

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security 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 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 07/01/2023 and ending 06/30/2024	
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>
B	This return/report is: <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 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 ST. THOMAS SCHOOL DC RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 06/01/1985
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) ST. THOMAS SCHOOL 8300 NE 12TH STREET MEDINA, WA 98039-3100
2b	Employer Identification Number (EIN) 91-0840110
2c	Plan Sponsor's telephone number 425-454-5880
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.	12/19/2024	KIRK WHEELER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/19/2024	KIRK WHEELER
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 184
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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 83 6a(2) 91 6b 0 6c 95 6d 186 6e 0 6f 186 6g(1) 179 6g(2) 182 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:

2F 2G 2L 2T 3D

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor 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 07/01/2023 and ending 06/30/2024		
A Name of plan ST. THOMAS SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. THOMAS SCHOOL	D Employer Identification Number (EIN) 91-0840110	

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	500474	83	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

(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	1915140
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3888394

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**

1884204

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

25549

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

85107

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

7c(4)

5685

(5) Other (specify below)

7c(5)

23715

▶ PLAN SERVICING CREDIT

(6) Total additions

7c(6)

140056

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

2024260

e Deductions:

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

7e(1)

68797

(2) Administration charge made by carrier

7e(2)

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

7e(3)

1726

(4) Other (specify below)

7e(4)

38597

▶ OTHER

(5) Total deductions

7e(5)

109120

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

1915140

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor 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 07/01/2023 and ending 06/30/2024

<div>A</div> <div>Name of plan</div> <div>ST. THOMAS SCHOOL DC RETIREMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ST. THOMAS SCHOOL</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>91-0840110</div>

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).....

X

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

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

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

TIAA

13-1624203

(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?
15	NONE	36288	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)

PINNACLE PENSION CONSULTANTS

81-0776852

(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?
26 27	NONE	20000	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)

AAFCPAS

04-2571780

(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?
10	NONE	17616	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"/>

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

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 07/01/2023 and ending 06/30/2024		
A Name of plan ST. THOMAS SCHOOL DC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. THOMAS SCHOOL		
		D Employer Identification Number (EIN) 91-0840110

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	213494	110203
(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)	12599649	15315356
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1884204	1915140
(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	14697347	17340699
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14697347	17340699

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)	703450	
(B) Participants	2a(1)(B)	532035	
(C) Others (including rollovers)	2a(1)(C)	34335	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1269820
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)	85107	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		85107
(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)	274321	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		274321
(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)		-16991
(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)		1760262
c Other income	2c		23714
d Total income. Add all income amounts in column (b) and enter total	2d		3396233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	678977	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		678977
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)		
(3) Recordkeeping fees.....	2i(3)	36288	
(4) IQPA audit fees.....	2i(4)	17616	
(5) Investment advisory and investment management fees	2i(5)	20000	
(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)		73904
j Total expenses. Add all expense amounts in column (b) and enter total	2j		752881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2643352
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: **AAFCPAS, INC.**

(2) EIN: **04-2571780**

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.)		<input checked="" type="checkbox"/>	
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"/>	
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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		1000000
f 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"/>	
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?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
i 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"/>		
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.)		<input checked="" type="checkbox"/>	
k 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"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>	

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 _____.

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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 07/01/2023 and ending 06/30/2024					
A Name of plan ST. THOMAS SCHOOL DC RETIREMENT PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. THOMAS SCHOOL				D Employer Identification Number (EIN) 91-0840110	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	12
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a 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? ☐ Yes ☒ No

21b 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).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.

Independent Auditor's Report

To the Plan Administrator of
St. Thomas School DC 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 St. Thomas School DC 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 June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of St. Thomas School DC 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 a qualified institution as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of St. Thomas School DC 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 described in Note 11 to the financial statements, St. Thomas School DC 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.

Responsibilities of Management for the Financial Statements (Continued)

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 St. Thomas School DC 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year as of June 30, 2024, is presented for purposes of additional analysis and are 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, it is inappropriate to, and we do not express an opinion on, the supplemental schedule referred to above.

AAFCPA's, Inc.

