| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1967

**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)
AMON CARTER MUSEUM OF WESTERN ART
AMON CARTER MUSEUM OF AMERICAN ART

3501 CAMP BOWIE BLVD
FORT WORTH, TX 76107

**2b** Employer Identification Number (EIN) 75-1077979

**2c** Plan Sponsor's telephone number 817-738-1933

**2d** Business code (see instructions) 712100

**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. | 03/04/2025 | SHERRIE FANNING |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 283 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 104 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 101 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 172 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 273 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 2 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 275 |
| **g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 280 |
| **g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 274 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2F 2G 2L 2M 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| AMON CARTER MUSEUM OF WESTERN ART | 75-1077979 |

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

TIAA-CREF

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-1624203 | 69345 | 500689 | 163 | 10/01/2023 | 09/30/2024 |

**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 |
|---|---|
| | |

**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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

**(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** | 7184626 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 10960327 |

**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** | 7155431 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | 25592 | |
| | (2) Dividends and credits | **7c(2)** | | |
| | (3) Interest credited during the year | **7c(3)** | 335984 | |
| | (4) Transferred from separate account | **7c(4)** | 423035 | |
| | (5) Other (specify below) | **7c(5)** | 10466 | |
| | ▶ PLAN SERVICE CREDIT | | | |
| | (6)Total additions | | **7c(6)** | 795077 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | **7d** | 7950508 |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | 470607 | |
| | (2) Administration charge made by carrier | **7e(2)** | | |
| | (3) Transferred to separate account | **7e(3)** | 295275 | |
| | (4) Other (specify below) | **7e(4)** | | |
| | ▶ | | | |
| | (5) Total deductions | | **7e(5)** | 765882 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | **7f** | 7184626 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** Name of plan
AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMON CARTER MUSEUM OF WESTERN ART

**D** Employer Identification Number (EIN)
75-1077979

## 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] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TIAA

13-1624230

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

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

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

TIAA

13-1624203

| (b) 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? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 807 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** Name of plan
AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMON CARTER MUSEUM OF WESTERN ART

**D** Employer Identification Number (EIN)
75-1077979

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

**b** Name of sponsor of entity listed in (a): TIAA-CREF

| **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) |
|---|---|---|
| 13-1426203-004 | P | 840960 |

**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) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** Name of plan
AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMON CARTER MUSEUM OF WESTERN ART

**D** Employer Identification Number (EIN)
75-1077979

## 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) | 9639 | 39936 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 814264 | 840960 |
| (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) | 15909455 | 19948426 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 7155431 | 7184626 |
| (15) Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 23888789 | 28013948 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 23888789 | 28013948 |

## 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) | 303609 | |
| **(B)** Participants | 2a(1)(B) | 508851 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 35000 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 847460 |
| **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) | 3427 | |
| **(F)** Other | 2b(1)(F) | 335984 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 339411 |
| **(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) | 190834 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 190834 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -80947 |
| (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) | | 4041284 |
| c Other income | 2c | | 10466 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5348508 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 873953 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 369105 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1243058 |
| 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) | 150 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 282 | |
| (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) | | 432 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1243490 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4105018 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 20141 |
| (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: WHITLEY PENN LLP **(2)** EIN: 75-2393478

**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.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 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? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** Name of plan
AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMON CARTER MUSEUM OF WESTERN ART

**D** Employer Identification Number (EIN)
75-1077979

## 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** 0

**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): 82-2826183 _____

**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**

## 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)? ..... ☐ **Yes** ☐ **No** ☒ **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? ..... ☐ **Yes** ☐ **No** ☐ **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? ..... ☐ **Yes** ☐ **No** ☐ **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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **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? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **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.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## 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): _____

**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 J500954A .

# AMON CARTER MUSEUM OF WESTERN ART
# RETIREMENT PLAN

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULE

**Years Ended September 30, 2024 and 2023**
**with Report of Independent Auditors**

# AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

**Years Ended September 30, 2024 and 2023**

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# REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator of the
Amon Carter Museum of Western Art Retirement Plan

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

We have performed audits of the financial statements of the Amon Carter Museum of Western Art Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note G to the financial statements, is complete and accurate.

## Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters 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.

HLB WE ARE AN INDEPENDENT MEMBER OF THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

**Basis for Disclaimer of Opinion**

The 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.

Further, as described in Note C to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans.* The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America ("GAAP") require that these accounts and the related income and distributions be included in the accompanying financial statements.

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 the 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 matters 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 the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

**Other Matters – Supplemental Schedule Required by ERISA**

The supplemental schedule of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2024, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not, express an opinion on the supplemental schedule.

Whitley Penn LLP

Fort Worth, Texas
February 28, 2025

**AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| | September 30, 2024 | September 30, 2023 |
|---|---|---|
| **Assets** | | |
| Investments: | | |
| Investments, at fair value | $ 27,810,840 | $ 23,696,831 |
| Investments, at contract value | 163,172 | 182,319 |
| | 27,974,012 | 23,879,150 |
| Receivables: | | |
| Notes receivable from participants | 39,936 | 9,639 |
| Total receivables | 39,936 | 9,639 |
| Net assets available for benefits | $ 28,013,948 | $ 23,888,789 |

See accompanying notes to financial statements.

**AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

| | Year Ended September 30, 2024 | 2023 |
|---|---|---|
| **Additions to Net Assets** | | |
| Investment income: | | |
| Net realized and unrealized gain on investments | $ 4,189,450 | $ 2,104,640 |
| Interest and dividends | 297,707 | 299,155 |
| Total investment income | 4,487,157 | 2,403,795 |
| Interest income from notes receivable from participants | 3,427 | 603 |
| Contributions: | | |
| Participant | 508,851 | 534,636 |
| Rollover | 35,000 | - |
| Employer | 303,609 | 310,639 |
| Other | 10,466 | - |
| Total contributions | 857,926 | 845,275 |
| Total additions to net assets | 5,348,510 | 3,249,673 |
| **Deductions from Net Assets** | | |
| Benefits paid to participants | 1,243,059 | 1,326,202 |
| Administrative expenses | 433 | 237 |
| Total deductions from net assets | 1,243,492 | 1,326,439 |
| Net increase in net assets available for benefits | 4,105,018 | 1,923,234 |
| Plan transfer, net | 20,141 | 828 |
| Net assets available for benefits at beginning of year | 23,888,789 | 21,964,727 |
| Net assets available for benefits at end of year | $ 28,013,948 | $ 23,888,789 |

See accompanying notes to financial statements.

**AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**September 30, 2024 and 2023**

## A. Description of the Plan

### General

The following brief description of the Amon Carter Museum of Western Art Retirement Plan (the "Plan") is provided for general information purposes only. The Plan is sponsored by the Amon Carter Museum of Western Art (the "Museum" or "Plan Sponsor"). Participants should refer to the Plan document for more complete information. The Museum is located in Fort Worth, Texas.

The Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") (collectively, "TIAA-CREF") serve as the custodian and recordkeeper of the Plan.

The Plan is a defined contribution plan generally available to all employees of the Museum, except certain nonresident aliens who have earned no income from sources in the United States, employees who are enrolled as students and regularly attend classes offered by the Plan Sponsor, and temporary paid interns. The Plan was restated effective October 1, 2018. Eligible employees, as defined by the Plan, may enter the Plan as soon as administratively feasible once hired. The employer matching contribution is available to all employees eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The purpose of the Plan is to encourage the Museum's employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of disability or death.

### Contributions

Participants may contribute up to 100% of pre-tax and/or after-tax annual compensation, as defined by the Plan. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (the "Code") as defined in the Plan document. Eligible participants may make rollover contributions to the Plan.

Participants in the Plan who have attained the age of 50 before the close of a Plan year may make catch-up contributions in accordance with, and subject to, the limitations imposed by the Code.

The Museum makes matching contributions to the Plan. The Museum matches every dollar contributed to the Plan up to 5% of a participant's eligible compensation.

### Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of: (a) the Museum's contributions and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

## A. Description of the Plan – continued

### Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

### Notes Receivable from Participants

Loans to participants may be made from TIAA-CREF and are secured by the participants' individual account balances, which are Plan assets. These loans to participants are not reflected in the accompanying financial statements, as the loan agreements are between the participant and TIAA-CREF. Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 45% of their account balances. The loans bear interest at a rate commensurate with local prevailing rates as determined by TIAA-CREF. Principal and interest are paid by the participants directly to TIAA-CREF. Plan assets of approximately $32,000 and $51,000 were pledged as collateral on these loans as of September 30, 2024 and 2023, respectively.

As part of the Plan restatement effective October 1, 2018, participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their account balances. Loan terms range up to five years, or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the Federal Reserve Board Bank Prime Loan Rate at the date of loan origination, plus one percent. As of September 30, 2024 and 2023, interest rates ranged from 6.50% to 9.50%, respectively. Principal and interest are paid monthly from the participant directly to TIAA-CREF. These participant loans are classified as notes receivable from participants in the accompanying financial statements.

### Benefit Payments

Participants withdrawing during the year for reasons of disability, retirement, death, or termination are entitled to their account balances. Participants who attain the age of 59½ are entitled to receive their elective deferrals. Benefits are distributed in the form of rollovers, lump-sum payments, or annuity contract payments. Participants may also take partial distributions and installment payments as defined by the Plan document.

A participant may receive a hardship distribution from elective deferrals if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from the participant's principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) for the payment of funeral expenses for the participant, spouse, dependents, or the participant's beneficiary; or (6) expenses for the repair of damage to the participant's principal residence.

## A. Description of the Plan – continued

### Investment Options

Upon enrollment in the Plan, participants may direct their salary deferrals and matching contributions in 1% increments into any of the Plan's investment options.

### Plan Expenses

Employees of the Museum perform certain administrative functions with no compensation from the Plan. All significant administrative expenses are paid by the Museum and are not reflected in the accompanying financial statements. Other administrative functions, including participant recordkeeping, are performed by the Plan's service provider, and expenses related to those functions are netted with the investment return realized by each investment option and are not separately reflected in the accompanying financial statements.

## B. Summary of Significant Accounting Policies

### Basis of Accounting

The financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"), except for the contracts excluded under the Department of Labor's ("DOL") Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. See Note C.

### Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

### Contributions

Contributions from the Museum and participants are accrued as they become obligations of the Museum, as determined by the plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

### Investment Valuation and Income

The investments of the Plan are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value) as of the end of the Plan year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about investments measured at fair value. See Note F for information related to the Plan's valuation methodologies.

## B. Summary of Significant Accounting Policies – continued

### Investment Valuation and Income – continued

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year-end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

### Payment of Benefits

Benefits are recorded when paid.

## C. Excluded Investments and Activity

The Plan has excluded from investments in the accompanying financial statements certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying financial statements. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. GAAP requires these accounts and the related income and distributions to be included in the accompanying financial statements.

## D. Nonparticipant-Directed Investments

As discussed in Note A, loans to participants may be made from TIAA-CREF and are secured by the participants' individual account balances, which are Plan assets. If a loan defaults, then TIAA-CREF will transfer a portion of the participant's account balance equal to the defaulted loan balance into the TIAA Traditional Annuity Contract. Interest accrues on defaulted loan balances at a rate equal to the interest rate agreed upon in the respective loan agreement.

If a distributable event for the participant occurs (as stated in the Plan document), then the defaulted loan amount plus accrued interest will be distributed out of the Plan. Participants have the option to repay the defaulted loan balance plus accrued interest back to TIAA-CREF before a distributable event occurs to prevent the defaulted loan balance plus accrued interest from being distributed out of the Plan.

## D. Nonparticipant-Directed Investments – continued

The investment balances residing in the TIAA Traditional Annuity Contract related to defaulted loans are considered nonparticipant-directed investments. Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

| | September 30, 2024 | September 30, 2023 |
|---|---|---|
| Investments: | | |
| Investments, at contract value | $ 36,821 | $ 51,457 |
| | $ 36,821 | $ 51,457 |

| | Year Ended September 30, 2024 | Year Ended September 30, 2023 |
|---|---|---|
| Changes in nonparticipant-directed investments: | | |
| Investment income | $ 2,081 | $ 2,317 |
| Benefits paid to participants | (16,717) | - |
| | $ (14,636) | $ 2,317 |

## E. Investments

A portion of the Plan's investments consists of a group of mutual funds and variable annuity funds under TIAA and CREF, which consist of various investment portfolios. These investments are classified as registered investment companies within the Plan's Form 5500. Shareholders of a portion of these investments are locked out of the accounts for 90 days if a purchase, sale, and repurchase within that account is made within a 60-day period.

