

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CENTRAL CHRISTIAN COLLEGE 403(B) DC PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1969
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTRAL CHRISTIAN COLLEGE 1200 S MAIN ST MCPHERSON, KS 67460-5740	2b Employer Identification Number (EIN) 48-0577656 2c Plan Sponsor's telephone number 620-241-0723 2d Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	LEANN MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 141
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 58 6a(2) 71 6b 0 6c 78 6d 149 6e 1 6f 150 6g(1) 140 6g(2) 146 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2G 2M

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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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 1
- (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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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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 CENTRAL CHRISTIAN COLLEGE 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL CHRISTIAN COLLEGE	D Employer Identification Number (EIN) 48-0577656	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(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	327571	125	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) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1570956
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4133864

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	1600901
c Additions: (1) Contributions deposited during the year	7c(1)	9593
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	76299
(4) Transferred from separate account.....	7c(4)	264301
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	350193
d Total of balance and additions (add lines 7b and 7c(6))	7d	1951094
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	126853
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	253285
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	380138
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1570956

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CENTRAL CHRISTIAN COLLEGE 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL CHRISTIAN COLLEGE	D Employer Identification Number (EIN) 48-0577656	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CENTRAL CHRISTIAN COLLEGE 403(B) DC PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL CHRISTIAN COLLEGE	D Employer Identification Number (EIN) 48-0577656	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2610	2963
(2) Participant contributions	1b(2)	6326	7821
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	216489	75009
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3842259	4808327
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1600901	1570956
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5668585	6465076
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5668585	6465076

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	44361	
(B) Participants	2a(1)(B)	88169	
(C) Others (including rollovers)	2a(1)(C)	21013	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		153543
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	76299	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		76299
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	15990	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15990
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-19456
(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)		851266
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1077642

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	231440	
(2) To insurance carriers for the provision of benefits.....	2e(2)	49563	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		281003
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)	148	
(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)		148
j Total expenses. Add all expense amounts in column (b) and enter total	2j		281151

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		796491
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: **COULTER & JUSTUS, P.C.**

(2) EIN: **62-1532536**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	76109
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Financial Statements
and Supplemental Schedules

Central Christian College 403(b) DC Plan

*As of December 31, 2023 and 2022, and
for the year ended December 31, 2023
with Independent Auditor's Report*

Central Christian College 403(b) DC Plan

Financial Statements and Supplemental Schedules

As of December 31, 2023 and 2022, and
for the year ended December 31, 2023

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Independent Auditor's Report

Plan Administrator
Central Christian College 403(b) DC Plan

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

We have performed an audit of the financial statements of the Central Christian College 403(b) DC Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Plan Administrator
Central Christian College 403(b) DC Plan

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Plan Administrator
Central Christian College 403(b) DC Plan

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Delinquent Participant Contributions and Assets (Held at End of Year) as of and for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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.

Plan Administrator
Central Christian College 403(b) DC Plan

Other Matter - Supplemental Schedules Required by ERISA (continued)

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Coulter & Justus, P.C.

Coulter & Justus, P.C.

October 15, 2024
Knoxville, Tennessee

Central Christian College 403(b) DC Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets		
Investments at fair value	\$ 6,454,292	\$ 5,659,649
Cash contributions receivable:		
Employer	2,963	2,610
Participants	7,821	6,326
Total cash contributions receivable	10,784	8,936
Net assets available for benefits	<u>\$ 6,465,076</u>	<u>\$ 5,668,585</u>

See accompanying Notes to Financial Statements.

Central Christian College 403(b) DC Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2023

Additions

Investment income:

Net appreciation in fair value of investments \$ 831,810

Dividend and interest income 92,289

Total investment income 924,099

Cash contributions:

Employer 44,361

Participants 88,169

Participant rollovers 21,013

Total cash contributions 153,543

Total additions 1,077,642

Deductions

Benefits paid to participants 281,003

Administrative expenses to parties-in-interest 148

Total deductions 281,151

Net increase 796,491

Net assets available for benefits at beginning of year 5,668,585

Net assets available for benefits at end of year \$ 6,465,076

See accompanying Notes to Financial Statements.