Westborough, Massachusetts
December 19, 2024

ST. THOMAS SCHOOL DC RETIREMENT PLAN
(PLAN NO. 002, EIN: 91-0840110)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
June 30, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	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
*	Nuveen Lifecycle Index 2040 R6	Mutual Fund	**	\$ 2,138,650
*	TIAA Traditional Non Benefit Responsive	TIAA Traditional Annuity Contract	**	1,561,964
	Vanguard 500 Idx Adm	Mutual Fund	**	1,505,591
*	Nuveen Lifecycle Index 2030 R6	Mutual Fund	**	1,466,466
*	CREF Stock R1	Variable Annuity	**	1,399,474
*	Nuveen Lifecycle Index 2025 R6	Mutual Fund	**	1,217,270
*	Nuveen Lifecycle Index 2045 R6	Mutual Fund	**	996,030
*	Nuveen Lifecycle Index 2035 R6	Mutual Fund	**	701,451
	American EuroPac Growth R6	Mutual Fund	**	644,988
*	CREF Growth R1	Variable Annuity	**	622,410
*	Nuveen Lifecycle Index 2020 R6	Mutual Fund	**	540,148
*	CREF Global Equities R1	Variable Annuity	**	439,684
	PIMCO Income Fd Institutional	Mutual Fund	**	385,613
*	CREF Social Choice R1	Variable Annuity	**	302,931
*	TIAA Traditional Benefit Responsive	TIAA Traditional Annuity Contract	**	299,257
*	CREF Money Market R1	Variable Annuity	**	277,638
*	Nuveen Lifecycle Index 2060 R6	Mutual Fund	**	277,374
	Allspring Spec Mid Cap Val R6	Mutual Fund	**	249,395
	Principal Real Estate Sec R6	Mutual Fund	**	213,826
	Vanguard Small-Cap Idx Adm	Mutual Fund	**	209,636
	Putnam Large Cap Value Fund R6	Mutual Fund	**	189,955
*	TIAA Access Nuveen Lifecycle 2050 T4 92	Separate Account	**	156,440
*	Nuveen Lifecycle Index 2055 R6	Mutual Fund	**	137,348
*	CREF Equity Index R1	Variable Annuity	**	134,987
*	Nuveen Lifecycle Index 2010 R6	Mutual Fund	**	112,019
*	TIAA Real Estate	TIAA Pooled Separate Account	**	110,203
	Baird Aggregate Bond Inst	Mutual Fund	**	109,121
	BlackRock Mid Cap Growth Eq K	Mutual Fund	**	108,517
*	TIAA Access Nuveen Lifecycle 2030 T4 84	Separate Account	**	88,503
	MFS Growth Fund Class R6	Mutual Fund	**	85,171
	Vanguard Mid-Cap Idx Adm	Mutual Fund	**	83,857
*	Nuveen Lifecycle Index 2050 R6	Mutual Fund	**	69,171
*	TIAA Stable Value	TIAA Stable Value Annuity	**	53,919
*	TIAA Access Nuveen Lifecycle 2035 T4 85	Separate Account	**	47,350
*	TIAA Access Nuveen Real Estate Securities Select T4 8S	Separate Account	**	42,376
*	CREF Core Bond R1	Variable Annuity	**	42,312
	Vanguard Infl Protect Sec Adm	Mutual Fund	**	38,168
*	TIAA Access Nuveen Lifecycle 2015 T4 81	Separate Account	**	37,914
*	TIAA Access Nuveen Large Cap Value T4 8C	Separate Account	**	36,274
	Vanguard Intr-Trm Bnd Idx Adm	Mutual Fund	**	35,804
*	TIAA Access Nuveen Mid Cap Value T4 8F	Separate Account	**	24,319
*	TIAA Access Nuveen International Equity T4 8A	Separate Account	**	22,244
*	TIAA Access Nuveen Quant Small Cap Equity T4 8G	Separate Account	**	19,449
*	CREF Inflation-Linked Bond R1	Variable Annuity	**	17,828
*	TIAA Access Nuveen Lifecycle 2045 T4 91	Separate Account	**	14,383
*	TIAA-CREF Lfcyle Idx 2065-Inst	Mutual Fund	**	12,749
*	TIAA Access Nuveen Lifecycle 2040 T4 86	Separate Account	**	12,339

