

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1995
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) SAN DOMENICO SCHOOL 1500 BUTTERFIELD RD. SAN ANSELMO, CA 94960
2b	Employer Identification Number (EIN) 94-6080077
2c	Plan Sponsor's telephone number 415-258-1900
2d	Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	DAVID WISE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 404
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 301 6a(2) 318 6b 0 6c 98 6d 416 6e 0 6f 416 6g(1) 371 6g(2) 389 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:

2E 2F 2G 2L 2S 2T 2M 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL	D Employer Identification Number (EIN) 94-6080077	

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

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR18313	39	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid 2297	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS 1300 S CLINTON ST STE #150 FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2297	0	SALES AND BASE COMMISSIONS	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	531589
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 523563**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3) 17557

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)** 17557**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 541120**e** Deductions:

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

7e(1) 7625

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4) 1906▶ **FEES**(5) Total deductions **7e(5)** 9531**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 531589

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL	D Employer Identification Number (EIN) 94-6080077	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	334692	122	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	2522917
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7146342

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**

2502188

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

117441

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

7c(4)

128751

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

246192

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

2748380

e Deductions:

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

7e(1)

67003

(2) Administration charge made by carrier

7e(2)

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

7e(3)

158460

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

225463

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

2522917

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL	D Employer Identification Number (EIN) 94-6080077	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	334693	39	07/01/2023	06/30/2024

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	306196
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	559185

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**

317198

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

14009

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

7c(4)

13891

(5) Other (specify below)

7c(5)

(6) Total additions.....

7c(6)

27900

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

345098

e Deductions:

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

7e(1)

22565

(2) Administration charge made by carrier

7e(2)

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

7e(3)

16337

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

38902

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

306196

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL	D Employer Identification Number (EIN) 94-6080077	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LINCOLN NATIONAL CORPORATION	1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960-1057
35-1140070	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA-CREF INVESTMENT MGMNT, INC.	730 THIRD AVE NEW YORK, NY 10017-3206
13-3586142	

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	82955	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MULTNOMAH GROUP LLC

20-0361079

(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?
28 99	INVESTMENT MANAGEMENT	0	Yes ☒ No ☐	Yes ☐ No ☒	35175	Yes ☐ No ☒

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

ARMANINO LLP

94-6214841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 99	ACCOUNTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	10894	Yes ☐ No ☒

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)

NEW PINNACLE CONSULTING GROUP LLC

26-1233837

(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?
13 99 49	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	8126	Yes ☐ No ☒

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

LINCOLN NATIONAL COPORATION

35-1140070

(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 65	RECORDKEEPER	50	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 70	INV ADV, PARTICIPANTS	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MULTNOMAH GROUP INC	28 99	35175
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT MANAGEMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARMANINO LLP	10 99	10894
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	ACCOUNTANT (INCLUDING AUDIT)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW PINNACLE CONSULTING GROUP LLC	13 99 49	8126
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	CONTRACT ADMINSTRATOR, REFERRAL/SERVICE FEE	

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
MORNINGSTAR INVESTMENT MANAGEMENT L	26 70	0
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC	
(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:	ARMANINO LLP	b EIN:	94-6214841
c Position:	AUDITOR		
d Address:	12657 ALCOSTA BOULEVARD SUITE #500 SAN RAMON, CA 94583	e Telephone:	925-790-2600

Explanation: CHANGE IN EIN ONLY FOR ARMANINO LLP

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL	D Employer Identification Number (EIN) 94-6080077	

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 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62986	
a Name of MTIA, CCT, PSA, or 103-12 IE: AB VPS SUSTAIN GLOBAL THEMATIC PORT			
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 767	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL GROWTH			
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9788	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH			
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 835	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH-INCOME			
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36731	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS INTERNATIONAL			
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 388	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION			
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35487	

a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP SMALL CAP VALUE		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 960

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS ALTERNATIVE ASSET ALLOCATION VI		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19387

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531589

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BARON GROWTH OPPORTUNITIES		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4252

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BLACKROCK DIVIDEND VALUE MNGDV		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1064

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BLACKROCK REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BLENDED LRG CAP GROWTH MNGD VO		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38189

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE BOND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 590

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE DIVERSIFIED INCOME SE		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE MID CAP VALUE FUND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21479
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE SMID CAP CORE SERIES		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 743
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE SOCIAL AWARENESS		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6940
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE VALUE SERIES		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 389
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE WEALTH BUILDER FUND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16096
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DIMENSIONAL U.S. CORE EQUITY		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1043
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP FRANKLIN TEMPLETON MF EM EQFND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 938
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP GLOBAL CONSERVATIVE ALLOCATION		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3034
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP GLOBAL GROWTH ALLOCATION MANGD		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214831

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP GLOBAL MODERATE ALLOCATION MGD		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60076

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP JPMORGAN RETIREMENT INCOME FUN		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2768

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MONDRIAN INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6221

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA GLBL TACTICAL ALLOCTN MGD		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11108

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA S&P 500 INDEX		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48617