Central Christian College 403(b) DC Plan

Notes to Financial Statements

December 31, 2023

1. Description of the Plan

The following description of the Central Christian College 403(b) DC Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 403(b) defined contribution plan available to eligible employees of Central Christian College of Kansas (the Employer). Employees are immediately eligible to participate in the Plan upon date of hire. Students and non-resident aliens are generally excluded from participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Employer is responsible for oversight of the Plan. Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) (collectively, TIAA and CREF), are the insurance carriers of the Plan. TIAA also serves as the recordkeeper of the Plan.

Contributions

Each year, participants may contribute up to the maximum allowed by law, as defined in the Plan. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants can change the investment options previously elected at any time.

The Employer may make discretionary matching contributions of less than or equal to 6% of compensation to participants contributing at least 4% of compensation. For 2023, the Employer elected to make matching contributions equal to 2% of the employee's compensation if the employee is contributing at least 4% of compensation. No match is made if the employee is contributing less than 4% of compensation. Employees are eligible to receive Employer matching contributions if they are 21 years old and have completed one year of service that includes at least 83 1/3 hours of service each month. For purposes of determining eligibility, service with a predecessor employer will count if it was with an educational organization providing post-secondary education or a teaching institution.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Central Christian College 403(b) DC Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's discretionary matching contributions and Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all contributions, plus actual earnings on these contributions.

Payment of Benefits

At the time of termination of employment, the participant may elect to maintain their account in the Plan, receive a lump-sum distribution, distribute their account by purchasing an annuity contract, request a series of payments over a period of time until their account is fully distributed, or rollover their account balance into another individual retirement account. Participants may also withdraw their vested account balances at any time on or after the age of 59½, or upon retirement, death or disability. In addition, participants may be permitted to receive an in-service hardship distribution of their account. Participants invested in certain annuity contracts may be subject to further restrictions upon distribution.

Forfeitures

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

2. Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures and changes therein. Accordingly, actual results could differ from those estimates.

Central Christian College 403(b) DC Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair 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 Employer determines the Plan's valuation policies utilizing information provided by TIAA and CREF. See Note 5 for discussion of fair value measurements.

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

Contributions

Contributions from Plan participants and the discretionary matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Benefits Paid to Participants

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses paid by the Employer are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2024, the date the financials were available to be issued. Effective May 1, 2024, the Plan was amended to allow for mandatory distributions for participants whose vested benefit in the Plan does not exceed \$5,000 at the time of termination.

3. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held as of December 31, 2023 and 2022, and net appreciation in fair value of investments, and dividend and interest 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.

Central Christian College 403(b) DC Plan

Notes to Financial Statements (continued)

4. Concentrations

The Plan has two investments representing greater than 20% of net assets available for benefits as of December 31, 2023 and 2022.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.
- Level 2 Inputs to the methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy for assets and liabilities is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

TIAA traditional annuity contract (non-benefit responsive contract): Valued at fair value which is equal to the accumulated cash contributions, interest credited, and transfers in less any withdrawals and transfers out.

Variable annuity accounts: Accounts invest primarily in equity securities, fixed-income instruments and short-term investments. Valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing. Money market account holdings are generally valued at amortized cost. Each account determines its unit value each day.