ST. THOMAS SCHOOL DC RETIREMENT PLAN
(PLAN NO. 002, EIN: 91-0840110)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
June 30, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	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
*	TIAA Access Nuveen Core Equity T4 8B	Separate Account	**	11,921
*	Nuveen Lifecycle Index Retirement Income R6	Mutual Fund	**	8,833
*	TIAA Access Nuveen Cap Growth T4 8E	Separate Account	**	7,520
*	TIAA Access Nuveen Lifecycle 2025 T4 83	Separate Account	**	7,469
*	TIAA Access Nuveen Large Cap Growth T4 8W	Separate Account	**	4,829
*	TIAA Access Nuveen Small Cap Blend Index T4 8Q	Separate Account	**	2,860
*	TIAA Access Nuveen Core Plus Bond T4 8Y	Separate Account	**	2,196
*	TIAA Access Nuveen Large Cap Responsible Equity T4 8D	Separate Account	**	1,662
*	TIAA Access Nuveen Equity Index T4 8K	Separate Account	**	879
	Baird Short Term Bond Fd Inst	Mutual Fund	**	14
				<u>\$ 17,340,699</u>
*	Represents Party-In-Interest, including separate accounts with Teachers Insurance and Annuity Association of America and College Retirement Equities Fund.			
**	The cost of participant-directed investments is not required to be disclosed.			

**ST. THOMAS SCHOOL
DC RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AS OF JUNE 30, 2024 AND 2023 AND
FOR THE YEAR ENDED JUNE 30, 2024**

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Contents
June 30, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator of
St. Thomas School DC 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 St. Thomas School DC 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 June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of St. Thomas School DC 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 a qualified institution as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of St. Thomas School DC 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 described in Note 11 to the financial statements, St. Thomas School DC 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.

Responsibilities of Management for the Financial Statements (Continued)

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 St. Thomas School DC 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year as of June 30, 2024, is presented for purposes of additional analysis and are 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, it is inappropriate to, and we do not express an opinion on, the supplemental schedule referred to above.

AAFCPAs, Inc.

Westborough, Massachusetts
December 19, 2024

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

Assets	2024	2023
Investments:		
Investments, at fair value	\$ 16,987,523	\$ 14,351,934
Investments, at contract value	<u>353,176</u>	<u>345,413</u>
Total investments	<u>17,340,699</u>	<u>14,697,347</u>
Net Assets Available for Benefits	<u><u>\$ 17,340,699</u></u>	<u><u>\$ 14,697,347</u></u>

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended June 30, 2024

Additions to Net Assets Attributed to:

Investment income:

Net appreciation of investments	\$ 1,743,271
Interest and dividends	<u>359,428</u>

Total investment income	<u>2,102,699</u>
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Contributions:

Employer	703,450
Participant	532,035
Rollover	<u>34,335</u>

Total contributions	<u>1,269,820</u>
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Total additions	<u>3,372,519</u>
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Deductions from Net Assets Attributed to:

Benefits paid to participants	678,977
Administrative expenses	<u>50,190</u>

Total deductions	<u>729,167</u>
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Net increase	2,643,352
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Net Assets Available for Benefits:

Beginning of year	<u>14,697,347</u>
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End of year	<u><u>\$ 17,340,699</u></u>
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ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of St. Thomas School DC Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan is a qualified defined contribution plan under Internal Revenue Code (IRC) Section 403(b), covering all eligible employees of St. Thomas School (the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Retirement Committee is responsible for the oversight of the Plan, the appropriateness of the Plan's investment offerings, and monitors investment performance and reports to the Plan Administrator.

b. Eligibility

All employees are eligible to participate on the first day of employment with the Plan Sponsor. In order to receive the Plan Sponsor's matching contributions, participants must attain the age of nineteen and normally work more than twenty hours per week.

c. Contributions

Participants may elect to defer up to 100% of their eligible compensation, as defined in the plan document, up to the maximum allowed by the IRC. Participants who have attained the age of fifty before the end of the plan year are eligible to make catch-up contributions. The Plan allows participants to make post-tax (Roth) contributions. Participants are allowed to rollover funds into the Plan from other qualifying retirement plans (rollover contributions).

