2023</u>	<u>2022</u>
Investments:		
Mutual funds	\$ 3,216,583	\$ 3,047,969
Pooled separate accounts	587,409	647,217
	<u>3,803,992</u>	<u>3,695,186</u>
Annuity contracts	2,672,740	2,852,437
Variable annuities	194,673	172,295
	<u>2,867,413</u>	<u>3,024,732</u>
Total certified assets	\$ <u>6,671,405</u>	\$ <u>6,719,918</u>
Dividend and interest	\$ <u>160,009</u>	
Net appreciation in fair value of investments	\$ <u>205,837</u>	

Note 4 - Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 4 - Fair Value Measurements (continued)

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

Following is a description of the valuation methodology used by management for assets measured at fair value. There have been no changes in the methodology used at July 31, 2023 and 2022.

Mutual funds - Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Assets measured at fair value are based on one or more of the following valuation techniques:

- (a) *Market Approach*: Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- (b) *Cost approach*: Amount that would be required to replace the service capacity of an asset (replacement cost); and
- (c) *Income approach*: Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2023 and 2022:

	July 31, 2023				Valuation Technique
	Level 1	Level 2	Level 3	Total	
Assets in fair value hierarchy:					
Mutual funds	\$ <u>3,216,583</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>3,216,583</u>	(a)
Investments measured at NAV (1)				\$ <u>587,409</u>	
Investments at fair value				\$ <u>3,803,992</u>	

Florida Christian School of Dade Co., Inc.
Retirement Plan
Notes to Financial Statements
July 31, 2023

Note 4 - Fair Value Measurements (continued)

	July 31, 2022				Valuation Technique
	Level 1	Level 2	Level 3	Total	
Assets in fair value hierarchy:					
Mutual funds	\$ 3,047,969	\$ -	\$ -	\$ 3,047,969	(a)
Investments measured at NAV (1)				\$ 647,217	
Investments at fair value				\$ 3,695,186	

During the years ended July 31, 2023 and 2022, there were no transfers between levels of the fair value hierarchy.

- (1) In accordance with U.S. GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables summarize the Plan's investments measured at fair value based upon NAV per unit as of July 31, 2023 and 2022:

	July 31, 2023				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts:					
Asset allocation (a)	\$ 10,124	\$ -	Daily	None	None
Equity (b)	521,130	-	Daily	None	None
Fixed income (c)	56,155	-	Daily	None	None
Total	\$ 587,409	\$ -			

	July 31, 2022				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts:					
Asset allocation (a)	\$ 9,498	\$ -	Daily	None	None
Equity (b)	560,194	-	Daily	None	None
Fixed income (c)	77,525	-	Daily	None	None
Total	\$ 647,217	\$ -			

Note 4 - Fair Value Measurements (continued)

The investment strategies for the pooled separate accounts are as follows:

- (a) To provide total return and stability of principal consistent with an asset allocation.
- (b) Long-term growth of capital or a combination of growth and income by investing in stocks of mature companies indiscriminate of size.
- (c) To maximize total return through steady income and capital appreciation.

Note 5 - Annuity Contracts

The Plan invests in fully benefit-responsive investment contracts (the "Contracts") with Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), and Mass Mutual Life Insurance Company. Contributions are maintained in a general account. The account is credited on a net daily basis at annual effective rates.

Because the Contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits; this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the custodians, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed by the plan.

The Plan's ability to receive amounts due is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The aggregate contract value of the investment contracts as of July 31, 2023 and 2022 was \$2,867,413 and \$3,024,732, respectively. The crediting interest rate is agreed upon with the issuer, on a portfolio basis.

Note 6 - Tax Status

The Plan is required to operate in conformity with the IRC to maintain the exclusion from tax for Plan participants. Plan management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

Note 7 - Risks and Uncertainties

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

Note 8 – Party-In-Interest

Section 3(14) of ERISA defines a party-in-interest to include, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, loans to participants (as applicable) and transactions with investment funds managed and held by the custodians/trustees are considered party-in-interest transactions. As noted in Note 3, Plan investments are managed and held by Voya Financial (ReliaStar Life Insurance Company), National Life Group (Life Insurance Company of the Southwest), Vanguard (Ascensus, LLC) and Mass Mutual Life Insurance Company. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue-sharing, rather than a direct payment. The Sponsor pays directly any other fees related to the Plan's operation. These parties-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

Note 10 – Delinquent Participant Contributions

During 2023, the Plan sponsor did not remit certain participant contributions in the amount of \$20,695 to the Plan in a timely manner, as prescribed by Department of Labor regulations. These late contributions were funded during 2023. These contributions are considered nonexempt party-in-interest transactions. The Plan sponsor intends to compensate participants for any lost interest resulting from the delay in contributions during 2024. Management estimates that lost income associated with the delay in contributions amounts to approximately \$15.