Central Christian College 403(b) DC Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	Level 1	Level 2	Level 3	Total
2023:				
TIAA traditional annuity contract	\$ —	\$ —	\$1,570,956	\$1,570,956
Variable annuity accounts	—	4,133,864	—	4,133,864
Mutual funds	749,472	—	—	749,472
Investments at fair value	<u>\$749,472</u>	<u>\$4,133,864</u>	<u>\$1,570,956</u>	<u>\$6,454,292</u>
2022:				
TIAA traditional annuity contract	\$ —	\$ —	\$1,600,901	\$1,600,901
Variable annuity accounts	—	4,058,748	—	4,058,748
Investments at fair value	<u>\$ —</u>	<u>\$4,058,748</u>	<u>\$1,600,901</u>	<u>\$5,659,649</u>

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2023 and 2022:

	<u>TIAA Traditional Annuity Contract</u>
Balance, January 1, 2022	\$1,589,683
Investment income	66,749
Purchases	8,977
Sales	(118,941)
Transfers In	223,297
Transfers Out	(168,864)
Balance, December 31, 2022	<u>1,600,901</u>
Investment income	76,299
Purchases	9,593
Sales	(126,853)
Transfers In	264,301
Transfers Out	(253,285)
Balance, December 31, 2023	<u>\$1,570,956</u>

Central Christian College 403(b) DC Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Investment income, noted above, is reported in dividend and interest income on the accompanying statement of changes in net assets available for benefits.

Qualitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2023 and 2022, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value 12/31/2023	Fair Value 12/31/2022	Valuation Technique	Unobservable Inputs	Range of Input Values
TIAA traditional annuity contract	\$1,570,956	\$1,600,901	Discounted cash flow	Risk-adjusted discount rate	3.25% - 7.0%

In estimating fair value of investments in level 3, Plan management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Plan management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments and overall credit ratings.

6. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are in accounts of TIAA and CREF; therefore, these transactions qualify as party-in-interest transactions. Net appreciation and dividend and interest income from investments held with parties-in-interest totaled \$831,267 and \$92,234, respectively, in 2023. Participant contributions are also considered to be party-in-interest transactions. Employer contributions are considered to be both party-in-interest and related party transactions.

7. Plan Termination

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

Central Christian College 403(b) DC Plan

Notes to Financial Statements (continued)

8. Tax Status

The Plan adopted a volume submitter plan sponsored by TIAA which had received an advisory letter dated August 7, 2017, from the IRS which stated the plan, as then designed, was in compliance with the applicable requirements of Internal Revenue Code (IRC) Section 403(b). Although the plan has been amended since receiving the advisory letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan invests in various investment securities which 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Central Christian College 403(b) DC Plan
Employer Identification Number: 48-0577656; Plan Number: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2023

			Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Year	Participant Contributions Transferred Late to the Plan	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
2022	\$ 12,189		\$ 12,189	\$ -	\$ -	\$ -
2021	26,610		26,610	-	-	-
2019	37,310		37,310	-	-	-
Total	<u>\$ 76,109</u>		<u>\$ 76,109</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Central Christian College 403(b) DC Plan
Employer Identification Number: 48-0577656; Plan Number: 001

