

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 403 (B) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 006
		1c Effective date of plan 01/01/1986
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) NATIONAL JEWISH HEALTH 1400 JACKSON STREET M220 DENVER, CO 80206-2761	2b Employer Identification Number (EIN) 74-2044647 2c Plan Sponsor's telephone number 303-398-1037 2d Business code (see instructions) 622000
	1400 JACKSON STREET M220 DENVER, CO 80206-2761	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	LISA MURPHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	LISA MURPHY
	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 4436
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) 2372 6a(2) 2379 6b 21 6c 2060 6d 4460 6e 14 6f 4474 6g(1) 3851 6g(2) 3907 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2G 2L 2M 2R

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH	D Employer Identification Number (EIN) 74-2044647	

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 EMPOWER ANNUITY INS. CO. OF AMERICA
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(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
84-0467907	7692	93009-01	26	01/01/2024	12/31/2024

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	209186
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1327408

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

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

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

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

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

b Balance at the end of the previous year	7b	303933
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	8332	
	7c(4)	124825	
	7c(5)		

(6) Total additions	7c(6)	133157
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d Total of balance and additions (add lines 7b and 7c(6))	7d	437090
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	103079	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	124825	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	227904
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	209186
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH	D Employer Identification Number (EIN) 74-2044647	

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	407042	585	01/01/2024	12/31/2024

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	47232943
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	65980283

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**

46963153

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

246814

(2) Dividends and credits.....

7c(2)

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

7c(3)

1998488

(4) Transferred from separate account

7c(4)

4303664

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

7c(5)

6761

(6) Total additions

7c(6)

6555727

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

53518880

e Deductions:

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

7e(1)

2368548

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

7e(2)

(3) Transferred to separate account

7e(3)

3912547

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

7e(4)

4842

(5) Total deductions

7e(5)

6285937

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

47232943

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH	D Employer Identification Number (EIN) 74-2044647	

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
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	08879	108	01/01/2024	12/31/2024

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 506	(b) Total amount of fees paid
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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
JACOB PHILLIPPI
2929 ALLEN PKWY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
194			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TOM C PETERSON
2929 ALLEN PKWY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
202			3

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

VERONICA MAGNOTTA

2929 ALLEN PKWY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42			3

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

JAMES LESNIEWSKI

2929 ALLEN PKWY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

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

MARK E HAUSCHILD

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

CASSANDRA S ANDERSON

2929 ALLEN PKWY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			

(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	3280223
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2258503

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

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

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

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

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

b Balance at the end of the previous year	7b	3459346
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	132075	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	132075
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3591421
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	307342	
(2) Administration charge made by carrier.....	7e(2)	45	
(3) Transferred to separate account	7e(3)	3812	
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	311199
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3280222
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH	D Employer Identification Number (EIN) 74-2044647

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

X

Yes

No
- b

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

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

(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
-----	--

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

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

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

FIDELITY INVSTMT INST. OPS. CO. LLC

04-2647786

(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?
37 64 65 71	RECORDKEEPER	105594	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SYNTRINSIC, LLC

92-2373066

(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?
27	ADVISOR	75370	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

TIAA-TEACHERS INSURANCE AND ANNUITY

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	30258	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

SYNTRINSIC, LLC

92-2373066

(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?
99	NONE	22457	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(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 58 50 49 37	NONE	431	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BAIRD CORE PLUS INST-US BANCORP FND 39-0281260	.02% ANNUALIZED FORMULA	

(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.	
BAIRD SH TM BOND IS-US BANCORP FUND 39-0281260	.02% ANNUALIZED FORMULA	