The TIAA Traditional Annuity Contract investment is a fixed-dollar annuity contract that is fully and unconditionally guaranteed by TIAA, a New York domiciled non-profit legal reserve life insurance company, that is credited with Plan contributions and earnings on the underlying investments and that is charged for Plan withdrawals and administrative expenses charged by TIAA. The minimum guaranteed interest rate varies by contract and depends on the date the contract was established for a participant's account. Accounts generally have a minimum guaranteed interest rate of 3%, but some contracts are between 1% and 3%. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees. The annuity is reported at contract value for the fully benefit-responsive portion of the TIAA Traditional Annuity Contract. Contract value is the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals and transfers, if any.

## E. Investments – continued

TIAA has evaluated the presentation for the TIAA Traditional Annuity Contract for the portion that TIAA considers to be fully benefit-responsive based on GAAP guidance, and the value has been allocated as follows as of September 30,:

| | 2024 | 2023 |
|---|---|---|
| Non benefit-responsive | $ 7,021,453 | $ 6,973,112 |
| Fully benefit-responsive | 163,172 | 182,319 |
| Total | $ 7,184,625 | $ 7,155,431 |

Certain contract types contain liquidity restrictions on redemptions from the TIAA Traditional Annuity Contract, which could impact the value realized upon exiting the contract. Certain contracts do not allow lump-sum cash withdrawals, and transfers must be spread over a period of 10 annual installments.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value with the participants. The TIAA Traditional Annuity Contract investment is comprised of traditional investment contracts.

The Plan also invests in the TIAA Real Estate Account, which is an insurance company separate account of TIAA which primarily invests in real estate and real estate-related investments. This investment is a pooled separate account. The investment restricts transfers out of the account to one time per calendar year quarter.

## F. Fair Value Measurements

GAAP defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

**F. Fair Value Measurements – continued**

- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- The mutual funds are valued at the published per share net asset value ("NAV") of shares held by the Plan and are classified within Level 1 of the valuation hierarchy.

- The non benefit-responsive portion of the TIAA Traditional Annuity Contract is measured based on information reported by TIAA using crediting ratings of the underlying portfolio based on insurance contracts. The contract is reported at contract value, which approximates fair value and is classified within Level 3 of the valuation hierarchy.

- The pooled separate account invests in real estate and real estate-related investments, which are valued at NAV. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the pooled separate account will sell for an amount different from the reported NAV.

- The variable annuity funds invest in mutual funds managed by TIAA and mutual funds not managed by TIAA. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the variable annuity funds would sell for an amount different from the reported NAV.

The Plan has no assets classified within Level 2 of the valuation hierarchy.

The following tables detail the Plan's investments at fair value, by level within the fair value hierarchy, as of September 30, 2024 and 2023.

| | September 30, 2024 | | |
|---|---|---|---|
| | **Level 1** | **Level 3** | **Total** |
| Mutual funds | $ 9,791,326 | $ - | $ 9,791,326 |
| Non benefit-responsive annuity contract | - | 7,021,453 | 7,021,453 |
| Total assets in the fair value hierarchy | $ 9,791,326 | $ 7,021,453 | 16,812,779 |
| Investments measured at NAV [(a)] | | | 10,998,061 |
| Total investments at fair value | | | $27,810,840 |

**F. Fair Value Measurements – continued**

| | September 30, 2023 | | |
|---|---|---|---|
| | **Level 1** | **Level 3** | **Total** |
| Mutual funds | $ 7,235,458 | $ - | $ 7,235,458 |
| Non benefit-responsive annuity contracts | - | 6,973,112 | 6,973,112 |
| Total assets in the fair value hierarchy | $ 7,235,458 | $ 6,973,112 | 14,208,570 |
| Investments measured at NAV [(a)] | | | 9,488,261 |
| Total investments at fair value | | | $23,696,831 |