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

December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value:			
*TIAA	TIAA Traditional Non Benefit Responsive	(1)	\$ 1,570,956
*CREF	CREF Stock R1	(1)	1,613,524
*CREF	CREF Money Market R1	(1)	155,990
*CREF	CREF Social Choice R1	(1)	296,795
*CREF	CREF Core Bond R1	(1)	137,510
*CREF	CREF Global Equities R1	(1)	485,865
*CREF	CREF Growth R1	(1)	525,096
*CREF	CREF Equity Index R1	(1)	205,667
*CREF	CREF Inflation-Linked Bond R1	(1)	118,653
*TIAA	TIAA Real Estate	(1)	75,009
*TIAA	TIAA Access T-C Bond Plus T4	(1)	95,911
*TIAA	TIAA Access T-C Equity Idx T4	(1)	390
*TIAA	TIAA Access T-C Grw & Inc T4	(1)	11,816
*TIAA	TIAA Access T-C Intl Equity T4	(1)	53,305
*TIAA	TIAA Access T-C Lrg Cap Gr T4	(1)	34,707
*TIAA	TIAA Access T-C Lrg Cap Val T4	(1)	21,707
*TIAA	TIAA Access T-C LifCyc 2010 T4	(1)	2,462
*TIAA	TIAA Access T-C LifCyc 2015 T4	(1)	51,836
*TIAA	TIAA Access T-C LifCyc 2020 T4	(1)	14,919
*TIAA	TIAA Access T-C LifCyc 2025 T4	(1)	2,328
*TIAA	TIAA Access T-C LifCyc 2035 T4	(1)	4,632
*TIAA	TIAA Access T-C LifCyc 2040 T4	(1)	56,572
*TIAA	TIAA Access T-C LifCyc 2045 T4	(1)	38,126
*TIAA	TIAA Access T-C LifCyc 2050 T4	(1)	37,318
*TIAA	TIAA Access T-C LifCyc 2060 T4	(1)	20,873
*TIAA	TIAA Access T-C Mid Cap Grw T4	(1)	16,450
*TIAA	TIAA Access T-C Mid Cap Val T4	(1)	17,265
*TIAA	TIAA Access T-C RI Est Sec T4	(1)	9,560
*TIAA	TIAA Access T-C Sm Cp Bl Ix T4	(1)	12,210
*TIAA	TIAA Access T-C Sml Cap Eq T4	(1)	14,183
*TIAA	TIAA Access T-C Socl Chc Eq T4	(1)	3,185
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2010-Inst LE	(1)	239
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2015-Inst LF	(1)	378
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2020-Inst LG	(1)	1,912
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2025-Inst LH	(1)	104,074
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2030-Inst LI	(1)	10,911
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2035-Inst LJ	(1)	192,046
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2040-Inst LK	(1)	259,743
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2045-Inst LL	(1)	70,485
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2050-Inst LM	(1)	64,581

Central Christian College 403(b) DC Plan
Employer Identification Number: 48-0577656; Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)

December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value (continued):			
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2055-Inst ZK	(1)	\$ 15,862
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2060-Inst AA	(1)	16,453
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2065-Inst AB	(1)	356
Vanguard	Vanguard Mid-Cap Idx Adm U1	(1)	375
Vanguard	Vanguard 500 Idx Adm AJ	(1)	11,684
Vanguard	Vanguard Developd Mkts Idx Adm AK	(1)	373
Total assets held for investment purposes at end of year			<u>\$ 6,454,292</u>

* Represents a party-in-interest to the Plan.

(1) Cost information has been omitted, since these investments are participant-directed.