The Plan Sponsor contributes matching contributions in an amount equal to 10% of participants eligible compensation, provided that the participant is deferring at least 5% or more of their compensation. For the year ended June 30, 2024, the Plan Sponsor contributed \$703,450 of matching contributions to the Plan.

d. Participant Accounts

Each participant's account is credited with the participant's contributions, the Plan Sponsor's matching contributions, plus earnings thereon, less administrative fees 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. Participants direct the investment of their account balance into various investment options offered by the Plan.

e. Vesting

Participants are fully vested in their voluntary contributions and matching contributions made by the Plan Sponsor plus actual earnings thereon.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN (Continued)

f. Payment of Benefits

The Plan provides for a normal retirement benefit to be paid to participants who have reached the normal retirement age of 65, with no option for early retirement. A participant may elect to receive a lump-sum amount, installment, or partial payments equal to the vested portion of the participant's account, leave the account in the Plan, rollover the vested balance to another qualified retirement plan or individual retirement account (IRA), or they may purchase an annuity contract provided their vested account balance is in excess of \$5,000. The Plan requires balances up to \$5,000 to be rolled over to an IRA upon termination. Effective July 1, 2025, the Plan Administrator adopted the SECURE Act 2.0 optional provision to increase the limit of force-out distributions from \$5,000 to \$7,000.

The Plan allows in-service withdrawals upon attainment of age 59 ½. A participant may request a withdrawal upon demonstration to the Plan Administrator that they are suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the IRC or standards established by the Secretary of the Treasury or their delegate.

g. Notes Receivable from Participants

Participant loans are not allowed under the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investments and Income Recognition

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. See Note 4 for disclosure of fair value measurement.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments and Income Recognition (Continued)

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for 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. Certain TIAA Traditional Annuity Contract types, including the Supplemental Retirement Annuity (SRA), Group Supplemental Retirement Annuity (GSRA), and the TIAA Stable Value Annuity are considered fully benefit-responsive investment contracts.

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

Contributions

Contributions from plan participants and the matching contributions from the Plan Sponsor are recorded in the year which the participant contributions are withheld from compensation.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the recordkeeping of the Plan and investment advisory services are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are also included in net appreciation of investments.

Subsequent Events

Subsequent events have been evaluated through December 19, 2024, which is the date the financial statements were available to be issued. Except for what was disclosed in Note 1f, there were no other events that met the criteria for recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTION

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equity Fund (CREF) (collectively TIAA and CREF), the qualified institution, has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of June 30, 2024 and 2023, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of June 30, 2024, and the related investment transactions and investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2024.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTION (Continued)

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurement* establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs). The fair value hierarchy is as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Mutual funds which are actively traded are valued at quoted market prices on nationally recognized securities exchanges and represent the net asset value (NAV) of shares held by the Plan at year-end. There were no redemption restrictions.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

Variable annuities: The fair values of accumulation units held by the Plan in CREF accounts (registered investment companies) are based on each account's daily NAV, which is considered by plan management to be the best approximation of fair value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the account will be sold for an amount different from NAV. As of June 30, 2024 and 2023, the Plan had no plans to sell the account at amounts different from NAV. CREF accounts are not exchange traded. Data for NAVs is available daily to plan administrators and client investors on TIAA and CREF's website, and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There were no unfunded commitments from participants in the Plan who invest in these accounts.

TIAA Traditional Annuity Contract - Non-benefit-responsive: Investments in TIAA Traditional Annuity Contract that are non-benefit-responsive investment contracts are reported at fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs. The fair value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Refer to Note 5 for discussion of the TIAA Traditional Annuity Contract. Fair value is deemed to approximate fair value for the Retirement Annuities (RA) and Group Retirement Annuity (GRA) contracts based on observation of recent participant investments at contract value and by comparison of historical and current yields of highly rated long-term corporate bonds to historical and current crediting interest rates of the contracts, taking into consideration the liquidity restrictions applicable to the contracts.

Separate accounts: These are variable annuity products that are funded through TIAA Separate Account VA-3, which is a separate investment account of TIAA. VA-3 invests in proprietary and non-proprietary mutual funds through various sub-accounts. Sub-account unit values are calculated daily at NAV as a practical expedient and the underlying investments are generally valued using market quotations obtained from independent pricing services. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the separate accounts will be sold for an amount different from NAV. As of June 30, 2024 and 2023, the Plan had no plans to sell the separate accounts at amounts different from NAV. VA-3 is available only to participating plans under variable annuity contracts. There are no unfunded commitments from participants in the Plan who invest in these accounts.