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

The investments are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgement and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended September 30,:

| | **2024** | **2023** |
|---|---|---|
| Balance, beginning of year | $ 6,973,112 | $ 7,185,163 |
| Investment earnings | 329,085 | 326,050 |
| Contributions | 25,592 | 17,136 |
| Distributions | (440,709) | (601,125) |
| Transfers in | 134,373 | 45,888 |
| Balance, end of year | $ 7,021,453 | $ 6,973,112 |

## F. Fair Value Measurements – continued

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

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of September 30, 2024 and 2023, respectively, and the significant unobservable inputs and the ranges of values for those inputs:

| Instrument | Fair Value 9/30/2024 | Fair Value 9/30/2023 | Principal Valuation Technique | Significant Unobservable Inputs |
|---|---|---|---|---|
| Non benefit-responsive TIAA Traditional Annuity | $ 7,021,453 | $ 6,973,112 | Discounted cash flow<br><br>Theoretical transfer (exit value) | Risk-adjusted discount rate applied |

## G. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at September 30, 2024 and 2023, and net realized and unrealized gain on investments, interest and dividends, and interest income on notes receivable from participants for the years ended September 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA-CREF, the custodian of the Plan.

## H. Tax Status

Effective October 1, 2018, the Plan was amended and restated by the adoption of the TIAA ERISA 403(b) Volume Submitter Plan which has a favorable advisory letter from the Internal Revenue Service ("IRS") dated August 7, 2017. This advisory letter states that the form of the prototype plan is acceptable under Section 401 of the Code. The Museum may rely on this letter with respect to the qualification of the Plan under Code Section 401(a) with certain limitations.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Museum believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

## H. Tax Status – continued

GAAP requires management to evaluate tax positions taken by the Plan and recognize 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 IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## I. Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in units of registered investment companies, annuity contracts, and a pooled separate account, which are managed by TIAA-CREF, who acts as custodian for the Plan. Transactions in such investments, as well as loans made to participants, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

## J. Plan Termination

Although it has not expressed any intention to do so, the Museum has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

## K. Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through February 28, 2025, the date the financial statements were available for issuance.

# SUPPLEMENTAL SCHEDULE

**AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i -**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**September 30, 2024**

**EIN: 75-6036226**
**Plan #: 001**

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | TIAA | Traditional Non Benefit-Responsive | ** | $ 6,471,525 |
| * | CREF | Stock R1 | ** | 4,535,349 |
| * | TIAA-CREF | Lifecycle Index 2030-Rtmt | ** | 1,142,717 |
| | Hartford Funds | Dividend and Growth R5 | ** | 1,055,439 |
| * | TIAA-CREF | Lifecycle Index 2045-Rtmt | ** | 958,673 |
| * | TIAA-CREF | Lifecycle Index 2050-Rtmt | ** | 909,312 |
| * | CREF | Global Equities R1 | ** | 902,231 |
| * | CREF | Social Choice R1 | ** | 869,879 |
| * | TIAA | Real Estate Account | ** | 840,960 |
| * | TIAA-CREF | Lifecycle Index 2040-Rtmt | ** | 801,782 |
| * | TIAA-CREF | Lifecycle Index 2035-Rtmt | ** | 674,344 |
| | American Funds | American Balanced R4 | ** | 577,453 |
| * | CREF | Growth R1 | ** | 567,200 |
| * | TIAA | Traditional Non Benefit-Responsive 2 | ** | 549,928 |
| * | TIAA-CREF | S&P 500 Index-Rtmt | ** | 544,611 |
| * | TIAA | Access International Equity T4 | ** | 520,365 |
| | Principal Funds | Mid Cap R5 | ** | 466,348 |
| * | TIAA-CREF | International Equity Index-Rtmt | ** | 435,669 |
| * | CREF | Bond Market R1 | ** | 393,839 |
| * | CREF | Equity Index R1 | ** | 366,810 |
| * | TIAA | Access Large-Cap Value T4 | ** | 365,472 |
| * | TIAA-CREF | Lifecycle Index 2055-Rtmt | ** | 332,377 |
| * | TIAA | Small-Cap Blend Index Fund-Rtmt | ** | 271,618 |
| * | TIAA | Access Mid-Cap Value T4 | ** | 271,458 |
| * | TIAA | Access Quant Small-Cap Eq T4 | ** | 263,813 |
| * | TIAA-CREF | Lifecycle Index 2025-Rtmt | ** | 249,789 |
| * | CREF | Money Market Fund R1 | ** | 237,962 |
| * | TIAA-CREF | Lifecycle Index 2010-Rtmt | ** | 237,441 |
| | Harding Loevner | Emerging Markets I | ** | 222,906 |
| * | CREF | Inflation-Linked Bond R1 | ** | 174,125 |
| * | TIAA | Access Real Estate Securities T4 | ** | 160,112 |
| | American Century | Mid Cap Value Fund Inv | ** | 148,384 |
| * | TIAA-CREF | Lifecycle Index 2020-Rtmt | ** | 144,283 |