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA SMALL-CAP INDEX		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1241

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T ROWE PRICE 2050 FUND		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1333

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T. ROWE PRICE MID CAP GROWTH		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1017

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3744

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT TOTAL RETURN PORTFOLIO		
b Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69

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

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL	D Employer Identification Number (EIN) 94-6080077	

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)	138609	125668
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	97029	62986
(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)	23253100	27269821
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3319303	3338736
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26808041	30797211
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26808041	30797211

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)	862825	
(B) Participants	2a(1)(B)	1619884	
(C) Others (including rollovers)	2a(1)(C)	151315	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2634024
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)	6639	
(F) Other	2b(1)(F)	149008	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		155647
(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)	426282	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		426282
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-8211
(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)		3181958
c Other income	2c		298
d Total income. Add all income amounts in column (b) and enter total	2d		6389998

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2317823	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2317823
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)	83005	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		83005
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2400828

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3989170
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ARMANINO LLP**

(2) EIN: **33-2514127**

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.)	☒	☐	124826
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information 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). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024					
A Name of plan SAN DOMENICO SCHOOL 403(B) RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DOMENICO SCHOOL				D Employer Identification Number (EIN) 94-6080077	
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 42-0127290					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500408A.

San Domenico School 403(b) Retirement Plan

Financial Statements
and Supplemental Schedules

June 30, 2024 and 2023
and For the Year Ended June 30, 2024



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
San Domenico School 403(b) Retirement Plan

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

We have performed audits of the accompanying financial statements of San Domenico School 403(b) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of San Domenico School 403(b) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of San Domenico School 403(b) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits 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 San Domenico School 403(b) Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with generally accepted auditing standards, we:

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

- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of San Domenico School 403(b) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about San Domenico School 403(b) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions for the year ended June 30, 2024, and of assets (held at end of year) as of June 30, 2024, (collectively, "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Armenino LLP

Dallas, Texas

April 14, 2025

San Domenico School 403(b) Retirement Plan
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Investments, at fair value	\$ 30,001,983	\$ 26,000,497
Investments, at contact value	<u>669,560</u>	<u>668,935</u>
Total investments	<u>30,671,543</u>	<u>26,669,432</u>
Receivables		
Participant contributions	69,987	62,739
Employer contributions	66,634	32,993
Notes receivable from participants	<u>125,668</u>	<u>138,609</u>
Total receivables	<u>262,289</u>	<u>234,341</u>
Net assets available for benefits	<u><u>\$ 30,933,832</u></u>	<u><u>\$ 26,903,773</u></u>

The accompanying notes are an integral part of these financial statements.

San Domenico School 403(b) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended June 30, 2024

Additions to net assets	
Contributions	
Participant	\$ 1,627,291
Employer	896,307
Rollover	<u>151,315</u>
Total contributions	<u>2,674,913</u>
Investment income	
Net appreciation in fair value of investment	3,282,861
Interest and dividends	<u>466,474</u>
Total investment income	<u>3,749,335</u>
Interest income on notes receivable from participants	<u>6,639</u>
Total additions to net assets	<u>6,430,887</u>
Deductions from net assets	
Benefits paid to participants	2,317,823
Administrative expenses	<u>83,005</u>
Total deductions from net assets	<u>2,400,828</u>
Net increase in net assets available for benefits	4,030,059
Net assets available for benefits, beginning of year	<u>26,903,773</u>
Net assets available for benefits, end of year	<u><u>\$ 30,933,832</u></u>

The accompanying notes are an integral part of these financial statements.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the San Domenico 403(b) School Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan, a defined contribution retirement plan sponsored by San Domenico School (the "School", "Employer" or "Plan Sponsor") pursuant to Section 403(b) and related provisions of the Internal Revenue Code (IRC), was established effective July 1, 1995, and most recently restated effective July 1, 2023. The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination or financial hardship. The Plan covers all eligible employees of the School upon employment. It is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent amendments.

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. The effective dates of provisions within SECURE 2.0 vary through 2026. The Plan Sponsor has until the end of the first Plan year beginning on or after January 1, 2026, to amend the Plan for the changes related to SECURE 2.0. The Plan has not been formally amended to adopt these provisions as of the date the financial statements were available to be issued.

Plan administration

The School is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The School has delegated certain responsibilities for the operation and administration of the Plan. Custodial and recordkeeping services were provided by the Teachers Insurance and Annuity of America and College Retirement Equities Fund (TIAA), the Lincoln National Life Insurance Company ("Lincoln"), and the Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal"). TIAA, Lincoln and Principal are hereafter collectively referred to as the "Custodians". The Custodians hold the Plan's investment assets, execute investment transactions, and are responsible for maintaining participant accounts.

