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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN                                                                                                                                                                                                                                                                    |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>08/01/1988                                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>THE JOHN COOPER SCHOOL<br><br>ONE JOHN COOPER DRIVE<br>THE WOODLANDS, TX 77381-4427 |
| 2b      | Employer Identification Number (EIN)<br>76-0150423                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>281-367-0900                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>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. | 09/26/2024 | CHRIS PATTERSON                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 504                                                                                                                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 327<br><b>6a(2)</b> 348<br><b>6b</b> 5<br><b>6c</b> 209<br><b>6d</b> 562<br><b>6e</b> 0<br><b>6f</b> 562<br><b>6g(1)</b> 491<br><b>6g(2)</b> 488<br><b>6h</b> 545 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                           |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2M 2F 2G 2L 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 3
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE JOHN COOPER SCHOOL           | D Employer Identification Number (EIN)<br>76-0150423 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
TIAA-CREF

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1624203 | 69345         | 500313                                | 164                                                                         | 01/01/2023              | 12/31/2023 |

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.

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 4190919 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 5437299 |

**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. ....**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 ▶**b** Balance at the end of the previous year .....**7b**

3810816

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

135833

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

173517

(4) Transferred from separate account.....

**7c(4)**

1383217

(5) Other (specify below) .....

**7c(5)**

13959

▶ PLAN SERV CREDIT, LOAN INT, LOAN REPAY

(6) Total additions .....

**7c(6)**

1706526

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

5517342

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

518963

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

803436

(4) Other (specify below) .....

**7e(4)**

4024

▶ PLAN FEES

(5) Total deductions .....

**7e(5)**

1326423

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

4190919

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE JOHN COOPER SCHOOL           | D Employer Identification Number (EIN)<br>76-0150423 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
VOYA RETIREMENT INSURANCE AND ANNUITY CO.

| (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     |
| 71-0294708 | 86509         | VFQ018                                | 44                                                                          | 01/01/2023              | 12/31/2023 |

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.

|                                              |                                    |
|----------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>1773 | (b) Total amount of fees paid<br>0 |
|----------------------------------------------|------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
ANGELA M BRYANT  
1091 N MAIN ST  
STE 210  
VIDOR, TX 77662

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |              | (e) Organization code |
|-----------------------------------------------|---------------------------------|--------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose  |                       |
| 1773                                          | 0                               | COMPENSATION | 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 |                       |
|                                               |                                 |             |                       |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 116261  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 1644756 |

**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. ....**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 ▶ UNALLOCATED ANNUITY CONTRACT

**b** Balance at the end of the previous year ..... **7b** 113226

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 6267  
 (2) Dividends and credits ..... **7c(2)**  
 (3) Interest credited during the year ..... **7c(3)** 3355  
 (4) Transferred from separate account..... **7c(4)**  
 (5) Other (specify below) ..... **7c(5)**

(6) Total additions ..... **7c(6)** 9622**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 122848**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 6587  
 (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)** 6587**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 116261

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE JOHN COOPER SCHOOL           | D Employer Identification Number (EIN)<br>76-0150423 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
VARIABLE ANNUITY 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     |
| 74-1625348 | 70238         | 51671                                 | 24                                                                          | 01/01/2023              | 12/31/2023 |

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.

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

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

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

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

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

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

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 309842  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 1278338 |

**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. ....**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 ▶**b** Balance at the end of the previous year .....**7b**

311737

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

9080

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)**

9080

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

320817

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

10975

(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)**

10975

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

309842

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE JOHN COOPER SCHOOL           | D Employer Identification Number (EIN)<br>76-0150423 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VOYA RETIREMENT INS & ANN CO.                                                                              |
| 71-0294708                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VARIABLE ANNUITY LIFE INSURANCE CO                                                                         |
| 74-1625348                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

TIAA

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 55077                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NEW PINNACLE CONSULTING GROUP, LLC

26-1233837

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17                     | CONSULTING                                                                                        | 2720                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VALIC

74-1625348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 26 37 58            | RECORDKEEPER                                                                                      | 90                                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                         |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                 |                                                                         |  |
| <div>A Name of plan</div> <div>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN</div>               | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>THE JOHN COOPER SCHOOL</div> | <div>D Employer Identification Number (EIN)</div> <div>76-0150423</div> |  |

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

|                                                                                                                |                                       |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>TIAA REAL ESTATE</div>                                 |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div> <div>TIAA-CREF</div>                                     |                                       |                                                                                                                            |
| <div>c EIN-PN</div> <div>13-1624203-004</div>                                                                  | <div>d Entity code</div> <div>P</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>505437</div>  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>VARIABLE ANNUITY ACCOUNT C</div>                       |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div> <div>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</div> |                                       |                                                                                                                            |
| <div>c EIN-PN</div> <div>71-0294708-000</div>                                                                  | <div>d Entity code</div> <div>P</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>1644756</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                             |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div>                                                          |                                       |                                                                                                                            |
| <div>c EIN-PN</div>                                                                                            | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                             |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div>                                                          |                                       |                                                                                                                            |
| <div>c EIN-PN</div>                                                                                            | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                             |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div>                                                          |                                       |                                                                                                                            |
| <div>c EIN-PN</div>                                                                                            | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                             |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div>                                                          |                                       |                                                                                                                            |
| <div>c EIN-PN</div>                                                                                            | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                             |                                       |                                                                                                                            |
| <div>b Name of sponsor of entity listed in (a):</div>                                                          |                                       |                                                                                                                            |
| <div>c EIN-PN</div>                                                                                            | <div>d Entity code</div>              | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |                                                                    |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                         |                                                                    |
| <b>A</b> Name of plan<br><b>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶ | <b>001</b>                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE JOHN COOPER SCHOOL</b>           |                                         |                                                                    |
|                                                                                                          |                                         | <b>D</b> Employer Identification Number (EIN)<br><b>76-0150423</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 341834                | 285166          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 597324                | 505437          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 31286453              | 37685277        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 4235779               | 4617022         |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 14420                 | 17700           |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 36475810              | 43110602        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 36475810              | 43110602        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 1475217    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 1602494    |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 232935     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3310646   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 16935      |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 173517     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 190452    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 752860     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 752860    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            | -67686    |
| (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) |            | 4773775   |
| c Other income .....                                                                            | 2c     |            | 9360      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 8969407   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 1853891 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 423512  |         |
| (3) Other .....                                                                      | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 2277403 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 57212   |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 57212   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 2334615 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6634792 |
| 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: **BLAZEK & VETTERLING**