FILING SUMMARY FOR SCHEDULE A

CENTRAL CHRISTIAN COLLEGE

Activity for the Reporting Period: 01/01/2023 to 12/31/2023

Part I Line 1 : Coverage Information	
Name of Insurance carrier (Enter on Line 1a)	TIAA-CREF
Employer Identification Number (Enter on Line 1b)	13-1624203
National Association of Insurance Commissioners code (Enter on Line 1c)	69345
Contract or identification number (Enter on Line 1d)	327571
Approximate number of persons covered at end of policy or contract year (Enter on Line 1e)	125
Policy or contract year – From (Enter on Line 1f)	01/01/2023
Policy or contract year – To (Enter on Line 1g)	12/31/2023
Part I Line 2 : Insurance fee and commission information	
Total amount of commissions paid (Enter on Line 2)	\$0.00
Total amount of fees paid (Enter on Line 2)	\$0.00
Part I Line 3 : Persons receiving commissions and fees	
Name and address of the agent, broker, or other person to whom commissions or fees were paid(Enter on Line 3a)	<No Entry Required>
Amount of commissions paid (Enter on Line 3b)	<No Entry Required>
Fees paid – Amount (Enter on Line 3c)	<No Entry Required>
Fees paid – Purpose (Enter on Line 3d)	<No Entry Required>
Fees paid – Organization code (Enter on Line 3e)	<No Entry Required>
Part II Lines 4 and 5 : Investment and Annuity Contract Information	
Current value of plan's interest under this contract in the general account at year end (Enter on Line 4)	\$1,570,955.78
Current value of plan's interest under this contract in separate accounts at year end (Enter on Line 5)	\$4,133,862.00
Part II Line 6 : Contracts With Allocated Funds	
<No Entry Required>	
Part II Line 7 : Contracts With Unallocated Funds	
Type of contract (Enter on Line 7a)	3 - Guaranteed Investment
Balance at the end of the previous year (Enter on Line 7b)	\$1,600,900.86
Contributions deposited during the year (Enter on Line 7c(1))	\$9,593.37
Dividends and credits (Enter on Line 7c(2))	\$0.00
Interest credited during the year (Enter on Line 7c(3))	\$76,298.95
Transferred from separate account (Enter on Line 7c(4))	\$264,301.35
Other (Enter on Line 7c(5))	\$0.00
Disbursed from fund to pay benefits or purchase annuities during the year (Enter on Line 7e(1))	(\$126,853.27)
Administration charge made by carrier (Enter on Line 7e(2))	N/A
Transferred to separate account (Enter on Line 7e(3))	(\$253,285.48)
Other (Enter on Line 7e(4))	\$0.00
Balance at the end of the current year (Enter on Line 7f)	\$1,570,955.78
Part III Line 8, 9 and 10 : Welfare Benefit Contract Information	
<No Entry Required>	
Part IV Line 11 and Line 12 : Provision of Information	
Complete only if insurance company failed to provide information to complete Schedule A	



FILING SUMMARY FOR SCHEDULE - C

CENTRAL CHRISTIAN COLLEGE

Activity for the Reporting Period: 01/01/2023 to 12/31/2023

Part I, Line 1 : Information on Persons Receiving Only Eligible Indirect Compensation Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (Enter on Line b)	(Enter on Line 1 a) YES TIAA 13-1624203
Part I, Line 2 : Information on Other Service Providers Receiving Direct or Indirect Compensation Enter name and EIN or address (Enter on Line a) Service Code(s) (Enter on Line b) Relationship to employer, employee organization, or person known to be a party-in-interest (Enter on Line c) Enter direct compensation paid by the plan. If none, enter -0- (Enter on Line d) Did service provider receive indirect compensation? (Enter on Line e) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? (Enter on Line f) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0- (Enter on Line g) Did the service provider give you a formula instead of an amount or estimated amount? (Enter on Line h)	No entry required
Part I, Line 3 : Service Provider Information (Continued) Enter service provider name as it appears on line 1 (Enter on Line a) Service code(s) (Enter on Line b) Enter amount of indirect compensation (enter on Line c) Enter name and EIN (address) of source of indirect compensation (Enter on Line d) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation (Enter on Line e)	No entry required
Part I, Line 4 : Service Providers Who Fail or Refuse to Provide Information Enter name and EIN or address of service provider (see instructions) (Enter on Line a) Nature of Service Code(s) (Enter on Line b) Describe the information that the service provider failed or refused to provide (Enter on Line c)	No entry required
Part II : Termination Information on Accountants and Enrolled Actuaries Name (Enter on Line a) EIN (Enter on Line b) Position (Enter on Line c) Address (Enter on Line d) Telephone No. and Explanation (Enter on Line e) Explanation (Enter in space provided)	To be completed by Plan Sponsor

"For additional guidance on completing Form 5500 Schedule C, refer to the TIAA-CREF Service & Fee Disclosure Guide - Appendix A and B"