Eligibility requirements

Employees are eligible immediately upon hire to make elective salary deferral contributions. All non-student employees who normally work more than 20 hours a week are eligible to participate in the Plan. In the event that an employee worked at least 1,000 hours during the 12-month period after hire date, and was not originally scheduled to do so, that employee is eligible to make deferral contributions immediately.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Eligibility requirements (continued)

All employees eligible for salary deferral contributions are eligible for Employer discretionary matching contributions, with the exception of leased employees and non-resident aliens. In order to share in the allocation of matching contributions, a participant is required to complete 1,000 hours of service in the applicable Plan year.

Participant accounts

Each participant's account is credited with the participant's contributions or rollovers and allocations of Employer contributions and Plan earnings, and charged with an allocation of investment losses and administrative expenses not paid directly by the School. Allocations of investments earnings are based strictly on the participant's selection of investments and timing of purchase. Other allocations are based on participant earnings or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Contributions

Participants may elect to contribute through payroll deduction amounts up to 100% of their annual compensation, as defined by the plan document on a tax-deferred basis or as a Roth contribution, subject to certain IRC limitations. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions subject to the IRC limit. The Plan includes an auto-enrollment provision whereby all newly eligible participants are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contribution invested in a designated fund until elected otherwise by the participant. Participants are also allowed to rollover contributions from other qualified retirement plans.

The Plan provisions allow the School to make discretionary Employer matching contributions. For the Plan year ended June 30, 2024, the School elected to match 100% of the first 5% of participants' eligible compensation. The School made \$896,307 in discretionary Employer matching contributions. Participants direct the investment of all their contributions into various investment options offered by the Plan.

Vesting

Participants are immediately vested in their voluntary contributions as well as Employer contributions plus actual earnings thereon.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may hold up to two notes receivable (or "loans") at a time. The loans are secured by the balance in the participants' accounts and bear interest at prime plus 2%. The repayment of principal plus interest is generally required by the Plan to be made through payroll deductions over five years unless the loan is used for the purchase of a primary residence which may be paid over a longer period of time to be determined at the time the loan was made. Loans outstanding at June 30, 2024, mature at various dates through March 2052, and accrued interest rates ranging from 5.25% to 10.50%.

Payment of benefits

Distributions and withdrawals are payable upon retirement, termination, disability, hardship, death, and upon attaining the age of 59 1/2 as defined by the Plan. If a participant's vested account balance is equal to or less than \$5,000 upon termination, the balance is distributed immediately in a lump-sum cash payment unless a direct rollover into another qualified benefit plan is requested. If the account balance is greater than \$5,000 upon termination, the participant can consent to either a distribution paid in the form of a lump-sum cash payment, a direct rollover into another qualified plan, installment payments over a period not longer than life expectancy or postpone payment to a later date and remain in the Plan as described in the plan document. Under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the participant's elective deferral and Roth deferral accounts in the Plan.

Administrative expenses

Administrative expenses are generally paid by the School, but may, at the discretion of the Plan administrator, be paid by the Plan. Transaction fees for certain participant initiated activity are charged to the specific account of the participant initiating any such transaction. The Plan is not required to reimburse the School for expenses paid on its behalf.

Certain administrative expenses of the Plan, including record-keeping and audit fees, were paid by the School for the year ended June 30, 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of estimates

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

Risks and uncertainties

The Plan invests in various investment securities which are exposed to various risks such as interest rate fluctuations, liquidity risk, credit availability and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near-term and that such changes could materially affect participants' account balances and amounts reported in the Plan's financial statements.

Investment valuation and income recognition

The Plan's investments in variable annuities, registered investment companies, pooled separate accounts, and insurance company investment contracts are stated at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4). Contract value represents contributions made under a contract, plus interest, less participant withdrawals and administrative expenses (Note 5).

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the gains and losses on investments purchased and sold during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of June 30, 2024 and 2023.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions and contributions receivable

Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Employer, which is the pay date. Employer contributions are recorded in the year earned to coincide with the year which the Employer records the contributions in its general ledger. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Rollover contributions from participants are recorded when received by the Custodians.

Payment of benefits

Benefits are recorded as a reduction of net assets when paid.

Administrative expenses

Administrative expenses of the Plan are recorded when incurred.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS (UNAUDITED)

The plan administrator, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of ERISA. Accordingly, the Custodians, determined to be qualified institutions by the plan administrator have certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of June 30, 2024 and 2023;
- Net appreciation in fair value of investments, interest and dividends and interest income from notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2024;
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year) as of June 30, 2024, ("supplemental schedule").

Accordingly, as requested by the Plan administrator, the Plan's independent auditor performed no auditing procedures on the certified information other than to agree the certified information to the related information included in the financial statements and supplemental schedule.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are as follows:

- Level 1 - Asset value is based on actual quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - Significant unobservable inputs (including management's own assumptions in determining the fair value of investments) are used to arrive at fair value.

In instances where the determination of fair value measurement is based on inputs from the different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation methodology used for assets measured at fair value.