(2) EIN: **76-0269860**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                              |                                                                  |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>JOHN COOPER SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN</div>        | <div>B Three-digit plan number (PN) ▶ 001</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>THE JOHN COOPER SCHOOL</div> | <div>D Employer Identification Number (EIN)<br/>76-0150423</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                              |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                    | <div>1 0</div> |
| <div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br/><br/>EIN(s): 82-2826183 71-0294708</div> |                |
| <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>                                                                                                                                                                                                  |                |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                         | <div>3</div>   |

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

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

Schedule R (Form 5500) 2023  
v. 230707

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br><input type="checkbox"/> No. Other. Provide explanation. _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>08 / 07 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500954A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

**John Cooper School**  
**Defined Contribution Retirement Plan**

Financial Statements and Supplemental Schedule  
for the year ended December 31, 2023  
and Independent Auditors' Report

# John Cooper School Defined Contribution Retirement Plan

## Table of Contents

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|                                                                                                   | Page |
|---------------------------------------------------------------------------------------------------|------|
| <b>Independent Auditors' Report</b>                                                               | 1    |
| <b>Financial Statements:</b>                                                                      |      |
| Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022                  | 3    |
| Statement of Changes in Net Assets Available for Benefits for the year ended<br>December 31, 2023 | 4    |
| Notes to Financial Statements for the year ended December 31, 2023                                | 5    |
| <b>Supplemental Schedule:</b>                                                                     |      |
| Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of<br>December 31, 2023       | 13   |

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## Independent Auditors' Report

To the Plan Administrator of  
John Cooper School Defined Contribution Retirement Plan:

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

We were engaged to perform audits of the financial statements of John Cooper School Defined Contribution Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from the qualified institutions as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of John Cooper School Defined Contribution Retirement Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### Basis for Disclaimer of Opinion

As discussed in Note 8, John Cooper School Defined Contribution Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

## **Responsibilities of Management for the Financial Statements**

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

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

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

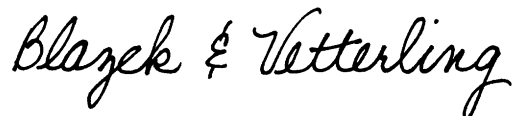
## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

## **Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.



July 31, 2024

## John Cooper School Defined Contribution Retirement Plan

Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022

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|                                                   | <u>2023</u>          | <u>2022</u>          |
|---------------------------------------------------|----------------------|----------------------|
| ASSETS:                                           |                      |                      |
| Investments, at fair value (Notes 4, 5, 6 and 6)  | \$ 41,528,145        | \$ 35,235,452        |
| Investments, at contract value (Notes 4, 5 and 7) | <u>1,297,291</u>     | <u>898,524</u>       |
| Total investments                                 | <u>42,825,436</u>    | <u>36,133,976</u>    |
| Notes receivable from participants (Note 5)       | <u>285,166</u>       | <u>341,834</u>       |
| NET ASSETS AVAILABLE FOR BENEFITS (Note 8)        | <u>\$ 43,110,602</u> | <u>\$ 36,475,810</u> |

See accompanying notes to financial statements.

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## John Cooper School Defined Contribution Retirement Plan

### Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023

#### ADDITIONS:

|                                                               |                  |
|---------------------------------------------------------------|------------------|
| Participant contributions                                     | \$ 1,602,494     |
| Employer contributions                                        | 1,475,217        |
| Rollover contributions                                        | 232,935          |
| Interest and dividend income <i>(Note 5)</i>                  | 959,196          |
| Net appreciation in fair value of investments <i>(Note 5)</i> | 4,693,485        |
| Other income                                                  | <u>6,080</u>     |
| Total additions                                               | <u>8,969,407</u> |

#### DEDUCTIONS:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 2,277,403        |
| Administrative expenses       | <u>57,212</u>    |
| Total deductions              | <u>2,334,615</u> |

|                                              |           |
|----------------------------------------------|-----------|
| CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 6,634,792 |
|----------------------------------------------|-----------|

|                                                                      |                   |
|----------------------------------------------------------------------|-------------------|
| Net assets available for benefits, beginning of year <i>(Note 8)</i> | <u>36,475,810</u> |
|----------------------------------------------------------------------|-------------------|

|                                                                |                      |
|----------------------------------------------------------------|----------------------|
| Net assets available for benefits, end of year <i>(Note 8)</i> | <u>\$ 43,110,602</u> |
|----------------------------------------------------------------|----------------------|

See accompanying notes to financial statements.

## John Cooper School Defined Contribution Retirement Plan

Notes to Financial Statements for the year ended December 31, 2023

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### NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the John Cooper School Defined Contribution Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan established August 1, 1988, covering substantially all employees of John Cooper School (the School), other than non-resident aliens, leased employees, students and those who normally work fewer than 20 hours a week and less than 1,000 hours per year. Covered employees are eligible to participate in the Plan on the first day of the month following their employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – The Plan provides for both participant contributions and employer contributions as follows:

- *Participant contributions* – Participants may elect to contribute up to 100% of their compensation, as defined by the Plan, subject to certain limitations under the Internal Revenue Code (the Code). Participants also may rollover any amounts they receive as distributions from another qualified retirement plan.
- *Employer contributions* – For all eligible employees, the School makes employer contributions equal to 4% of the participant's compensation. The School also makes an employer matching contribution equal to the lesser of 100% of the participant's contributions or 4% of the participant's compensation. The School also may make an additional discretionary contribution to all eligible participants. During the year ended December 31, 2023, no discretionary contribution was made.

Vesting – Participants are immediately 100% vested in all contributions plus actual earnings thereon.

Participant accounts – Each participant's account is credited with the participant's contributions, employer contributions, and an allocation of the investment earnings and expenses for each fund in which their account is invested. Allocations of investment income and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Notes receivable from participants – Participants may borrow from their fund accounts a maximum equal to the lesser of \$50,000, reduced by the highest outstanding loan balance in the preceding one-year period or 50% of their vested account balance. Each loan is secured by the balance in the participant's account. Loan terms range from one to five years, unless for purchase of a principal residence, for which loan terms may range up to 10 years. Participants are limited to two loans per year. No loan amount less than \$1,000 will be granted to any participant for any single general purpose loan.