TIAA Pooled Separate Account: The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily NAV per share practical expedient, which is considered by plan management to be the best approximation of fair value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the account will be sold for an amount different from NAV. As of June 30, 2024 and 2023, the Plan had no plans to sell the account at amounts different from NAV. CREF accounts are not exchange traded. The unit value of the fund is calculated daily and is available to plan administrators and client investors on TIAA and CREF's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA and CREF general account provides the fund with a liquidity guarantee whereby TIAA and CREF ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests. There are no unfunded commitments from participants in the Plan who invest in this account.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 11,537,165	\$ -	\$ -	\$ 11,537,165
TIAA Traditional Annuity Contract - Non-benefit-responsive	-	-	1,561,964	1,561,964
Total assets in the fair value hierarchy	<u>\$ 11,537,165</u>	<u>\$ -</u>	<u>\$ 1,561,964</u>	13,099,129
Investments measured at NAV				<u>3,888,394</u>
Total investments, at fair value				<u>\$ 16,987,523</u>

	2023			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 9,436,982	\$ -	\$ -	\$ 9,436,982
TIAA Traditional Annuity Contract - Non-benefit-responsive	-	-	1,538,791	1,538,791
Total assets in the fair value hierarchy	<u>\$ 9,436,982</u>	<u>\$ -</u>	<u>\$ 1,538,791</u>	10,975,773
Investments measured at NAV				<u>3,376,161</u>
Total investments, at fair value				<u>\$ 14,351,934</u>

The following table shows the reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended June 30, 2024:

	TIAA Traditional Annuity Contract - Non-Benefit Responsive
Beginning balance	\$ 1,538,791
Investment earnings	71,521
Contributions	21,168
Withdrawals and distributions	<u>(69,516)</u>
Ending balance	<u>\$ 1,561,964</u>

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the fair value hierarchy at June 30:

Type	Fair Value		Valuation Technique	Significant Unobservable Inputs	Range
	2024	2023			
TIAA traditional annuity contract - non-benefit-responsive			Discounted cash flow	Risk-adjusted discount rate applied	2024
					4.00% - 6.75%
	<u>\$ 1,561,964</u>	<u>\$ 1,538,791</u>			2023
					3.70% - 6.25%

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The following table presents the category, fair value, unfunded commitments, redemption frequency, and redemption notice period for Plan investments, the fair values of which are estimated using the NAV per share as of June 30:

Category	Fair Value		Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023			
Variable Annuities:					
Equity funds (a)	\$ 2,596,555	\$ 2,095,484	None	Daily	Daily
Multi-asset fund (b)	302,931	270,987	None	Daily	Daily
Money market (c)	277,638	222,274	None	Daily	Daily
Fixed income funds (d)	<u>60,140</u>	<u>70,276</u>	None	Daily	Daily
Total Variable Annuities	<u>3,237,264</u>	<u>2,659,021</u>			
TIAA Pooled Separate Account (e)	<u>110,203</u>	<u>213,494</u>	None	Limited to one per quarter	Daily
Separate Accounts:					
Life-cycle fund (f)	366,060	347,055	None	Daily	Daily
Domestic stock funds (g)	84,863	71,131	None	Daily	Daily
Other funds (h)	44,572	46,623	None	Daily	Daily
Small blend funds (i)	22,309	19,244	None	Daily	Daily
International funds (j)	22,244	18,871	None	Daily	Daily
Equity funds (a)	<u>879</u>	<u>722</u>	None	Daily	Daily
Total Separate Accounts	<u>540,927</u>	<u>503,646</u>			
Total investments measured at NAV	<u>\$ 3,888,394</u>	<u>\$ 3,376,161</u>			

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

- (a) These funds invest in combination of equity securities and debt securities to achieve a long-term rate of return and capital appreciation.
- (b) This fund invests in various types of domestic and fixed income securities to achieve a long-term rate of return.
- (c) These funds invest in a money market fund to achieve long-term growth and preserve capital.
- (d) These funds invest in domestic and foreign securities and in fixed-income securities to achieve a long-term rate of return.
- (e) This fund invests in real estate properties, other real estate-related investments, and securities. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources. Redemptions are permitted daily, except participant transfers out of the fund are limited to one per calendar quarter.
- (f) This fund invests in a combination of funds to achieve a long-term rate of return specified for certain date ranges of estimated retirement.
- (g) These funds invest in various types of domestic stocks in the large, midsize or smaller capitalization groups to seek long-term capital growth.
- (h) These funds invest in a variety of types of securities to achieve long-term growth and preserve capital.
- (i) These funds invest in a favorable long-term total return, mainly through capital appreciation, by investing primarily in a portfolio of equity securities in smaller domestic companies based on a market index.
- (j) These funds invest in various types of international stocks in the large, midsize or smaller capitalization groups to seek long-term capital growth.