- *Fixed Annuity Contracts* - The Plan's investments in the TIAA Traditional Annuity and the Lincoln Fixed Account are reported by TIAA and Lincoln at contract value, which approximates fair value, and are segregated into non-fully benefit and fully benefit-responsive investment contracts. The non-fully benefit-responsive contracts are presented at fair value on the face of the Plan's financial statements, while the fully benefit-responsive contracts are presented at contract value on the face of the Plan's financial statements. Under US GAAP, the fully benefit-responsive guaranteed investment contracts are not categorized within the fair value hierarchy (See Note 5).
- *Registered Investment Companies* - The Plan's investments in registered investment companies consist of investments principally in mutual funds containing equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Investments are valued at closing market prices obtained from independent pricing services.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

- *Lincoln Pooled Separate Accounts (PSAs)* - The investments in Lincoln PSAs are valued using net asset value (NAV) of the account determined by the fund manager, as a practical expedient to fair value. The fund manager calculates NAV, as practical expedient to fair value, based on the fair value of the underlying assets owned by the Lincoln PSA, minus its liabilities, then divided by the number of units outstanding.
- *Variable Annuities* - The fair values of accumulation units held by the Plan in TIAA and CREF Access Accounts are primarily valued using market quotations or prices obtained from independent pricing sources. These accounts are deemed actively traded, and thus are classified within Level 1 of the fair value hierarchy. Data for values are available daily to plan administrators and client investors on TIAA's website, and provide sufficient corroborative evidence to ascertain the relationship between each fund's value and the values of the individual underlying holdings. Underlying holdings include mutual funds and are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts and these investments may be redeemed at any time.
- *TIAA Pooled Separate Account* - The investment in the TIAA PSA consists of real estate properties and real estate-related investments underlying the fund. Units held in the separate account are accumulation units and calculate the contract owner's interest. Such units are valued daily to reflect investment performance and the prorated daily deduction for expense charges. The number of units credited to a participant's account is determined by dividing the dollar amount of the transaction by the unit value the next time value is computed. Units are valued any day the New York Stock Exchange is open for business and may be accessed by plan sponsors and participants via the TIAA website. The pooled separate account is classified within Level 1 of the fair value hierarchy.

The Plan's investment in Lincoln PSAs is designed to deliver safety and stability by preserving principal and accumulating earnings. As of June 30, 2024 and 2023, the significant investment strategies of the investments in the Lincoln PSAs are as follows:

Balanced Funds: The balanced funds objective is to seek capital appreciation and current income by investing in a diversified portfolio which offers income and capital growth opportunity.

Equity Funds: The equity funds objective is to seek capital appreciation and investment results by investing in a diversified portfolio of primarily common stocks.

Income Funds: The income funds primary investment objective is to produce a high level of current income, maintain liquidity, and preserve capital by investing in a diversified portfolio.

Index Funds: The index funds primary investment objectives are to approximate as closely as practicable, before fees and expenses, the total rate of return of common stocks publicly traded in the United States, as represented by the S&P 500 and performance of the Russell 2000 Index, which emphasizes stocks of small United States based companies.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, by type, at fair value as of June 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Registered investment companies	\$ 19,019,356	\$ -	\$ -	\$ 19,019,356
TIAA pooled separate account	62,986	-	-	62,986
Variable annuities	7,699,093	-	-	7,699,093
Fixed annuity contracts	<u>-</u>	<u>-</u>	<u>2,669,176</u>	<u>2,669,176</u>
	<u>\$ 26,781,435</u>	<u>\$ -</u>	<u>\$ 2,669,176</u>	29,450,611
Investments measured at NAV practical expedient*				<u>551,372</u>
				<u>\$ 30,001,983</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, by type, at fair value as of June 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Registered investment companies	\$ 15,907,796	\$ -	\$ -	\$ 15,907,796
TIAA pooled separate account	97,029	-	-	97,029
Variable annuities	6,730,582	-	-	6,730,582
Fixed annuity contracts	<u>-</u>	<u>-</u>	<u>2,650,368</u>	<u>2,650,368</u>
	<u>\$ 22,735,407</u>	<u>\$ -</u>	<u>\$ 2,650,368</u>	25,385,775
Investments measured at NAV practical expedient*				<u>614,722</u>
				<u>\$ 26,000,497</u>

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value to the line items presented in the statements of net assets available for benefits.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the fair value hierarchy at June 30, 2024:

	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
Fixed Annuity Contracts - TIAA Traditional Annuity	\$ 2,669,176	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	RA: 5.25% - 6.50% GRA: 5.25% - 6.50%

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the fair value hierarchy at June 30, 2023:

	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
Fixed Annuity Contracts - TIAA Traditional Annuity	\$ 2,650,368	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	RA - 3.70 - 6.25% GRA - 3.70% - 6.25%

Transfers between levels within the fair value hierarchy are recognized when there is a change in the investments within a level or a change in inputs used to value those investments. For the year ended June 30, 2024, purchases and sales out of level 3 investments totaled \$124,635 and \$73,671, respectively. Net transfers out of level 3 investments totaled \$32,156.