Participants also may borrow money directly from Teachers Insurance and Annuity Association of America (TIAA). These loans are not included in Plan assets but are secured by the participant's accounts. At December 31, 2023 and 2022, these loans totaled approximately \$20,000 and \$28,000, respectively.

Distribution of benefits – The Plan provides for benefit distributions to plan participants or their beneficiaries, equal to the balance of their accounts upon death, disability, retirement, or other termination of employment. Participants may withdraw a portion or all of their elective participant contributions, while still employed, upon reaching the age of 59½. Additionally, participants may qualify for a hardship withdrawal of their elective participant contributions, while still employed, for the purpose of immediate and heavy financial needs, as defined in the Plan document.

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

## **NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of accounting – The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation – Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers and insurance companies. See Note 6 for discussion of fair value measurements.

The Plan invests in fully benefit-responsive investment contracts and presents these investments in the financial statements at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value equals the accumulated cash contributions and interest credited to the Plan's accounts, less any withdrawals.

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

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Contributions from Plan participants and employer contributions from the School are recorded in the year in which the participant contributions are withheld from compensation.

Benefit payments – Benefit payments to participants are recorded upon distribution.

Expenses – Certain expenses of maintaining the Plan are paid directly by the School and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are included in administrative expenses. Certain investment management fees are included in net appreciation in fair value of investments. Other investment-related and recordkeeping expenses paid by the Plan are included in administrative expenses.

Estimates – Management must make estimates and assumptions to prepare financial statements in accordance with generally accepted accounting principles. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of additions and deductions. Actual results could vary from the estimates that were used.

### **NOTE 3 – TAX STATUS**

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform to the listing of 403(b) plans that have been pre-approved by the Internal Revenue Service. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The plan sponsor has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

### **NOTE 4 – INVESTMENTS**

At December 31, 2023, substantially all assets of the Plan were invested in funds managed by TIAA, College Equities Retirement Fund (CREF), The Variable Annuity Life Insurance Company (VALIC) and Voya Retirement Insurance and Annuity Company (Voya), as insurance companies of the Plan. These transactions qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

The balance of \$4,231,667 in the TIAA-CREF Lifecycle Index 2030 Institutional Fund represents 10% of the Plan's net assets at December 31, 2023. The balance of \$3,881,996 in the TIAA-CREF Lifecycle Index 2030 Institutional Fund represents 11% of the Plan's net assets at December 31, 2022.

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 the amounts reported in the statement of net assets available for benefits and participant account balances.

### **NOTE 5 – INFORMATION CERTIFIED BY INSURANCE COMPANIES**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF, as recordkeeper and agent for TIAA Trust N. A. and TIAA, FSB, the custodians of certain Plan assets, VALIC and VOYA (as insurance companies of the Plan).

## NOTE 6 – FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a hierarchy that prioritizes inputs used to measure fair value. The three levels of the fair value hierarchy are as follows:

- *Level 1* – Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the reporting date.
- *Level 2* – Inputs are other than quoted prices included in Level 1, which are either directly observable or can be derived from or corroborated by observable market data at the reporting date.
- *Level 3* – Inputs are not observable and are based on the reporting entity's assumptions about the inputs market participants would use in pricing the asset or liability.

Assets measured at fair value at December 31, 2023 are as follows:

|                                                                 | <u>LEVEL 1</u>       | <u>LEVEL 2</u>              | <u>LEVEL 3</u>              | <u>TOTAL</u>         |
|-----------------------------------------------------------------|----------------------|-----------------------------|-----------------------------|----------------------|
| Mutual funds                                                    | \$ 29,830,321        |                             |                             | \$ 29,830,321        |
| CREF accounts                                                   | 3,913,773            |                             |                             | 3,913,773            |
| Non-benefit responsive fixed annuity contracts                  |                      |                             | \$ 3,319,731                | 3,319,731            |
| Real estate pooled separate account                             | 505,437              |                             |                             | 505,437              |
| Self-directed brokerage accounts                                | <u>17,700</u>        | <u>                    </u> | <u>                    </u> | <u>17,700</u>        |
| Total assets measured in the fair value hierarchy               | <u>\$ 34,267,231</u> | <u>\$ 0</u>                 | <u>\$ 3,319,731</u>         | 37,586,962           |
| Investments measured at net asset value as practical expedient: |                      |                             |                             |                      |
| Registered separate accounts (a)                                |                      |                             |                             | <u>3,941,183</u>     |
| Investments at fair value                                       |                      |                             |                             | <u>\$ 41,528,145</u> |

Assets measured at fair value at December 31, 2022 are as follows:

|                                                                 | <u>LEVEL 1</u>       | <u>LEVEL 2</u>              | <u>LEVEL 3</u>              | <u>TOTAL</u>         |
|-----------------------------------------------------------------|----------------------|-----------------------------|-----------------------------|----------------------|
| Mutual funds                                                    | \$ 24,450,025        |                             |                             | \$ 24,450,025        |
| CREF accounts                                                   | 3,575,558            |                             |                             | 3,575,558            |
| Non-benefit responsive fixed annuity contracts                  |                      |                             | \$ 3,337,255                | 3,337,255            |
| Real estate pooled separate account                             | 597,324              |                             |                             | 597,324              |
| Self-directed brokerage accounts                                | <u>14,420</u>        | <u>                    </u> | <u>                    </u> | <u>14,420</u>        |
| Total assets measured in the fair value hierarchy               | <u>\$ 28,637,327</u> | <u>\$ 0</u>                 | <u>\$ 3,337,255</u>         | 31,974,582           |
| Investments measured at net asset value as practical expedient: |                      |                             |                             |                      |
| Registered separate accounts (a)                                |                      |                             |                             | <u>3,260,870</u>     |
| Investments at fair value                                       |                      |                             |                             | <u>\$ 35,235,452</u> |