**AMON CARTER MUSEUM OF WESTERN ART RETIREMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i -**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)** ***(continued)***

**September 30, 2024**

**EIN: 75-6036226**
**Plan #: 001**

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Funds | EuroPacific Growth Fund R4 | ** | 139,168 |
| * | TIAA | Access Small-Cap Blend Index T4 | ** | 122,295 |
| * | TIAA-CREF | Lifecycle Index 2060-Rtmt | ** | 121,281 |
| * | TIAA | Traditional Benefit-Responsive | ** | 115,662 |
| | Baird | Short-Term Bond Fund Inv | ** | 101,290 |
| * | TIAA | Access Large-Cap Growth T4 | ** | 97,263 |
| | BlackRock | Inflation Protected Bond Instl | ** | 86,153 |
| * | TIAA | Access Lifecycle 2050 T4 | ** | 78,250 |
| | Prudential | Jennison Growth Z | ** | 66,685 |
| | Metropolitan West | Total Return Bond M | ** | 58,721 |
| * | TIAA | Access Mid-Cap Growth T4 | ** | 47,941 |
| | Loomis | Sayles Bond Institutional | ** | 37,733 |
| * | TIAA | Plan Loan Default Fund | 36,821 | 36,821 |
| * | TIAA | Money Market-Rtmt. | ** | 33,269 |
| * | TIAA | Access Bond Plus T4 | ** | 33,063 |
| * | TIAA | Access Growth & Income T4 | ** | 30,487 |
| * | TIAA | Access Social Ch Eq T4 | ** | 23,256 |
| * | TIAA | Access Lifecycle 2035 T4 | ** | 20,849 |
| * | TIAA | Access Lifecycle 2045 T4 | ** | 19,823 |
| * | TIAA | Access Lifecycle 2040 T4 | ** | 13,443 |
| * | TIAA | TIAA Traditional Benefit Responsive 2 | ** | 10,689 |
| * | TIAA | Lifecycle Index 2065-Rtmt | ** | 7,319 |
| * | TIAA-CREF | Lifecycle Index 2015-Rtmt | ** | 4,294 |
| * | TIAA | Access Lifcycle Rtmt Inc T4 | ** | 4,083 |
| * | Participant Loans | Interest rates ranging from 6.50% - 9.50% with various due dates | -0- | 39,936 |
| | | | | $ 28,013,948 |

* A party in interest as defined by ERISA

** Cost omitted for participant-directed investments

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

Name of Plan:

► Amon Carter Museum of Western Art Retirement Plan

Employer Identification Number:► 75-1077979
For plan year (beginning/ending):► 10/1/2023 to 9/30/2024 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive | | $ 115,662.03 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive | | $ 6,471,525.49 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive 2 | | $ 10,689.38 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive 2 | | $ 549,928.29 |
| | College Retirement Equities Fund variable annuities | Plan Loan Default Fund | | $ 36,821.30 |
| * | College Retirement Equities Fund variable annuities | CREF Stock R1 | | $ 4,535,346.94 |
| * | College Retirement Equities Fund variable annuities | CREF Money Market R1 | | $ 237,961.85 |
| * | College Retirement Equities Fund variable annuities | CREF Social Choice R1 | | $ 869,879.35 |
| * | College Retirement Equities Fund variable annuities | CREF Global Equities R1 | | $ 902,230.94 |
| * | College Retirement Equities Fund variable annuities | CREF Growth R1 | | $ 567,200.31 |
| * | College Retirement Equities Fund variable annuities | CREF Equity Index R1 | | $ 366,809.50 |
| * | College Retirement Equities Fund variable annuities | CREF Inflation-Linked Bond R1 | | $ 174,125.03 |
| * | College Retirement Equities Fund variable annuities | TIAA Real Estate | | $ 840,960.23 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Pl Bd T4 | | $ 33,063.39 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Equity T4 | | $ 30,486.64 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Intl Equity T4 | | $ 520,365.42 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LfCy Rt Inc T4 | | $ 4,082.71 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Lrg Cap Gr T4 | | $ 97,263.07 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Lrg Cap Val T4 | | $ 365,472.07 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2035 T4 | | $ 20,849.44 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2040 T4 | | $ 13,442.95 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2045 T4 | | $ 19,822.72 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2050 T4 | | $ 78,250.20 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Mid Cap Grw T4 | | $ 47,941.06 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Mid Cap Val T4 | | $ 271,457.57 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv RlEstSecSel T4 | | $ 160,112.46 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Sm Cp Bl Ix T4 | | $ 122,295.26 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Qt Sm Cp Eq T4 | | $ 263,813.28 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LgCp Res Eq T4 | | $ 23,255.69 |
| * | College Retirement Equities Fund variable annuities | CREF Core Bond R1 | | $ 393,838.59 |
| * | College Retirement Equities Fund variable annuities | Nuveen Internatl Eq Idx Retire | | $ 435,669.30 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2010 Retire | | $ 237,441.25 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2015 Retire | | $ 4,293.90 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2020 Retire | | $ 144,283.02 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2025 Retire | | $ 249,788.99 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2030 Retire | | $ 1,142,716.77 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2035 Retire | | $ 674,344.20 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2040 Retire | | $ 801,782.47 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2045 Retire | | $ 958,673.39 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2050 Retire | | $ 909,312.39 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2055 Retire | | $ 332,376.82 |
| * | College Retirement Equities Fund variable annuities | Nuveen Money Market Retirement | | $ 33,269.46 |
| * | College Retirement Equities Fund variable annuities | Nuveen S&P 500 Index Retire | | $ 544,610.61 |
| * | College Retirement Equities Fund variable annuities | Nuveen Small Cap Bld Idx Rtmt | | $ 271,618.43 |
| | College Retirement Equities Fund variable annuities | BlackRock Inflat Prot Bnd Inst | | $ 86,152.58 |
| | College Retirement Equities Fund variable annuities | PGIM Jennison Growth Z | | $ 66,684.61 |
| | College Retirement Equities Fund variable annuities | Metropolitan West Tot Ret Bd M | | $ 58,721.02 |
| | College Retirement Equities Fund variable annuities | Hartford Dividend & Growth R5 | | $ 1,055,438.83 |
| | College Retirement Equities Fund variable annuities | AF EuroPacific Growth Fund R4 | | $ 139,168.01 |
| | College Retirement Equities Fund variable annuities | Baird Short Term Bond Fund Inv | | $ 101,290.31 |
| | College Retirement Equities Fund variable annuities | Harding Loevner Inst Em Mkts I | | $ 222,905.61 |
| | College Retirement Equities Fund variable annuities | AF American Balanced Fund R4 | | $ 577,453.16 |
| | College Retirement Equities Fund variable annuities | Am Century Mid Cap Value Inv | | $ 148,384.30 |
| | College Retirement Equities Fund variable annuities | Loomis Sayles Bond Inst | | $ 37,732.64 |
| | College Retirement Equities Fund variable annuities | Principal MidCap Fund R5 | | $ 466,347.76 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2065 Retire | | $ 7,318.72 |
| * | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2060 Retire | | $ 121,281.29 |
| | College Retirement Equities Fund variable annuities | Participant Loan Fund | | $ 39,936.13 |
| | | | | |
| | Grand Total | | | $ 28,013,948 |