5. TIAA TRADITIONAL ANNUITY CONTRACT

The TIAA Traditional Annuity Contract is a guaranteed fixed annuity contract available as an investment option to Plan participants. The contract is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity Contract is offered through a variety of contract types, including RA, GRA, SRA, and GSRA. The type of contract through which a participant invests in the TIAA Traditional Annuity Contract determines the applicability of certain account features, such as guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

As the SRA and GSRA are fully benefit-responsive guaranteed contracts, contract value is the relevant attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The RA and GRA are non-benefit-responsive guaranteed contracts in which the value is based on TIAA's quoted redemption value of the contract owned by the Plan participant at year-end. These investment contracts that are non-benefit-responsive are included in the financial statements at fair value (Note 4).

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

5. TIAA TRADITIONAL ANNUITY CONTRACT (Continued)

Participants who choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity Contract make contributions that purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The guaranteed annual interest rate is 3.00% for all premiums remitted under all TIAA traditional annuity contract accumulating contracts entered into by the Plan's participants. The TIAA traditional annuity contract also provides an opportunity for participants to receive additional amounts, which TIAA's Board of Trustees may declare on a year-by-year basis. These additional amounts, when declared, remain in effect for the twelve-month "declaration year" that begins each March 1 for accumulation annuities and January 1 for lifetime payout annuities; they are not guaranteed for future years. For accumulating RA, GRA, SRA, and GSRA contracts, the crediting interest rate is 4.85% and 4.24% as of June 30, 2024 and 2023, respectively. The TIAA traditional annuity contract does not permit TIAA to terminate the agreement prior to the scheduled maturity date.

All RA contracts require withdrawals in the form of a lifetime payout annuity or in periodic installments over a ten year period. All GRA contracts may be withdrawn in a single lump-sum within 120 days of termination of employment; this transaction is subject to a 2.50% surrender charge. All SRA and GSRA contracts provide for full participant-directed liquidity. When a participant's accumulation in the TIAA traditional annuity contract is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan itself, would limit the Plan's ability to transact at contract value with the contract issuers. The Plan Administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with the Plan's participants is not probable.

6. TIAA STABLE VALUE ANNUITY

The TIAA Stable Value Annuity is a fixed rate group annuity contract offered by TIAA available as an investment option to plan participants. The contract is fully and unconditionally guaranteed by TIAA. The TIAA Stable Value Annuity is maintained in the TIAA general account. Contributions to the TIAA Stable Value fund purchase a contractual or guaranteed amount of future benefits for the participants and are secured by the general assets of TIAA. The Plan's investment in the TIAA Stable Value Annuity was \$53,919 and \$44,392 as of June 30, 2024 and 2023, respectively, and is included in investments, at contract value on the accompanying statements of net assets available for benefits.

The TIAA Stable Value Annuity provides a guaranteed minimum rate of interest between 1% and 3% (before deductions for contract fees) and the potential for additional interest if declared by TIAA. Additional interest is not guaranteed for periods other than the periods for which they are declared. These rates are subject to change every six months and TIAA guarantees that the declared crediting rate will not decline by more than 0.75% each time it is reset.

The TIAA Stable Value Annuity is immediately liquid to a participant for withdrawals and transfers and does not have withdrawal restrictions (except those immediate transfers cannot be made to competing investment options pursuant to the contract's "equity wash" provisions). In addition, transfers into TIAA Stable Value Annuity may not be made for 30 days following a transfer out. Therefore, the TIAA Stable Value Annuity is a fully benefit-responsive contract. The TIAA Stable Value Annuity is recorded at contract value.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

6. TIAA STABLE VALUE ANNUITY (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuers of the TIAA Stable Value Annuity. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

7. TAX STATUS

The Plan Sponsor has obtained an opinion letter dated August 7, 2017, in which the Internal Revenue Service stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently being operated in accordance with the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions' however, there are currently no audits for any tax periods in progress.

8. PLAN TERMINATION

Although the Plan Sponsor has not expressed any intent to do so, it has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all accrued benefits shall be paid to participants in accordance with the provisions of the Plan.