- (a) The investment accounts included in the registered separate accounts consist of (1) equity accounts, (2) fixed-income accounts, (3) balanced accounts, (4) lifecycle accounts, (5) money market accounts and (6) global and international equity accounts. Equity accounts seek a favorable rate-of-return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of U. S. common stocks. Fixed-income accounts seek a favorable long-term rate-of-return primarily through high current income consistent with preserving capital and inflation-indexed bonds whose returns are designed to track a specified inflation index over the life of the bond. Balanced accounts seek to provide capital appreciation and current income by investing in a diversified portfolio of various asset classes and investment strategies, including equity and fixed-income securities. Lifecycle accounts seek high total return over time through a combination of capital appreciation and income by investing in an asset allocation strategy designed for investors planning to retire at certain intervals. Money market accounts are invested in high current income funds consistent with maintaining liquidity and preserving capital. Global and international equity accounts seek a favorable long-term rate-of-return through capital appreciation and income from broadly diversified portfolios that consist primarily of foreign and domestic equity securities. For the accounts, there are no participant-directed redemption restrictions; however, the Plan is required to provide a notice 60 to 90 days in advance to liquidate its entire share in the investments. In addition, VALIC and VOYA contracts retain the right to defer payments in the event of certain emergency conditions. Redemptions can be made daily and there are no unfunded commitments.

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

- *Mutual funds* are valued at the net asset value of the shares held by the Plan at year end.
- *CREF accounts* invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments, including matrix pricing. CREF Money Market Account holdings are generally valued at amortized cost. Each account determines its unit value each day. Unit values are published each day the New York Stock Exchange (NYSE) is open and are the basis for current transactions.
- *Non-benefit responsive fixed annuity contracts* are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.
- The *real estate pooled separate account* generally invests in real estate properties and real estate-related investments. The account's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. Securities held are priced using values obtained from independent pricing sources. Unit values are calculated and published each day the NYSE is open and are the basis for current transactions.
- *Self-directed brokerage accounts* include mutual funds which are valued at the net asset value of shares held by the account at year end and common stock and exchange-traded funds that are valued at the closing price reported on the active market on which the individual securities are traded.
- *Registered separate accounts* are valued at net asset value as a practical expedient based on the fair value of the underlying investments held by the fund less liabilities.

These valuation methods may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate, the use of different methods or assumptions could result in a different fair value measurement at the reporting date.

Purchases of Level 3 investments totaled \$1,231,510 for the year ended December 31, 2023. The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

| <u>INSTRUMENT</u>                              | <u>FAIR VALUE</u> | <u>VALUATION<br/>TECHNIQUE</u> | <u>SIGNIFICANT<br/>UNOBSERVABLE<br/>INPUTS</u> | <u>RANGE OF<br/>SIGNIFICANT<br/>INPUT VALUES</u> |
|------------------------------------------------|-------------------|--------------------------------|------------------------------------------------|--------------------------------------------------|
| Non-benefit responsive fixed annuity contracts | \$3,319,731       | Discounted cash flow           | Risk-adjusted discount rate applied            | 4.00% to 6.75%                                   |

## **NOTE 7 – INVESTMENT CONTRACTS WITH INSURANCE COMPANIES**

The Plan has entered into three investment contracts, as follows:

### TIAA contracts

The Plan has entered into investment contracts with TIAA, the TIAA Traditional Annuity Account (TIAA TAA) and the TIAA Stable Value Account (TIAA SVA). The TIAA TAA is maintained by TIAA in a general account and is backed by TIAA's claim-paying ability. During the accumulation phase, TIAA TAA provides a guarantee of principal, a guaranteed minimum rate of interest, and the potential for additional interest if declared by TIAA. Together, the guaranteed minimum and additional amounts make up the "crediting rate" in the accumulation phase of the account. TIAA groups the funds received over discrete periods into "vintages." The interest credited to each vintage period reflects the investment returns initially obtained on TIAA's investments during the period. The TIAA SVA is a fixed rate annuity contract. Contributions are deposited into a non-unitized separate account and the contract is backed by TIAA's claim-paying ability.

Certain TIAA contract types are fully benefit-responsive; therefore, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to these contracts. Of the amounts invested in TIAA TAA and TIAA SVA, \$871,188 and \$473,561 are fully benefit-responsive at December 31, 2023 and 2022, respectively, and \$3,319,731 and \$3,337,255 are non-benefit responsive at December 31, 2023 and 2022, respectively. Non-benefit responsive contracts contain liquidity restrictions on the redemption of TIAA TAA accumulations by participants, which could impact the value realized upon exiting the contract.

### VALIC contract

The Plan has entered into an investment contract with VALIC. The contract has variable investment options and fixed interest options. Fixed interest contributions are maintained by VALIC in a general account. The general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. VALIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value; however, percent limitations do apply each year.

### VOYA contract

The Plan has entered into an investment contract with VOYA. VOYA maintains the contributions for the fixed annuity portion of this contract in a general account. The general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value; however, percent limitations do apply each year. VOYA is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan; however, percent limitations do apply each year.

### Crediting Interest Rates

The methodology for calculating the crediting interest rate for each contract is as follows:

#### *TIAA CONTRACTS*

The crediting interest rate for the TIAA TAA is supported by the investment performance of a large, diversified portfolio (TIAA's General Account), is correlated with the highest quality debt security yields, and is adjusted for contract liquidity, but may not be less than 1% to 3% based on the individual participant's contract type. The TIAA SVA provides a guaranteed minimum rate of interest of between 1% and 3%. Although the liability to provide contract guarantees and accumulations is backed by the assets in the separate account, any amount to be credited above the minimum guaranteed rate is determined by TIAA. TIAA declares a current interest rate annually.

#### *VALIC CONTRACT*

The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 1% to 3% based on the contract type. VALIC declares a current interest rate each month and establishes a pool rate at the beginning of each calendar year.

#### *VOYA CONTRACT*

The crediting interest rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum crediting interest rate, as stated in the contract and prevailing market conditions, but may not be less than 3%. Such interest rates are reviewed on a monthly basis for resetting.

The Plan's ability to receive amounts due under each contract is dependent on each issuer's ability to meet its financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuers or otherwise.