(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.	
BLACKROCK HEALTH SCIENCES OPP PRT A 40 EAST 52ND ST NEW YORK, NY 10022	.40% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ASHMORE EMERGING MRKTS FRONTIER EQ 801 S CANAL STREET CHICAGO, IL 60607	.08% ANNUALIZED FORMULA	
(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.	
BAIRD AGGREGATE BONDFUND INVEST C 777 E WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	.27% ANNUALIZED FORMULA	
(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.	
ALGER DYNAMIC OPPS A-UMB FUND SERV 39-1657495	.60% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQ IV ULTIMUS FUND 31-1663251	.40% ANNUALIZED FORMULA	
(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.	
JPMORGAN HEDGED EQUITY CLASS I 1111 POLARIS PKWY COLUMBUS, OH 43240	.15% ANNUALIZED FORMULA	
(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.	
PERMANENT PORTFOLIO 600 MONTGOMERY ST STE 4100 SAN FRANCISCO, CA 94111	.38% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON GLOBAL REAL RETURN I 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	.09% ANNUALIZED FORMULA	
(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.	
SMEAD VALUE INSTL SHARE CLASS 1290 BROADWAY STE 1100 DENVER, CO 80203	.15% ANNUALIZED FORMULA	
(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.	
ARTISAN INTL VALUE FUND ADVISOR 875 EAST WISCONSIN AVE SUITE 800 MILWAUKEE, WI 53202	.15% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CULLEN EMERGING MRKTHIGH DIVIDEND R 645 FIFTH AVENUE NEW YORK, NY 10022	.40% ANNUALIZED FORMULA	
(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.	
JENSEN QUALITY GROWTH FD CL I 811 E WISCONSIN AVE 8TH FLOOR MILWAUKEE, WI 53202	.15% ANNUALIZED FORMULA	
(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.	
ARTISAN SUSTAIN EMERG MARKETS INV 875 EAST WISCONSIN AVE SUITE 800 MILWAUKEE, WI 53202	.10% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JENSEN QUALITY GROWTH FC CL J 811 E WISCONSIN AVE 8TH FL MILWAUKEE, WI 53202	.40% ANNUALIZED FORMULA	
(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.	
VICTORY SYCAMORE ESTABLISHED VALUE 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	.40% ANNUALIZED FORMULA	
(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.	
HARBOR CAP APP INV 111 S WACKER DR 34TH FLOOR CHICAGO, IL 60606	.35% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRIMECAP ODYSSEY GROWTH FUND 2020 E FINANCIAL WAY SUITE 100 GLEN DORA, CA 91741	.10% ANNUALIZED FORMULA	
(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.	
BLACKROCK TECH OPPORTUNITIES C 40 EAST 52ND ST NEW YORK, NY 10022	.40% ANNUALIZED FORMULA	
(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.	
BLACKROCK EVENT DRIVEN EQUITY INSTL 40 EAST 52ND ST NEW YORK, NY 10022	.15% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FPA QUEENS ROAD SM CAP VALUE INSTL 11601 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90025	.10% ANNUALIZED FORMULA	
(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.	
T ROWE PRICE INSTL FLOATING RATE CL 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	.15% ANNUALIZED FORMULA	
(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.	
JPMORGAN EQUITY INCOME FUND CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	.40% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH GLOBAL OPPORTUNITIES RETAIL	505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	.40% ANNUALIZED FORMULA
(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.	
DL TOTAL RTN BOND I-US BANKCORP FUN RETAIL	615 E MICHIGAN ST MILWAUKEE, WI 53201	.15% ANNUALIZED FORMULA
(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.	
CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT NAPERVILLE, IL 60563	.40% ANNUALIZED FORMULA