FILING SUMMARY FOR SCHEDULE - D

CENTRAL CHRISTIAN COLLEGE

Activity for the Reporting Period: 01/01/2023 to 12/31/2023

Part I : Information on interests in Master Trust Investment Accounts, Common / Collective Trusts, Pooled Separate Accounts, and 103-12 Investment Entities (to be completed by plans and Direct Filing Entities)	
Name of MTIA, CCT, PSA or 103-12 IE (Enter on Line a) Name of sponsor of entity listed in (a) (Enter on Line b) Employer Identification Number-Plan/Entity Number (Enter on Line c) Entity Code (Enter on Line d) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (Enter on Line e)	TIAA Real Estate TIAA-CREF 13-1624203-004 P \$75,008.98
Part II : Information on Participant Plans (to be completed by Direct Filing Entities)	Do not make an entry in Part II



FILING SUMMARY FOR SCHEDULE H

CENTRAL CHRISTIAN COLLEGE

Activity for the Reporting Period: 01/01/2023 to 12/31/2023

Part I: Asset and Liability Statement : Assets	
Opening Loan Fund Total (Enter Amount on Line 1c(8) Column (a))	\$0.00
Closing Loan Fund Total (Enter Amount on Line 1c(8) Column(b))	\$0.00
Opening Common/Collective Trust Total (Enter Amount on Line 1c(9) Column (a))	\$0.00
Closing Common/Collective Trust Total (Enter Amount on Line 1c(9) Column (b))	\$0.00
Opening Pooled Separate Account Total (Enter Amount on Line 1c(10) Column (a))	\$216,489.25
Closing Pooled Separate Account Total (Enter Amount on Line 1c(10) Column (b))	\$75,008.98
Opening Master Trust Investment Account Total (Enter Amount on Line 1c(11) Column (a))	\$0.00
Closing Master Trust Investment Account Total (Enter Amount on Line 1c(11) Column (b))	\$0.00
Opening 103-12 Investment Entity Total (Enter Amount on Line 1c(12) Column (a))	\$0.00
Closing 103-12 Investment Entity Total (Enter Amount on Line 1c(12) Column (b))	\$0.00
Opening Registered Investment Companies Total (Enter Amount on Line 1c(13) Column (a))	\$3,842,259.06
Closing Registered Investment Companies Total (Enter Amount on Line 1c(13) Column (b))	\$4,808,326.75
Opening Insurance Company General Account (Unallocated contracts) (Enter Amount on Line 1c(14) Column (a))	\$1,600,900.86
Closing Insurance Company General Account (Unallocated contracts) (Enter Amount on Line 1c(14) Column (b))	\$1,570,955.78
Opening Self Directed Accounts Total (Enter Amount on Line 1c(15) Column (a))	\$0.00
Closing Self Directed Accounts Total (Enter Amount on Line 1c(15) Column (b))	\$0.00
Part II: Income and Expense Statement: Income	
Plan Contributions – Employer (Enter Amount on Line 2a(1)(A))	\$44,008.13
Plan Contributions – Employee (Enter Amount on Line 2a(1)(B))	\$86,673.39
Plan Contributions – Others (Enter Amount on Line 2a(1)(C))	\$21,013.18
Participant Loan Fund earnings (Enter Amount on Line 2b(1)(E))	\$0.00
Interest: Other (Enter Amount on Line 2b(1)(F))	\$76,298.95
Plan Registered Investment Companies dividends (Enter Amount on Line 2b(2)(C))	\$15,989.90
Plan Common/Collective Trust earnings (Enter Amount on Line 2b(6))	\$0.00
Plan Pooled Separate Accounts earnings (Enter Amount on Line 2b(7))	(\$19,456.37)
Plan Master Trust Investment Account earnings (Enter Amount on Line 2b(8))	\$0.00
Plan 103-12 Investment Entity earnings (Enter Amount on Line 2b(9))	\$0.00
Plan Registered Investment Companies earnings (Enter Amount on Line 2b(10))	\$851,266.15
Other Income (Enter Amount on Line (2c))	\$0.00
Part II: Income and Expense Statement: Expenses	
Plan Expenses – Directly to participants or beneficiaries (Enter Amount on Line 2e(1))	(\$231,439.23)
Plan Expenses – To insurance carriers for the provision of benefits (Enter Amount on Line 2e(2))	(\$49,563.56)
Certain deemed distributions of participant loans (Enter Amount on Line 2g)	\$0.00
Administrative expenses - Contract administrator fees (Enter Amount on Line 2i(2))	(\$148.20)
Administrative expenses - Investment advisory and management fees (Enter Amount on line 2i(3))	\$0.00
Administrative expenses - Other (Enter Amount on Line 2i(4))	\$0.00
Transfers To the Plan (Enter Amount on Line 2l(1))	\$0.00
Transfers From the Plan (Enter Amount on Line 2l(2))	\$0.00