5. GUARANTEED INVESTMENT CONTRACTS WITH TIAA AND LINCOLN (UNAUDITED)

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants with accounts in TIAA. Each contract is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity is offered through a variety of contract types, including the Group Retirement Annuity (GRA), Retirement Annuity (RA), Group Supplemental Retirement Annuity (GSRA) and Supplemental Retirement Annuity (SRA). The GRA and the RA are considered non-fully benefit-responsive contracts, and the GSRA and the SRA are considered fully benefit-responsive contracts.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

5. GUARANTEED INVESTMENT CONTRACTS WITH TIAA AND LINCOLN
(UNAUDITED) (continued)

The Lincoln Fixed Account is a guaranteed fixed annuity contract available as an investment option to Plan participants with accounts in Lincoln. Each contract is fully and unconditionally guaranteed by Lincoln. The Lincoln Fixed Account is offered through a variety of contract types. Lincoln Group Variable Annuity contract contains the Fixed Account. The Fixed Account (the "Account" or "Contract") is considered a fully benefit-responsive investment contract.

For investment contracts that are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to the guaranteed investment contract. These contracts are included in the financial statements at contract value, as reported by TIAA and Lincoln. Investment contracts that are non-fully benefit-responsive are presented at fair value, as reported by TIAA. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal and a guaranteed minimum rate of interest of 3%. The contract also offers the opportunity for additional amounts in excess of the guaranteed rate. When declared, additional amounts remain in effect for the 12-month period that begins each March 1. Additional interest is not guaranteed for future years.

Lincoln maintains the contributions to the Account in its general account commingled with the general assets of Lincoln. The account is credited with earnings on the underlying assets and charged for participant withdrawals and administrative expenses. Lincoln is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%.

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

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

5. GUARANTEED INVESTMENT CONTRACTS WITH TIAA AND LINCOLN
(UNAUDITED) (continued)

Total fully benefit-responsive funds measured at contract value were as follows:

	<u>2024</u>	<u>2023</u>
TIAA Traditional Annuity	\$ 159,938	\$ 169,019
Lincoln Fixed Account	<u>509,622</u>	<u>499,916</u>
	<u>\$ 669,560</u>	<u>\$ 668,935</u>

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at June 30:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 30,933,832	\$ 26,903,773
Less: employer contribution receivable	(66,634)	(32,993)
Less: employee contribution receivable	<u>(69,987)</u>	<u>(62,739)</u>
Net assets available for benefits per the Form 5500	<u>\$ 30,797,211</u>	<u>\$ 26,808,041</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500 at June 30, 2024:

Net increase in net assets available for benefits per the financial statements	\$ 4,030,059
Plus: prior year contributions receivable	95,732
Less: current year contributions receivable	<u>(136,621)</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 3,989,170</u>

7. SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events through April 14, 2025, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

8. PLAN TERMINATION

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

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

9. TAX STATUS

Prior to March 1, 2023, the Plan adopted the Peery & Associates Volume Submitter Basic Plan Document #7. The Internal Revenue Service informed Peery & Associates, Inc. by a letter dated March 31, 2017, that its volume submitter plan was designed in accordance with applicable sections of the IRC and is appropriate for use by employers for the benefit of their employees.

Effective March 1, 2023, the Plan adopted the Principal Financial Group Prototype basic 403(b) Plan document. The Internal Revenue Service informed Principal by a letter dated March 31, 2017, that its plan document was designed in accordance with applicable sections of the IRC and is appropriate for use by employers for the benefit of their employees. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and that it, and the related trust, are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

ERISA defines a party-in-interest similar to a related party under accounting standards, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. There are no related parties to the Plan that were not also considered to be parties-in-interest.

Parties-in-interest are defined by ERISA as any fiduciary or employee of the Plan, or any party rendering services to the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee organization, or relatives of such persons. As such, transactions conducted by the Custodians and their affiliates, including fee offset agreements, if any, qualify as exempt party-in-interest transactions. Purchases and sales of investments managed by either the Custodians or their affiliates, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the plan documents and are specifically exempt under ERISA. Also, fees and expenses paid by the School on behalf of the Plan, if any, qualify as exempt party-in-interest transactions and are not required to be reimbursed by the Plan to the School.

Certain fees and expenses of the Plan relating to legal, accounting and other administrative services are paid by the School. The Plan is not required to repay expenses paid by the School on its behalf.

Certain fund level fees incurred by the funds in which the Plan invests for such services as investment management, shareholder services, and sub-transfer agency fees are paid through fund level revenue sharing arrangements. These fees reduce fund earnings thereby impacting Plan revenue applied to participants' accounts.

The Custodians retain as compensation for services provided to the Plan, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

San Domenico School 403(b) Retirement Plan
Notes to Financial Statements
June 30, 2024 and 2023

10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)

Certain Plan investments are managed by the Custodians; therefore, these investment transactions qualify as exempt party-in-interest transactions.