Certain events may limit the ability of the Plan to transact at contract value under each of these contracts. Such events include: (1) complete or partial plan termination or merger with another plan, (2) plan sponsor events such as bankruptcy, spin-offs, divestitures, layoffs, or retirement incentive programs that cause a significant withdrawal from the Plan, (3) the liberalization of Plan withdrawal or transfer rules or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Upon occurrence of any of these events, a market value adjustment may apply. The School does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

#### **NOTE 8 – NET ASSETS AVAILABLE FOR BENEFITS**

The provisions of ERISA for plan years beginning after January 1, 2009 related to 403(b) plans were amended to include an audit requirement for large plans (generally those with 100 participants or more). Prior to that time, the School did not routinely receive participant account records from the third-party administrator. Further, the School's record retention policies did not result in the maintenance of payroll records dating to the inception of the Plan. As a result, adequate documentation was not available for the Plan to verify the proper balance of net assets available for benefits at December 31, 2009, which was the first year an audit was required.

#### **NOTE 9 – SUBSEQUENT EVENTS**

Management has evaluated subsequent events through July 31, 2024, which is the date that the financial statements were available for issuance. As a result of this evaluation, no events were identified that are required to be disclosed or would have a material impact on reported net assets available for benefits or changes in net assets available for benefits.

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## John Cooper School Defined Contribution Retirement Plan

Employer Identification Number 76-0150423

Plan Number 001

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2023

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party |  | Description of<br>Investment                      | Current<br>Value  |
|------------------------------------------------------------|--|---------------------------------------------------|-------------------|
| Mutual funds:                                              |  |                                                   |                   |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2030 Fund               | \$ 4,231,667      |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2035 Fund               | 4,086,759         |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2025 Fund               | 3,778,406         |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2040 Fund               | 3,688,763         |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2045 Fund               | 2,856,765         |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2015 Fund               | 2,715,652         |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2020 Fund               | 1,651,266         |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2050 Fund               | 1,363,516         |
| Charles Schwab                                             |  | Schwab S&P 500 Index Fund                         | 1,310,159         |
| The Vanguard Group                                         |  | Vanguard Total International Stock Index Fund     | 770,990           |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2055 Fund               | 595,428           |
| The Vanguard Group                                         |  | Vanguard Total Bond Market Index Fund             | 556,291           |
| * TIAA-CREF                                                |  | TIAA-CREF Large-Cap Value Index Fund              | 544,090           |
| * TIAA-CREF                                                |  | TIAA-CREF Small-Cap Blend Index Fund              | 385,564           |
| PGIM                                                       |  | PGIM Jennison Growth Fund                         | 321,633           |
| The Vanguard Group                                         |  | Vanguard Total Stock Market Index Fund            | 284,579           |
| The Vanguard Group                                         |  | Vanguard Mid-Cap Index Fund                       | 275,942           |
| Metropolitan West Funds                                    |  | Metropolitan West Total Return Bond Fund          | 138,852           |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2060 Fund               | 130,891           |
| * TIAA-CREF                                                |  | TIAA-CREF Emerging Markets Equity Fund            | 101,622           |
| The Vanguard Group                                         |  | Vanguard Total International Bond Index Fund      | 37,993            |
| * TIAA-CREF                                                |  | TIAA-CREF Lifecycle Index 2065 Fund               | 3,493             |
| Total mutual funds                                         |  |                                                   | <u>29,830,321</u> |
| CREF accounts:                                             |  |                                                   |                   |
| * CREF                                                     |  | CREF Stock Account                                | 1,762,327         |
| * CREF                                                     |  | CREF Growth Account                               | 719,624           |
| * CREF                                                     |  | CREF Equity Index Account                         | 481,810           |
| * CREF                                                     |  | CREF Global Equities Account                      | 272,701           |
| * CREF                                                     |  | CREF Social Choice Account                        | 183,953           |
| * CREF                                                     |  | CREF Money Market Account                         | 180,432           |
| * CREF                                                     |  | CREF Inflation-Linked Bond Account                | 156,481           |
| * CREF                                                     |  | CREF Core Bond Account                            | 156,445           |
| Total CREF accounts                                        |  |                                                   | <u>3,913,773</u>  |
| Registered separate accounts:                              |  |                                                   |                   |
| * VOYA                                                     |  | Voya T. Rowe Price Capital Appreciation Portfolio | 615,235           |
| * TIAA                                                     |  | TIAA Access Money Market Account                  | 271,445           |
| * VALIC                                                    |  | Vanguard Wellington Fund                          | 244,557           |
| * VOYA                                                     |  | Voya Index Plus Mid-Cap Portfolio                 | 177,425           |
| * VALIC                                                    |  | Moderate Growth Lifestyle Fund                    | 163,627           |
| * TIAA                                                     |  | TIAA Access International Equity Account          | 158,678           |
| * VALIC                                                    |  | Stock Index Fund                                  | 143,569           |
| * VALIC                                                    |  | Science and Technology Fund                       | 133,924           |

(continued)

# John Cooper School Defined Contribution Retirement Plan

Employer Identification Number 76-0150423

Plan Number 001

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2023

(continued)