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

CENTRAL CHRISTIAN COLLEGE

For the Period Ending 12/31/2023

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
NBR	TIAA#	Insurance Company General Contract TIAA Traditional Non Benefit Responsive			\$1,570,955.78	\$1,163,197.42
Subtotal Insurance Company General Contract					\$1,570,955.78	\$1,163,197.42
X1	QREARX	Pooled Separate Account TIAA Real Estate	\$481.057100	155.9253	\$75,008.98	\$65,070.11
Subtotal Pooled Separate Account					\$75,008.98	\$65,070.11
Registered Investment Company						
X2	QCSTRX	CREF Stock R1	\$768.641400	2,099.1897	\$1,613,524.10	\$585,549.50
X3	QCMMRX	CREF Money Market R1	\$27.770200	5,617.1692	\$155,989.90	\$147,445.66
X4	QCSCRX	CREF Social Choice R1	\$331.584000	895.0825	\$296,795.04	\$156,752.39
X6	QCGLRX	CREF Global Equities R1	\$285.905900	1,699.3862	\$485,864.53	\$242,948.37
X7	QCGRRX	CREF Growth R1	\$390.770100	1,343.7462	\$525,095.83	\$142,460.19
X8	QCEQRX	CREF Equity Index R1	\$409.203200	502.6026	\$205,666.59	\$67,445.31
X9	QCILRX	CREF Inflation-Linked Bond R1	\$80.147900	1,480.4199	\$118,652.55	\$103,404.66
8Y	W436#	TIAA Access T-C Bond Plus T4	\$39.555700	2,424.7184	\$95,911.44	\$94,213.20
8K	W422#	TIAA Access T-C Equity Idx T4	\$99.148200	3.9316	\$389.81	\$331.63
8B	W413#	TIAA Access T-C Grw & Inc T4	\$114.151400	103.5159	\$11,816.49	\$10,224.15
8A	W411#	TIAA Access T-C Intl Equity T4	\$36.092400	1,476.8965	\$53,304.73	\$46,119.61
8W	W434#	TIAA Access T-C Lrg Cap Gr T4	\$139.124400	249.4675	\$34,707.02	\$21,612.59
8C	W414#	TIAA Access T-C Lrg Cap Val T4	\$65.650300	330.6479	\$21,707.13	\$17,560.22
80	W438#	TIAA Access T-C LifCyc 2010 T4	\$50.550200	48.7000	\$2,461.79	\$2,322.50
81	W439#	TIAA Access T-C LifCyc 2015 T4	\$51.615000	1,004.2783	\$51,835.82	\$38,589.51
82	W440#	TIAA Access T-C LifCyc 2020 T4	\$53.047000	281.2485	\$14,919.39	\$10,648.32
83	W441#	TIAA Access T-C LifCyc 2025 T4	\$55.330200	42.0804	\$2,328.32	\$2,066.39
85	W443#	TIAA Access T-C LifCyc 2035 T4	\$60.933000	76.0218	\$4,632.23	\$2,537.11
86	W444#	TIAA Access T-C LifCyc 2040 T4	\$65.147800	868.3612	\$56,571.82	\$29,217.82