SUPPLEMENTAL SCHEDULES

San Domenico School 403(b) Retirement Plan
 EIN: 94-6080077; Plan: 001
 Schedule H, Part IV, Line 4(a) - Schedule of Delinquent Participant Contributions
 For the Year Ended June 30, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions					
Check Here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		Total Fully Corrected Under VFCP and PTE 2002-51	
☒	\$ -	\$ 124,826	\$ -		\$ -	

San Domenico School 403(b) Retirement Plan
 EIN: 94-6080077; Plan: 001
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
 June 30, 2024

(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	Fixed Annuity Contract	**	\$ 2,669,176
*	TIAA Traditional Benefit Responsive	Fixed Annuity Contract	**	159,938
*	Lincoln Fixed Account	Fixed Annuity Contract	**	509,622
*	CREF Stock R1	TIAA Variable Annuity	**	2,582,136
*	CREF Money Market R1	TIAA Variable Annuity	**	59,947
*	CREF Social Choice R1	TIAA Variable Annuity	**	652,153
*	CREF Core Bond R1	TIAA Variable Annuity	**	390,455
*	CREF Global Equities R1	TIAA Variable Annuity	**	847,495
*	CREF Growth R1	TIAA Variable Annuity	**	1,305,468
*	CREF Equity Index R1	TIAA Variable Annuity	**	802,992
*	CREF Inflation-Linked Bond R1	TIAA Variable Annuity	**	238,995
*	TIAA Access Nuv Equity Idx T4	TIAA Variable Annuity	**	37,892
*	TIAA Access Nuv Core Equity T4	TIAA Variable Annuity	**	31,672
*	TIAA Access Nuv Intl Equity T4	TIAA Variable Annuity	**	141,414
*	TIAA Access Nuv Lrg Cap Gr T4	TIAA Variable Annuity	**	67,267
*	TIAA Access Nuv Lrg Cap Val T4	TIAA Variable Annuity	**	84,556
*	TIAA Access Nuv LifCyc 2040 T4	TIAA Variable Annuity	**	130,882
*	TIAA Access Nuv LifCyc 2045 T4	TIAA Variable Annuity	**	33,997
*	TIAA Access Nuv LifCyc 2050 T4	TIAA Variable Annuity	**	44,826
*	TIAA Access Nuv Mid Cap Grw T4	TIAA Variable Annuity	**	16,438
*	TIAA Access Nuv Mid Cap Val T4	TIAA Variable Annuity	**	69,322
*	TIAA Access Nuv RIEstSecSel T4	TIAA Variable Annuity	**	27,375
*	TIAA Access Nuv Sm Cp Bl Ix T4	TIAA Variable Annuity	**	17,650
*	TIAA Access Nuv Qt Sm Cp Eq T4	TIAA Variable Annuity	**	47,690
*	TIAA Access Nuv LgCp Res Eq T4	TIAA Variable Annuity	**	8,954
*	TIAA Access Nuv Core Pl Bd T4	TIAA Variable Annuity	**	2,966
*	Nuveen Core Impact Bond Fund	TIAA Variable Annuity	**	56,551
	Vanguard Federal Money Market Inv	Registered Investment Company	**	137,106
	Baird Core Plus Bond Fund	Registered Investment Company	**	194,876
	Vanguard Total Bond Market Index Fund	Registered Investment Company	**	185,489
	Conestoga Small Cap Fund	Registered Investment Company	**	32,080
	Hotchkis & Wiley Small Cap Diversified Value Fund	Registered Investment Company	**	74,581
*	Nuveen Social Choice Equity Fund	Registered Investment Company	**	165,166
	Vanguard Real Estate Index Fund	Registered Investment Company	**	75,053
	Vanguard Total Stock Market Index Fund	Registered Investment Company	**	3,059,111
	DFA International Small Company Portfolio	Registered Investment Company	**	9,065
	DFA World ex US Value Portfolio	Registered Investment Company	**	54,774
	EuroPacific Growth Fund	Registered Investment Company	**	121
	Harbor Capital Appreciation Fund	Registered Investment Company	**	76,685
	MFS Value Fund	Registered Investment Company	**	33,100
*	Nuveen Social Choice International Equity Fund	Registered Investment Company	**	112,045
	Vanguard Total International Stock Index Fund	Registered Investment Company	**	144,000
	Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	767,034
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	2,075,803
	Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	3,355,095

San Domenico School 403(b) Retirement Plan
 EIN: 94-6080077; Plan: 001
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
 June 30, 2024