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party |       | Description of<br>Investment                   | Current<br>Value |
|------------------------------------------------------------|-------|------------------------------------------------|------------------|
| Registered separate accounts: (continued)                  |       |                                                |                  |
| *                                                          | VALIC | Vanguard Windsor II Fund                       | 129,239          |
| *                                                          | VOYA  | Voya Clarion Real Estate Portfolio             | 125,679          |
| *                                                          | VALIC | Mid-Cap Index Fund                             | 124,882          |
| *                                                          | VOYA  | Voya Russell Large-Cap Growth Index Portfolio  | 115,174          |
| *                                                          | VOYA  | Voya Solution 2045 Portfolio                   | 111,428          |
| *                                                          | TIAA  | TIAA Access Core Bond Account                  | 81,989           |
| *                                                          | TIAA  | TIAA Access Large-Cap Value Account            | 73,383           |
| *                                                          | VALIC | Core Bond Fund                                 | 73,258           |
| *                                                          | TIAA  | TIAA Access Large-Cap Growth Account           | 67,503           |
| *                                                          | VALIC | Mid-Cap Strategic Growth Fund                  | 67,167           |
| *                                                          | VOYA  | Voya T. Rowe Price Equity Income Portfolio     | 62,151           |
| *                                                          | VOYA  | Voya Balanced Portfolio                        | 60,573           |
| *                                                          | TIAA  | TIAA Access Growth and Income Account          | 59,675           |
| *                                                          | TIAA  | TIAA Access Mid-Cap Value Account              | 55,608           |
| *                                                          | VALIC | High Yield Bond Fund                           | 54,616           |
| *                                                          | VOYA  | Voya Solution 2035 Portfolio                   | 53,450           |
| *                                                          | TIAA  | TIAA Access Small-Cap Blend Index Account      | 51,759           |
| *                                                          | VOYA  | Voya Money Market Portfolio                    | 48,214           |
| *                                                          | VALIC | Vanguard LifeStrategy Conservative Growth Fund | 47,662           |
| *                                                          | TIAA  | TIAA Access Equity Index Account               | 47,502           |
| *                                                          | VOYA  | Loomis Sayles Small-Cap Value Fund             | 44,386           |
| *                                                          | TIAA  | TIAA Access Lifecycle 2040 Account             | 34,753           |
| *                                                          | VALIC | Goldman Sachs VIT Government Money Market Fund | 31,734           |
| *                                                          | VOYA  | Voya T. Rowe Price Growth Equity Portfolio     | 28,369           |
| *                                                          | TIAA  | TIAA Access Small-Cap Equity Account           | 26,875           |
| *                                                          | VOYA  | Voya Strategic Allocation Moderate Portfolio   | 26,653           |
| *                                                          | TIAA  | TIAA Access Real Estate Securities Account     | 26,309           |
| *                                                          | VOYA  | Voya Index Plus Large-Cap Portfolio            | 24,599           |
| *                                                          | VOYA  | Voya Index Plus Small-Cap Portfolio            | 22,474           |
| *                                                          | VOYA  | Voya Clarion Global Real Estate Portfolio      | 19,757           |
| *                                                          | VALIC | Growth Fund                                    | 19,457           |
| *                                                          | VALIC | Conservative Growth Lifestyle Fund             | 19,410           |
| *                                                          | TIAA  | TIAA Access Mid-Cap Growth Account             | 18,495           |
| *                                                          | VOYA  | Invesco V.I. Core Equity Fund                  | 17,808           |
| *                                                          | VOYA  | Voya High Yield Portfolio                      | 17,773           |
| *                                                          | TIAA  | TIAA Access Lifecycle 2030 Account             | 15,901           |
| *                                                          | VOYA  | Global High Dividend Low Volatility Portfolio  | 13,872           |
| *                                                          | VOYA  | American Century Inflation-Adjusted Bond Fund  | 13,781           |
| *                                                          | VALIC | Systematic Core Fund                           | 13,132           |
| *                                                          | TIAA  | TIAA Access Lifecycle 2045 Account             | 10,385           |
| *                                                          | VOYA  | Intermediate Bond Portfolio                    | 8,153            |
| *                                                          | TIAA  | TIAA Access Lifecycle 2025 Account             | 7,055            |
| *                                                          | VOYA  | Voya Strategic Allocation Growth Portfolio     | 7,042            |

(continued)

## John Cooper School Defined Contribution Retirement Plan

Employer Identification Number 76-0150423

Plan Number 001

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2023

(continued)

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of<br>Investment                                         | Current<br>Value     |
|------------------------------------------------------------|----------------------------------------------------------------------|----------------------|
| Registered separate accounts: (continued)                  |                                                                      |                      |
| * VALIC                                                    | Large-Cap Capital Growth Fund                                        | 6,166                |
| * VOYA                                                     | Voya Solution 2025 Portfolio                                         | 5,586                |
| * VOYA                                                     | Voya Large-Cap Value Portfolio                                       | 5,454                |
| * VOYA                                                     | Voya Invesco Comstock Portfolio                                      | 4,788                |
| * TIAA                                                     | TIAA Access Inflation-Linked Bond Account                            | 4,576                |
| * VOYA                                                     | Voya Solution Income Portfolio                                       | 4,533                |
| * VALIC                                                    | International Value Fund                                             | 3,445                |
| * VOYA                                                     | Voya Global Insights Portfolio                                       | 3,399                |
| * TIAA                                                     | TIAA Access Lifecycle 2035 Account                                   | 2,926                |
| * VOYA                                                     | Voya Invesco Equity and Income Portfolio                             | 2,883                |
| * VOYA                                                     | Voya JPMorgan Emerging Markets Equity Portfolio                      | 2,477                |
| * TIAA                                                     | TIAA Access Social Choice Equity Account                             | 2,430                |
| * VALIC                                                    | Emerging Economies Fund                                              | 1,948                |
| * VOYA                                                     | Voya Solution Moderate Portfolio                                     | 1,640                |
| * TIAA                                                     | TIAA Access Core Bond Plus Account                                   | 842                  |
| * TIAA                                                     | International Government Bond Fund                                   | 545                  |
| Total registered separate accounts                         |                                                                      | <u>3,941,183</u>     |
| Fixed annuity contracts:                                   |                                                                      |                      |
| * TIAA                                                     | TIAA Traditional Annuity Account                                     | 3,605,274            |
| * TIAA-CREF                                                | TIAA Stable Value Account                                            | 585,645              |
| * VALIC                                                    | VALIC Fixed Account Plus                                             | 182,159              |
| * VALIC                                                    | VALIC Short-Term Fixed Account                                       | 127,683              |
| * VOYA                                                     | Voya Fixed Plus Account II                                           | 116,261              |
| Total fixed annuity contracts                              |                                                                      | <u>4,617,022</u>     |
| Pooled separate account:                                   |                                                                      |                      |
| * TIAA                                                     | TIAA Real Estate Account                                             | <u>505,437</u>       |
| Self-directed brokerage account:                           |                                                                      |                      |
| * TIAA                                                     | TIAA-CREF Self-Directed Account                                      | <u>17,700</u>        |
| * Participant loans                                        | Varying maturities and interest rates<br>ranging from 4.25% to 9.50% | <u>285,166</u>       |
| Total                                                      |                                                                      | <u>\$ 43,110,602</u> |

\* Party-in-interest

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► John Cooper School Defined Contribution Retirement Plan