Florida Christian School of Dade Co., Inc.
Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2023

EIN - 59-1221039
Plan #001

(a) Party-in- Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Life Insurance Company of the Southwest	Annuity Contracts ***	**	\$ 363,393
*	Voya Financial (ReliaStar Life Insurance Company)	Annuity Contracts ***	**	2,309,347
	Total annuity contracts			<u>2,672,740</u>
*	Voya Financial (ReliaStar Life Insurance Company)	T. Rowe Price Diversified Mid-Cap Growth	**	90,634
*	Voya Financial (ReliaStar Life Insurance Company)	Russell Large-Cap Growth Index Portfolio	**	89,849
	Fidelity	VIP Index 500 Portfolio	**	223,811
*	Voya Financial (ReliaStar Life Insurance Company)	Invesco Oppenheimer Global Portfolio	**	5,777
*	Voya Financial (ReliaStar Life Insurance Company)	Index Plus Mid-Cap Portfolio	**	13,304
*	Voya Financial (ReliaStar Life Insurance Company)	Small Company Portfolio	**	3,218
*	Voya Financial (ReliaStar Life Insurance Company)	Templeton Foreign Fund	**	10,306
	American Funds Insurance	Growth Fund	**	16,445
	American Funds Insurance	Growth Income Fund	**	23,225
*	Voya Financial (ReliaStar Life Insurance Company)	T. Rowe Price Diversified Mid-Cap Growth Fund	**	1,107
*	Voya Financial (ReliaStar Life Insurance Company)	Global Bond Portfolio - Class S	**	18,019
*	Voya Financial (ReliaStar Life Insurance Company)	Large-Cap Growth Portfolio	**	21,684
	Oppenheimer Funds	Main Street Small & Mid-Cap Value	**	5,083
*	Voya Financial (ReliaStar Life Insurance Company)	Strategic Allocation Growth Portfolio	**	10,124

See independent auditor's report.

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Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2023

EIN - 59-1221039
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(a) Party-in-Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Voya Financial (ReliaStar Life Insurance Company)	Small-Cap Opportunities Portfolio	**	106
	American Funds Insurance	International Fund	**	5,431
*	Voya Financial (ReliaStar Life Insurance Company)	Large-Cap Growth Portfolio	**	6,811
*	Voya Financial (ReliaStar Life Insurance Company)	High Yield Portfolio	**	1,556
	PIMCO	VIT Real Return Portfolio	**	6,466
*	Voya Financial (ReliaStar Life Insurance Company)	Index Plus Small-Cap Portfolio	**	4,339
*	Voya Financial (ReliaStar Life Insurance Company)	Intermediate Bond Portfolio	**	30,114
	Total pooled separate accounts			587,409
*	Vanguard Holdings	500 Index Fund	**	73,676
*	Vanguard Holdings	Balanced Index Fund	**	199,264
*	Vanguard Holdings	Cash Reserves Federal Money	**	393,501
*	Vanguard Holdings	Core Bond Fund Admiral Shares	**	841
*	Vanguard Holdings	Developed Market Index	**	710
*	Vanguard Holdings	Diversified Equity Fund	**	25,519
*	Vanguard Holdings	Dividend Growth Fund	**	26,225
*	Vanguard Holdings	Emerging Markets Stock Index Fund	**	4,516
*	Vanguard Holdings	Energy Fund	**	9,256
*	Vanguard Holdings	Explorer Value Fund	**	3,213
*	Vanguard Holdings	Extended Market Index Fund	**	57,285
*	Vanguard Holdings	Federal Money Market Fund	**	184,344
*	Vanguard Holdings	Global Equity Fund	**	4,592
*	Vanguard Holdings	Growth Index Fund	**	31,500

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Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2023