(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
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	3,711,087
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	1,862,306
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	1,030,565
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	602,244
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	**	370,367
	Vanguard Target Retirement 2060 Fund	Registered Investment Company	**	48,372
	Vanguard Target Retirement 2070 Fund	Registered Investment Company	**	150,485
	Vanguard Target Retirement Income Fund	Registered Investment Company	**	692,746
*	LVIP Franklin Templeton MF EM Equity Fund	Pooled Separate Account	**	938
*	Lincoln AB VPS Global Thematic Growth	Pooled Separate Account	**	767
*	Lincoln American Funds Global Growth	Pooled Separate Account	**	9,788
*	Lincoln American Funds Growth	Pooled Separate Account	**	835
*	Lincoln American Funds Growth- Income	Pooled Separate Account	**	36,731
*	Lincoln American Funds International	Pooled Separate Account	**	388
*	Lincoln Blackrock Global Allocation	Pooled Separate Account	**	35,487
*	Lincoln Delaware VIP Diversified Income	Pooled Separate Account	**	257
*	Lincoln Delaware VIP High Yield	Pooled Separate Account	**	449
*	Lincoln Delaware VIP Small Cap Value	Pooled Separate Account	**	960
*	Lincoln Delaware VIP SMID Cap Core Series	Pooled Separate Account	**	743
*	Lincoln Delaware VIP Value	Pooled Separate Account	**	389
*	Lincoln Deutsche ALTRTV Asset Alloc VIP	Pooled Separate Account	**	321
*	Lincoln Fidelity VIP Contrafund	Pooled Separate Account	**	19,387
*	LVIP Baron Growth Opportunities	Pooled Separate Account	**	4,252
*	LVIP Blackrock Dividend Value Managed Volatility	Pooled Separate Account	**	1,064
*	LVIP Blackrock Global Real Estate	Pooled Separate Account	**	220
*	LVIP Blended Large Cap Growth Managed Volatility	Pooled Separate Account	**	38,189
*	LVIP Macquarie Bond Fund	Pooled Separate Account	**	590
*	LVIP Macquarie Social Awareness	Pooled Separate Account	**	6,940
*	LVIP Delaware Mid Cap Value Fund	Pooled Separate Account	**	21,479
*	LVIP Macquarie Wealth Builder Fund	Pooled Separate Account	**	16,096
*	LVIP Dimensional U.S. Core Equity	Pooled Separate Account	**	1,043
*	LVIP Global Conservative Allocation Mrsk	Pooled Separate Account	**	3,034
*	LVIP Global Growth Allocation Mgd Risk	Pooled Separate Account	**	214,831
*	LVIP Global Moderate Allocation Mgd Risk	Pooled Separate Account	**	60,076
*	LVIP JPMorgan Retirement Income Fund	Pooled Separate Account	**	2,768
*	LVIP Mondrian International Value	Pooled Separate Account	**	6,221
*	LVIP Ssga Gbl Tactical Alloctn Mgd Vltg	Pooled Separate Account	**	11,108
*	LVIP Ssga S&P 500 Index	Pooled Separate Account	**	48,617
*	LVIP Ssga Small-Cap Index	Pooled Separate Account	**	1,241
*	LVIP T Rowe Price 2050 Fund	Pooled Separate Account	**	1,333
*	LVIP T. Rowe Price Mid Cap Growth	Pooled Separate Account	**	1,017
*	Lincoln MFS Utilities	Pooled Separate Account	**	3,744
*	Lincoln Pimco Vit Total Return Portfolio	Pooled Separate Account	**	69
*	TIAA Real Estate	Pooled Separate Account	**	62,986
				30,671,543

San Domenico School 403(b) Retirement Plan
 EIN: 94-6080077; Plan: 001
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
 June 30, 2024

(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
*	Notes receivable from participants	Interest rates of 5.25% to 10.50% maturing at various dates through March 2052.	-	<u>125,668</u>
				<u><u>\$ 30,797,211</u></u>

* Indicated party-in-interest to the Plan

** Cost information not provided as all investments are participant directed

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

Name of Plan:

► San Domingo School 403(b) Retirement Plan

Employer Identification Number: ► 94-6080077

For plan year (beginning/ending): ► 7/1/2023 to 06/30/2024

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	CREF Core Bond R1		\$ 390,455.14
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 802,991.63
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 847,495.32
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 1,305,468.20
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 238,994.72
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 59,946.93
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 652,153.13
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 2,582,135.98
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Equity T4		\$ 31,672.22
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Pl Bd T4		\$ 2,966.02
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Equity Idx T4		\$ 37,891.81
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T4		\$ 141,414.49
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LgCp Res Eq T4		\$ 8,953.90
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2040 T4		\$ 130,882.04
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2045 T4		\$ 33,997.19
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2050 T4		\$ 44,825.60
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T4		\$ 67,266.56
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T4		\$ 84,555.64
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Grw T4		\$ 16,437.93
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T4		\$ 69,321.67
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T4		\$ 47,689.99
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv RfEstSecSel T4		\$ 27,374.59
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp Bl lx T4		\$ 17,650.31
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 62,985.68
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 159,937.44
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 2,669,174.73
	TIAA Total			\$ 10,534,639
*	LINCOLN NAT'L LIFE - MULTIFUND	AB VPS SUSTAIN GLOBAL THEMATIC POR		\$ 766.94
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GLOBAL GROWTH		\$ 9,787.58
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH		\$ 835.46
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH-INCOME		\$ 36,731.47
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS INTERNATIONAL		\$ 387.73
*	LINCOLN NAT'L LIFE - MULTIFUND	BLACKROCK GLOBAL ALLOCATION		\$ 35,487.24
*	LINCOLN NAT'L LIFE - MULTIFUND	DWS ALTERNATIVE ASSET ALLOCATION VIP		\$ 320.50
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP CONTRAFUND		\$ 19,387.24
*	LINCOLN NAT'L LIFE - MULTIFUND	FIXED ACCOUNT		\$ 531,589.42
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BARON GROWTH OPPORTUNITIES		\$ 4,251.50
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY		\$ 1,064.17
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK REAL ESTATE FUND		\$ 220.33
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTLY		\$ 38,188.85
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DIMENSIONAL U.S. CORE EQUITY 1		\$ 1,043.39
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP FRANKLIN TEMPLETON MF EM EQFND		\$ 937.72
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK		\$ 3,034.11
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL GROWTH ALLOCATION MANGD RISK		\$ 214,831.09
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL MODERATE ALLOCATION MGD RISK		\$ 60,075.80
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP JPMORGAN RETIREMENT INCOME FUND		\$ 2,767.51
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE BOND		\$ 589.72
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE DIVERSIFIED INCOME		\$ 257.40
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE HIGH YIELD FUND		\$ 449.47
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE MID CAP VALUE FUND		\$ 21,478.52
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE SMID CAP CORE SERIES		\$ 743.16
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE SOCIAL AWARENESS		\$ 6,939.51
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE VALUE SERIES		\$ 389.14
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE WEALTH BUILDER		\$ 16,095.63
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MONDRIAN INTERNATIONAL VALUE		\$ 6,220.68
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA GLBL TACTICAL ALLOCTN MGD VLTY		\$ 11,108.32
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA S&P 500 INDEX		\$ 48,617.18
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA SMALL-CAP INDEX		\$ 1,240.74
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2050 FUND		\$ 1,332.53
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE MID CAP GROWTH		\$ 1,017.42
*	LINCOLN NAT'L LIFE - MULTIFUND	MACQUARIE SMALL CAP VALUE		\$ 960.06
*	LINCOLN NAT'L LIFE - MULTIFUND	MFS UTILITIES		\$ 3,744.14
*	LINCOLN NAT'L LIFE - MULTIFUND	PIMCO VIT TOTAL RETURN PORTFOLIO		\$ 68.97
	Lincoln Total			\$ 1,082,961

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

Name of Plan:

► San Dominco School 403(b) Retirement Plan

Employer Identification Number: ► 94-6080077

For plan year (beginning/ending): ► 7/1/2023 to 06/30/2024

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
	Principal	Am Fds EuroPacific Grth R6 Fd		\$ 124.92
	Principal	Baird Core Plus Bond I Fund		\$ 194,875.99
	Principal	Conestoga Small Cap Instl Fund		\$ 32,080.01
	Principal	DFA Int'l Small Company I Fd		\$ 9,064.75
	Principal	DFA Wrld ex US Value Port I Fd		\$ 54,773.57
	Principal	Harbor Capital App Ret Fund		\$ 76,684.81
	Principal	Hotchkis & Wiley SmCp Div VI I		\$ 74,580.55
	Principal	MFS Value R6 Fund		\$ 33,100.47
	Principal	Nuveen Social Choice Eq R6		\$ 165,166.28
	Principal	Nuveen Social Choice Int Eq R6		\$ 112,044.88
	Principal	NUVEEN CORE IMPACT BD R6 FD		\$ 56,550.59
	Principal	Vanguard Fed Money Mkt Inv Fd		\$ 137,105.80
	Principal	Vanguard RE Index Adm Fund		\$ 75,052.78
	Principal	Vanguard Tgt Rmt Inc Inv Fund		\$ 692,745.82
	Principal	Vanguard Tgt Rmt 2020 Inv Fund		\$ 767,033.83
	Principal	Vanguard Tgt Rmt 2025 Inv Fund		\$ 2,075,803.14
	Principal	Vanguard Tgt Rmt 2030 Inv Fund		\$ 3,355,095.39
	Principal	Vanguard Tgt Rmt 2035 Inv Fund		\$ 3,711,086.92
	Principal	Vanguard Tgt Rmt 2040 Inv Fund		\$ 1,862,305.85
	Principal	Vanguard Tgt Rmt 2045 Inv Fund		\$ 1,030,564.56
	Principal	Vanguard Tgt Rmt 2050 Inv Fund		\$ 602,243.69
	Principal	Vanguard Tgt Rmt 2055 Inv Fund		\$ 370,366.93
	Principal	Vanguard Tgt Rmt 2060 Inv Fund		\$ 48,372.30
	Principal	Vanguard Tgt Rmt 2070 Inv Fund		\$ 150,485.07
	Principal	Vanguard TI Stk Mkt Idx Adm Fd		\$ 3,059,110.72
	Principal	Vanguard Ttl Bd Mkt Idx Adm Fd		\$ 185,489.11
	Principal	Vgd Ttl Intl Stk Idx Adm Fd		\$ 143,999.81
	Principal	Participant Loans		\$ 103,702.00
	Principal Total			\$ 19,179,611
	Grand Total			\$ 30,797,211