Employer Identification Number: ► 76-0150423

For plan year (beginning/ending): ► 1/1/2023 to 12/31/2023

Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | College Retirement Equities Fund variable annuities       | Company General Contract                                                                                   |          | \$ 270,385.17     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive                                                                    |          | \$ 2,121,362.38   |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Benefit Responsive 2                                                                      |          | \$ 3,728.64       |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive 2                                                                  |          | \$ 1,198,368.50   |
| *   | College Retirement Equities Fund variable annuities       | TIAA Stable Value                                                                                          |          | \$ 585,644.98     |
|     | College Retirement Equities Fund variable annuities       | Plan Loan Default Fund                                                                                     |          | \$ 11,428.88      |
| *   | College Retirement Equities Fund variable annuities       | CREF Stock R1                                                                                              |          | \$ 1,200,597.97   |
| *   | College Retirement Equities Fund variable annuities       | CREF Money Market R1                                                                                       |          | \$ 180,432.33     |
| *   | College Retirement Equities Fund variable annuities       | CREF Social Choice R1                                                                                      |          | \$ 183,953.32     |
| *   | College Retirement Equities Fund variable annuities       | CREF Global Equities R1                                                                                    |          | \$ 272,701.28     |
| *   | College Retirement Equities Fund variable annuities       | CREF Growth R1                                                                                             |          | \$ 719,623.92     |
| *   | College Retirement Equities Fund variable annuities       | CREF Equity Index R1                                                                                       |          | \$ 481,810.01     |
| *   | College Retirement Equities Fund variable annuities       | CREF Inflation-Linked Bond R1                                                                              |          | \$ 156,480.67     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Real Estate                                                                                           |          | \$ 505,437.01     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Bond Plus T4                                                                               |          | \$ 841.53         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Bond T4                                                                                    |          | \$ 81,988.84      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Equity Idx T4                                                                              |          | \$ 47,501.60      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Grw & Inc T4                                                                               |          | \$ 59,675.40      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Infl Lnk Bd T4                                                                             |          | \$ 4,575.94       |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Intl Equity T4                                                                             |          | \$ 158,678.12     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Lrg Cap Gr T4                                                                              |          | \$ 67,502.73      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Lrg Cap Val T4                                                                             |          | \$ 73,382.50      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C LifCyc 2025 T4                                                                             |          | \$ 7,055.48       |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C LifCyc 2030 T4                                                                             |          | \$ 15,900.54      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C LifCyc 2035 T4                                                                             |          | \$ 2,926.17       |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C LifCyc 2040 T4                                                                             |          | \$ 34,753.46      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C LifCyc 2045 T4                                                                             |          | \$ 10,385.06      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Mid Cap Grw T4                                                                             |          | \$ 18,494.88      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Mid Cap Val T4                                                                             |          | \$ 55,608.26      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Money Mkt T4                                                                               |          | \$ 271,444.81     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C RI Est Sec T4                                                                              |          | \$ 26,309.05      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Sm Cp Bl lx T4                                                                             |          | \$ 51,759.11      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Sml Cap Eq T4                                                                              |          | \$ 26,874.54      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access T-C Soci Chc Eq T4                                                                             |          | \$ 2,430.22       |
| *   | College Retirement Equities Fund variable annuities       | CREF Core Bond R1                                                                                          |          | \$ 156,445.22     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2015-Inst                                                                             |          | \$ 2,715,652.18   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2020-Inst                                                                             |          | \$ 1,651,265.86   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2025-Inst                                                                             |          | \$ 3,778,405.97   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2030-Inst                                                                             |          | \$ 4,231,666.75   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2035-Inst                                                                             |          | \$ 4,086,759.49   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2040-Inst                                                                             |          | \$ 3,688,762.74   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2045-Inst                                                                             |          | \$ 2,856,764.89   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2050-Inst                                                                             |          | \$ 1,363,515.79   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2055-Inst                                                                             |          | \$ 595,428.24     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lq-Cap Val Idx-Inst                                                                              |          | \$ 544,090.05     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Sm-Cap Bl Idx-Inst                                                                               |          | \$ 385,564.47     |
| *   | College Retirement Equities Fund variable annuities       | Vanguard Ttl Bd Mkt Idx Adm                                                                                |          | \$ 556,290.53     |
| *   | College Retirement Equities Fund variable annuities       | Vanguard Mid-Cap Idx Adm                                                                                   |          | \$ 275,941.85     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2060-Inst                                                                             |          | \$ 130,891.02     |
|     | College Retirement Equities Fund variable annuities       | Vanguard Ttl Intl Stk Idx Adm                                                                              |          | \$ 770,989.92     |
|     | College Retirement Equities Fund variable annuities       | Metropolitan W. Tot Ret Bd Pln                                                                             |          | \$ 138,852.38     |
|     | College Retirement Equities Fund variable annuities       | Schwab S&P 500 Index Fund                                                                                  |          | \$ 1,310,159.40   |
|     | College Retirement Equities Fund variable annuities       | Vanguard Ttl Stk Mkt Idx Adm                                                                               |          | \$ 284,579.20     |
|     | College Retirement Equities Fund variable annuities       | PGIM Jennison Growth Class R6                                                                              |          | \$ 321,632.70     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2065-Inst                                                                             |          | \$ 3,493.07       |
|     | College Retirement Equities Fund variable annuities       | Vanguard Ttl Intl Bnd Idx Adm                                                                              |          | \$ 37,992.98      |
| *   | College Retirement Equities Fund variable annuities       | CREF Stock R4                                                                                              |          | \$ 561,728.60     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Emerging Mkt Eq-Inst                                                                             |          | \$ 101,621.68     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Self Directed Acct                                                                               |          | \$ 17,700.41      |
|     | College Retirement Equities Fund variable annuities       | Participant Loan Fund                                                                                      |          | \$ 279,773.38     |
|     | TIAA Total                                                |                                                                                                            |          | \$ 39,756,012.07  |

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► John Cooper School Defined Contribution Retirement Plan