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2023

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
91	W449#	TIAA Access T-C LifCyc 2045 T4	\$65.176400	584.9699	\$38,126.23	\$25,816.09
92	W450#	TIAA Access T-C LifCyc 2050 T4	\$65.166400	572.6573	\$37,318.02	\$26,657.89
8E	W416#	TIAA Access T-C Mid Cap Grw T4	\$80.458600	204.4468	\$16,449.50	\$15,278.78
8F	W417#	TIAA Access T-C Mid Cap Val T4	\$65.479800	263.6620	\$17,264.54	\$14,404.99
8S	W430#	TIAA Access T-C RI Est Sec T4	\$48.954300	195.2778	\$9,559.69	\$7,755.86
8Q	W428#	TIAA Access T-C Sm Cp Bl lx T4	\$71.825400	169.9940	\$12,209.88	\$10,089.43
8G	W418#	TIAA Access T-C Sml Cap Eq T4	\$77.273900	183.5425	\$14,183.04	\$12,950.93
8D	W415#	TIAA Access T-C Socl Chc Eq T4	\$95.137800	33.4750	\$3,184.74	\$2,788.10
X5	QCBMRX	CREF Core Bond R1	\$128.590000	1,069.3653	\$137,509.69	\$131,485.69
LE	TLTIX	TIAA-CREF Lfcyle Idx 2010-Inst	\$16.130000	14.8304	\$239.22	\$240.15
LF	TLFIX	TIAA-CREF Lfcyle Idx 2015-Inst	\$16.970000	22.2755	\$378.01	\$380.67
LG	TLWIX	TIAA-CREF Lfcyle Idx 2020-Inst	\$18.530000	103.1742	\$1,911.82	\$1,913.75
LH	TLQIX	TIAA-CREF Lfcyle Idx 2025-Inst	\$20.610000	5,049.6902	\$104,074.11	\$103,012.41
LI	TLHIX	TIAA-CREF Lfcyle Idx 2030-Inst	\$22.610000	482.5658	\$10,910.81	\$10,752.37
LJ	TLYIX	TIAA-CREF Lfcyle Idx 2035-Inst	\$24.660000	7,787.7656	\$192,046.30	\$190,080.53
LK	TLZIX	TIAA-CREF Lfcyle Idx 2040-Inst	\$26.420000	9,831.3234	\$259,743.57	\$255,088.88
LL	TLXIX	TIAA-CREF Lfcyle Idx 2045-Inst	\$27.540000	2,559.3895	\$70,485.59	\$68,627.67
LM	TLLIX	TIAA-CREF Lfcyle Idx 2050-Inst	\$27.940000	2,311.4258	\$64,581.23	\$62,876.85
ZK	TTIIX	TIAA-CREF Lfcyle Idx 2055-Inst	\$22.560000	703.0932	\$15,861.78	\$15,449.93
U1	VIMAX	Vanguard Mid-Cap Idx Adm	\$288.070000	1.3027	\$375.27	\$354.34
8O	W464#	TIAA Access T-C LifCyc 2060 T4	\$46.442100	449.4448	\$20,873.16	\$18,103.96
AA	TVIIX	TIAA-CREF Lfcyle Idx 2060-Inst	\$17.480000	941.2680	\$16,453.36	\$15,996.32
AB	TFITX	TIAA-CREF Lfcyle Idx 2065-Inst	\$12.510000	28.4583	\$356.01	\$345.58
AJ	VFIAX	Vanguard 500 Idx Adm	\$439.990000	26.5545	\$11,683.71	\$11,181.84
AK	VTMGX	Vanguard Developd Mkts Idx Adm	\$15.400000	24.2170	\$372.94	\$357.16
Subtotal Registered Investment Company					\$4,808,326.75	\$2,723,439.30



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2023

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
TOTAL ASSETS UNDER MANAGEMENT					\$6,454,291.51	\$3,951,706.83