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. The Plan has a service agreement with Nuveen, LLC, (Nuveen) who is a wholly owned subsidiary of TIAA that provides investment manager services for the Plan. Both TIAA and Nuveen are considered parties-in-interest. Accordingly, transactions with investment funds managed and held by the qualified institution are considered party-in-interest transactions.

The Plan also allows for a revenue sharing credit, which is used to offset certain amounts owed to TIAA and CREF for its administrative services to the Plan. During the plan year, the Plan paid the qualified institution, investment advisor, and independent auditor administrative expenses totaling \$73,904, which is presented net of \$23,714 of revenue sharing credits reimbursed to the Plan in the accompanying statement of changes in net assets available for benefits. As of June 30, 2024 and 2023, there was a balance totaling \$18,756 and \$31,350, respectively, in the revenue sharing account.

ST. THOMAS SCHOOL DC RETIREMENT PLAN

Notes to Financial Statements
June 30, 2024 and 2023

10. RISKS AND UNCERTAINTIES

The Plan provides for various investment options that invest in various combinations of stocks, bonds, fixed-income securities, real estate, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes would materially affect participants' account balances, and the amounts reported in the statements of net assets available for benefits.

11. PARTICIPANT ACCOUNT BALANCES

In November 2007, the Department of Labor (DOL) issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting, disclosure and audit requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. The DOL acknowledged in its Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, that full annual reporting compliance "may not be possible" and "the guiding principle must be to ensure that the appropriate efforts are made to act reasonably, prudently, and in the interest of the Plan's participants and beneficiaries". Notwithstanding the DOL's specific recognition of the "compliance challenges" engendered by its new requirements, U.S. GAAP provides no such relief requiring all contracts and qualified institution accounts to be included and maintained.

Prior to the amended regulations and the amendment of the plan document, the Plan was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual accounts with which participants could engage in a range of actions with limited involvement, if any, by the Plan Sponsor. Accordingly, various accounting and payroll records related to the Plan's 403(b) annuity contracts and qualified institution accounts issued to employees prior to January 1, 2009, were not required to be maintained by the Plan, nor were they required to be maintained or retained by service providers at the plan level. Consequently, the Plan's financial statements have been prepared based on the available records, which were accessed using reasonable means and then analyzed by the Plan Sponsor. While nothing has come to the attention of the Plan Sponsor to indicate otherwise, certain reports were not available dating back to the inception of the Plan, and therefore, the effect, if any, on the completeness of opening balances and thus on the accuracy of the Plan's financial statements cannot be determined at this time.