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(a) Party-in-Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Vanguard Holdings	Health Care Fund	**	17,690
*	Vanguard Holdings	High Dividend Yield Index Fund	**	39,154
*	Vanguard Holdings	Intermediate-Term Investment-Grade Fund	**	340
*	Vanguard Holdings	International Explorer Fund	**	2,749
*	Vanguard Holdings	International Growth Fund	**	55,129
*	Vanguard Holdings	Life-Strategy Conservative Growth Fund	**	115,400
*	Vanguard Holdings	Life-Strategy Growth Fund	**	98,789
*	Vanguard Holdings	Life-Strategy Moderate Growth Fund	**	70,874
*	Vanguard Holdings	Long-Term Bond Index Fund	**	14,932
*	Vanguard Holdings	Long-Term Investment-Grade Fund	**	3,049
*	Vanguard Holdings	Long-Term Treasury Fund	**	274
*	Vanguard Holdings	Mid-Cap Growth Fund	**	4,876
*	Vanguard Holdings	Mid-Cap Growth Index Fund	**	3,446
*	Vanguard Holdings	Real Estate Index Fund	**	164
*	Vanguard Holdings	Small-Cap Growth Index Fund	**	179
*	Vanguard Holdings	Small-Cap Index Fund	**	47,200
*	Vanguard Holdings	Small-Cap Value Index Fund	**	314
*	Vanguard Holdings	Short-Term Investment-Grade Fund	**	1,927
*	Vanguard Holdings	Short-Term Treasury Fund	**	12,782
*	Vanguard Holdings	Strategic Equity Fund	**	3,841
*	Vanguard Holdings	Target Retirement 2020	**	117,216
*	Vanguard Holdings	Target Retirement 2025	**	22,686
*	Vanguard Holdings	Target Retirement 2030	**	216,402
*	Vanguard Holdings	Target Retirement 2035	**	224,660

See independent auditor's report.

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Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2023

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(a) Party-in-Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Vanguard Holdings	Target Retirement 2040	**	539,616
*	Vanguard Holdings	Target Retirement 2045	**	214,244
*	Vanguard Holdings	Target Retirement 2050	**	68,338
*	Vanguard Holdings	Target Retirement 2055	**	77,377
*	Vanguard Holdings	Target Retirement 2060	**	26,873
*	Vanguard Holdings	Target Retirement 2065	**	6,698
*	Vanguard Holdings	Total Bond Market Index Fund	**	37,431
*	Vanguard Holdings	Total International Bond Index	**	169
*	Vanguard Holdings	Total Stock Market Index Fund	**	405
*	Vanguard Holdings	Total World Stock Index Fund	**	5,120
*	Vanguard Holdings	Treasury Money Market Fund	**	2,533
*	Vanguard Holdings	U.S. Growth Fund	**	112,578
*	Vanguard Holdings	Value Index Fund	**	11,431
*	Vanguard Holdings	Wellesley Income Fund	**	406
*	Vanguard Holdings	Wellington Fund	**	6,102
*	Vanguard Holdings	Windsor Fund	**	8,832
*	Vanguard Holdings	Windsor II Fund	**	9,915
	Total mutual funds			<u>3,216,583</u>
*	Mass Mutual Life Insurance Co.	Artistry Variable Annuity ***	**	<u>194,673</u>
	Total variable annuities			<u>194,673</u>
				<u>\$ 6,671,405</u>

- * Represents party-in-interest, as defined by ERISA.
** Cost information has been omitted for participant-directed investments.
*** Presented at contract value.

See independent auditor's report.

Florida Christian School of Dade Co., Inc.
Retirement Plan
Schedule H, Line 4a - Delinquent Participant Contributions
For the Year Ended July 31, 2023

EIN - 59-1221039
Plan #001

Participant Contributions Transferred Late to the Plan		Check Here if Late Participant Loan Repayments are Included	Total that Constitutes Nonexempt Prohibited Transactions		Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
			Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Amount	Applicable Plan Year		Contributions Not Corrected		
\$ 20,710	2023	N/A	\$ 15	\$ 20,695	\$ -

See independent auditor's report.

Florida Christian School of Dade Co., Inc.
Retirement Plan
Schedule H, Line 4a - Delinquent Participant Contributions
For the Year Ended July 31, 2023

EIN - 59-1221039
Plan #001

Participant Contributions Transferred Late to the Plan		Check Here if Late Participant Loan Repayments are Included	Total that Constitutes Nonexempt Prohibited Transactions		Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
			Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Amount	Applicable Plan Year		Contributions Not Corrected		
\$ 20,710	2023	N/A	\$ 15	\$ 20,695	\$ -

See independent auditor's report.