Employer Identification Number: ► 76-0150423

For plan year (beginning/ending): ► 1/1/2023 to 12/31/2023

Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | VALIC                                                     | CORE BOND FUND                                                                                             |          | \$73,258.02       |
|     | VALIC                                                     | EMERGING ECONOMIES                                                                                         |          | \$1,948.80        |
|     | VALIC                                                     | FIXED ACCOUNT PLUS                                                                                         |          | \$182,159.68      |
|     | VALIC                                                     | GROWTH FUND                                                                                                |          | \$19,456.77       |
|     | VALIC                                                     | HIGH YIELD BOND FUND                                                                                       |          | \$54,616.23       |
|     | VALIC                                                     | INTERNATIONAL GOVERNMENT BOND                                                                              |          | \$544.90          |
|     | VALIC                                                     | INTERNATIONAL VALUE FUND                                                                                   |          | \$3,445.04        |
|     | VALIC                                                     | GS VIT GOV MONEY MKT FD INST                                                                               |          | \$31,733.47       |
|     | VALIC                                                     | LARGE CAPITAL GROWTH                                                                                       |          | \$6,165.59        |
|     | VALIC                                                     | LOAN COLLATERAL FUND                                                                                       |          | \$5,319.88        |
|     | VALIC                                                     | LOAN ESCROW FUND                                                                                           |          | \$72.85           |
|     | VALIC                                                     | MID CAP INDEX FUND                                                                                         |          | \$124,882.50      |
|     | VALIC                                                     | MID CAP STRATEGIC GWTH                                                                                     |          | \$67,167.20       |
|     | VALIC                                                     | MODERATE GROWTH LIFESTYLE                                                                                  |          | \$163,627.17      |
|     | VALIC                                                     | SCIENCE & TECHNOLOGY FUND                                                                                  |          | \$133,923.49      |
|     | VALIC                                                     | SHORT TERM FIXED ACCOUNT                                                                                   |          | \$127,682.26      |
|     | VALIC                                                     | STOCK INDEX FUND                                                                                           |          | \$143,569.07      |
|     | VALIC                                                     | SYSTEMATIC CORE FUND                                                                                       |          | \$13,132.49       |
| *   | VALIC                                                     | VANGUARD LIFESTRATEGY CONSER                                                                               |          | \$47,662.36       |
|     | VALIC                                                     | VC I CONSERV GROWTH LIFESTYLE                                                                              |          | \$19,409.76       |
| *   | VALIC                                                     | VANGUARD WELLINGTON FUND INC                                                                               |          | \$244,556.94      |
| *   | VALIC                                                     | VANGUARD WINDSOR II                                                                                        |          | \$129,239.23      |
|     | VALIC Total                                               |                                                                                                            |          | \$ 1,593,573.50   |
| *   | VOYA                                                      | Voya Govt Money Market Portfolio I                                                                         |          | \$ 48,213.75      |
| *   | VOYA                                                      | Voya Intermediate Bond Port I                                                                              |          | \$ 8,153.20       |
| *   | VOYA                                                      | Voya Balanced Portfolio I                                                                                  |          | \$ 60,572.48      |
| *   | VOYA                                                      | Voya Strategic Alloc Growth Port I                                                                         |          | \$ 7,042.06       |
| *   | VOYA                                                      | Voya Strategic Alloc Moderate Port I                                                                       |          | \$ 26,653.32      |
| *   | VOYA                                                      | Voya Index Plus LargeCap Portfolio I                                                                       |          | \$ 24,599.16      |
| *   | VOYA                                                      | Voya Index Plus SmallCap Portfolio I                                                                       |          | \$ 22,473.50      |
| *   | VOYA                                                      | Voya Index Plus MidCap Portfolio I                                                                         |          | \$ 177,425.23     |
|     | VOYA                                                      | Invesco VI Core Equity Fund SI                                                                             |          | \$ 17,807.90      |
| *   | VOYA                                                      | VY TRowePrice Grwth Eqty Port I                                                                            |          | \$ 28,369.09      |
| *   | VOYA                                                      | Voya Glob Insights Port Init                                                                               |          | \$ 3,399.16       |
| *   | VOYA                                                      | VY Invesco Comstock Port Srv                                                                               |          | \$ 4,788.04       |
| *   | VOYA                                                      | VY Invesco Eqty & Inc Port I                                                                               |          | \$ 2,883.36       |
| *   | VOYA                                                      | VY TRowePrice Eqty Income Pt Srv                                                                           |          | \$ 62,150.90      |
| *   | VOYA                                                      | Voya Solution 2025 Portfolio Srv                                                                           |          | \$ 5,586.36       |
| *   | VOYA                                                      | Voya Solution 2035 Portfolio Srv                                                                           |          | \$ 53,449.69      |
| *   | VOYA                                                      | Voya Solution 2045 Portfolio Srv                                                                           |          | \$ 111,428.11     |
| *   | VOYA                                                      | Voya Solution Income Prt Srv                                                                               |          | \$ 4,533.22       |
| *   | VOYA                                                      | VY JPMorgan Emrg Mkts Eq Port Srv                                                                          |          | \$ 2,476.78       |
| *   | VOYA                                                      | VY TRowePrice Captl Apprec Pt Srv                                                                          |          | \$ 615,235.35     |
|     | VOYA                                                      | Amer Cent Infl-Adjust Bond Fnd                                                                             |          | \$ 13,780.47      |
| *   | VOYA                                                      | VY CBRE RI Estate Prt Srv                                                                                  |          | \$ 125,678.80     |
|     | VOYA                                                      | Loomis Sayles Sm Cp Value Fnd Ret                                                                          |          | \$ 44,385.81      |
| *   | VOYA                                                      | Voya High Yield Port Ins                                                                                   |          | \$ 17,772.82      |
| *   | VOYA                                                      | Voya Large Cap Value Port Inst                                                                             |          | \$ 5,453.54       |
| *   | VOYA                                                      | Voya Solution Mod Conserv Prt Srv                                                                          |          | \$ 1,639.80       |
|     | VOYA                                                      | VY CBRE Glb RIEst Prt Ins                                                                                  |          | \$ 19,757.13      |
| *   | VOYA                                                      | Voya Russell Lrg Cp Grw Ind Port I                                                                         |          | \$ 115,174.20     |
| *   | VOYA                                                      | Voya Glo High Div Low Vol Prtf I                                                                           |          | \$ 13,872.22      |
| *   | VOYA                                                      | Voya Fixed Plus Account II (4568)                                                                          |          | \$ 116,261.46     |
|     | VOYA Total                                                |                                                                                                            |          | \$ 1,761,016.91   |
|     | Grand Total                                               |                                                                                                            |          | \$ 43,110,602     |