ST. THOMAS SCHOOL DC RETIREMENT PLAN
(PLAN NO. 002, EIN: 91-0840110)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
June 30, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	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
*	Nuveen Lifecycle Index 2040 R6	Mutual Fund	**	\$ 2,138,650
*	TIAA Traditional Non Benefit Responsive	TIAA Traditional Annuity Contract	**	1,561,964
	Vanguard 500 Idx Adm	Mutual Fund	**	1,505,591
*	Nuveen Lifecycle Index 2030 R6	Mutual Fund	**	1,466,466
*	CREF Stock R1	Variable Annuity	**	1,399,474
*	Nuveen Lifecycle Index 2025 R6	Mutual Fund	**	1,217,270
*	Nuveen Lifecycle Index 2045 R6	Mutual Fund	**	996,030
*	Nuveen Lifecycle Index 2035 R6	Mutual Fund	**	701,451
	American EuroPac Growth R6	Mutual Fund	**	644,988
*	CREF Growth R1	Variable Annuity	**	622,410
*	Nuveen Lifecycle Index 2020 R6	Mutual Fund	**	540,148
*	CREF Global Equities R1	Variable Annuity	**	439,684
	PIMCO Income Fd Institutional	Mutual Fund	**	385,613
*	CREF Social Choice R1	Variable Annuity	**	302,931
*	TIAA Traditional Benefit Responsive	TIAA Traditional Annuity Contract	**	299,257
*	CREF Money Market R1	Variable Annuity	**	277,638
*	Nuveen Lifecycle Index 2060 R6	Mutual Fund	**	277,374
	Allspring Spec Mid Cap Val R6	Mutual Fund	**	249,395
	Principal Real Estate Sec R6	Mutual Fund	**	213,826
	Vanguard Small-Cap Idx Adm	Mutual Fund	**	209,636
	Putnam Large Cap Value Fund R6	Mutual Fund	**	189,955
*	TIAA Access Nuveen Lifecycle 2050 T4 92	Separate Account	**	156,440
*	Nuveen Lifecycle Index 2055 R6	Mutual Fund	**	137,348
*	CREF Equity Index R1	Variable Annuity	**	134,987
*	Nuveen Lifecycle Index 2010 R6	Mutual Fund	**	112,019
*	TIAA Real Estate	TIAA Pooled Separate Account	**	110,203
	Baird Aggregate Bond Inst	Mutual Fund	**	109,121
	BlackRock Mid Cap Growth Eq K	Mutual Fund	**	108,517
*	TIAA Access Nuveen Lifecycle 2030 T4 84	Separate Account	**	88,503
	MFS Growth Fund Class R6	Mutual Fund	**	85,171
	Vanguard Mid-Cap Idx Adm	Mutual Fund	**	83,857
*	Nuveen Lifecycle Index 2050 R6	Mutual Fund	**	69,171
*	TIAA Stable Value	TIAA Stable Value Annuity	**	53,919
*	TIAA Access Nuveen Lifecycle 2035 T4 85	Separate Account	**	47,350
*	TIAA Access Nuveen Real Estate Securities Select T4 8S	Separate Account	**	42,376
*	CREF Core Bond R1	Variable Annuity	**	42,312
	Vanguard Infl Protect Sec Adm	Mutual Fund	**	38,168
*	TIAA Access Nuveen Lifecycle 2015 T4 81	Separate Account	**	37,914
*	TIAA Access Nuveen Large Cap Value T4 8C	Separate Account	**	36,274
	Vanguard Intr-Trm Bnd Idx Adm	Mutual Fund	**	35,804
*	TIAA Access Nuveen Mid Cap Value T4 8F	Separate Account	**	24,319
*	TIAA Access Nuveen International Equity T4 8A	Separate Account	**	22,244
*	TIAA Access Nuveen Quant Small Cap Equity T4 8G	Separate Account	**	19,449
*	CREF Inflation-Linked Bond R1	Variable Annuity	**	17,828
*	TIAA Access Nuveen Lifecycle 2045 T4 91	Separate Account	**	14,383
*	TIAA-CREF Lfcyle Idx 2065-Inst	Mutual Fund	**	12,749
*	TIAA Access Nuveen Lifecycle 2040 T4 86	Separate Account	**	12,339

ST. THOMAS SCHOOL DC RETIREMENT PLAN
(PLAN NO. 002, EIN: 91-0840110)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
June 30, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	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
*	TIAA Access Nuveen Core Equity T4 8B	Separate Account	**	11,921
*	Nuveen Lifecycle Index Retirement Income R6	Mutual Fund	**	8,833
*	TIAA Access Nuveen Cap Growth T4 8E	Separate Account	**	7,520
*	TIAA Access Nuveen Lifecycle 2025 T4 83	Separate Account	**	7,469
*	TIAA Access Nuveen Large Cap Growth T4 8W	Separate Account	**	4,829
*	TIAA Access Nuveen Small Cap Blend Index T4 8Q	Separate Account	**	2,860
*	TIAA Access Nuveen Core Plus Bond T4 8Y	Separate Account	**	2,196
*	TIAA Access Nuveen Large Cap Responsible Equity T4 8D	Separate Account	**	1,662
*	TIAA Access Nuveen Equity Index T4 8K	Separate Account	**	879
	Baird Short Term Bond Fd Inst	Mutual Fund	**	14
				<u>\$ 17,340,699</u>
*	Represents Party-In-Interest, including separate accounts with Teachers Insurance and Annuity Association of America and College Retirement Equities Fund.			
**	The cost of participant-directed investments is not required to be disclosed.			

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 07/01/2023 and ending 06/30/2024	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input type="checkbox"/>
D	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
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 ST. THOMAS SCHOOL DC RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
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) ST. THOMAS SCHOOL 8300 NE 12TH STREET MEDINA WA 98039-3100	1c Effective date of plan 06/01/1985 2b Employer Identification Number (EIN) 91-0840110 2c Plan Sponsor's telephone number 425-454-5880 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	Signed by: <i>Dr. Kirk Wheeler</i> F0E8FA7891E94A7...	12/19/2024	KIRK WHEELER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signed by: <i>Dr. Kirk Wheeler</i> F0E8FA7891E94A7...	12/19/2024	KIRK WHEELER
	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