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	.40% ANNUALIZED FORMULA	
(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.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	.40% ANNUALIZED FORMULA	
(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.	
SEAFARER OS GR&IN IS-ALPS FUND SERV 20-3247785	.40% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225	.40% ANNUALIZED FORMULA	
(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.	
AMERICAN BEACON ARK TRANS INNOVTN I 220 E LAS COLINAS BLVD STE 1200 IRVING, TX 75039	.40% ANNUALIZED FORMULA	
(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.	
ARTISAN DEVELOPING WORLD FD INVESTO 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	.39% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HRDG LVNR INTL EQ IS - NTHRN TRUST 333 SOUTH WABASH AVE CHICAGO, IL 60604	.15% ANNUALIZED FORMULA	
(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.	
AMG YACHTMAN GLOBAL CLASS N 600 STEAMBOAT RD, STE 300 GREENWICH, CT 06830	.40% ANNUALIZED FORMULA	
(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.	
AQR DIVERSIFIED ARBITRAGE CLASS I 1 GREENWICH PLAZA GREENWICH, CT 06830	.15% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN MUTUAL FUND CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	.37% ANNUALIZED FORMULA	
(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.	
BLACKROCK TACTICAL OPPORTUNITIES IN 40 EAST 52ND ST NEW YORK, NY 10022	.15% ANNUALIZED FORMULA	
(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.	
BLACKROCK COMMODITY STRATEGIES FUND 40 EAST 52ND ST NEW YORK, NY 10022	.40% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAUSEWAY INTERNATNAL VALUE INSTL P.O. BOX 1100 OAKS, PA 19456	.15% ANNUALIZED FORMULA	
(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.	
DFA U.S. LARGE CAP GROWTH PORT INST 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	.02% ANNUALIZED FORMULA	
(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.	
GUGGENHEIM TOTAL RETURN BOND FD INS 9601 BLACKWELL RD, STE 500 ROCKVILLE, MD 20850	.15% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD WORLD BOND FUND CL I 100 MATSONFORD RD, STE 300 RADNOR, PA 19087	.15% ANNUALIZED FORMULA	
(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.	
JPMORGAN LARGE CAP GROWTH CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	.40% ANNUALIZED FORMULA	
(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.	
MFS GLOBAL ALTERNATIVE STRAT I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	.08% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	.40% ANNUALIZED FORMULA	
(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.	
PFG AMERICAN FUNDS CONS INC STRAT C 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	.40% ANNUALIZED FORMULA	
(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.	
RECURRENT MLP & ENGY INFRASTRUCTURE 3801 KIRBY DR STE 654 HOUSTON, TX 77098	.10% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BWG HIGH YIELD I-FRANKLIN TEMPLETON 94-3167260	.15% ANNUALIZED FORMULA	
(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.	
EV ATL CAP SMID-CP A - BNY MELLON 500 ROSS STREET PITTSBURGH, PA 53442	.50% ANNUALIZED FORMULA	
(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.	
GATEWAY A - SS&C GLOBAL INVST & DIS 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	.55% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEAFARER OS GR&IN IV-ALPS FUND SRV 20-3247785	.40% ANNUALIZED FORMULA	

(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.	
AMERICAN CEN FOCUSED DYNAMIC GROWTH 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	.35% ANNUALIZED FORMULA	

(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.	
AMERICAN CENTURY GLOBAL GOLD INV CL 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	.35% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTERNATL EXPLORER ADVISOR 875 EAST WISCONSIN AVE MILWAUKEE, WI 53202	.10% ANNUALIZED FORMULA	
(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.	
BAIRD ULT SHORT BOND FD INSTL 777 E WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	.03% ANNUALIZED FORMULA	
(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.	
DIAMOND HILL LRG CAP FD CL I 325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS, OH 43215	.15% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT FOCUSED SM CAP VALUE 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	.10% ANNUALIZED FORMULA	
(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.	
PUTNAM FOCUSED INTL EQUITY CL A 1 POST OFFICE SQ MAILZONE G3C BOSTON, MA 02109	.40% ANNUALIZED FORMULA	
(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.	
VAN ECK CM COMMODITYINDEX FD Y 666 3RD AVE 9TH FL NEW YORK, NY 10017	.15% ANNUALIZED FORMULA	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY GLOBAL ENERGY TRANSITION Y 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	.12% ANNUALIZED FORMULA	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH	D Employer Identification Number (EIN) 74-2044647	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FUTUREFUNDS SERIES ACCTII-GRT WEST		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INS. CO. OF AMERICA		
c EIN-PN 84-0467907-003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1327408
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) 4203336
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 403 (B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH		D Employer Identification Number (EIN) 74-2044647

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)	1283258	1420868
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6086396	5530744
(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)	273320552	284888688
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	50726432	64035450
(15) Other.....	1c(15)	51322	64958

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	331467960	355940708
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	331467960	355940708

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)	7013653	
(B) Participants	2a(1)(B)	10362995	
(C) Others (including rollovers)	2a(1)(C)	6150203	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		23526851
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)	149278	
(F) Other	2b(1)(F)	662525	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		811803
(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)	7163054	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		7163054
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2373390	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1074846	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1298544
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	189472	
(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)		-21392
(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)		30265408
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		63233740

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38565267	
(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)		38565267
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		58144
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(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)	137581	
(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)		137581
j Total expenses. Add all expense amounts in column (b) and enter total	2j		38760992

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24472748
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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.)		☒	
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?	☒		5000000
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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 403 (B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL JEWISH HEALTH		D Employer Identification Number (EIN) 74-2044647

Part I

Distributions

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

1

Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1

2

Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-2647786 13-1624203

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3

Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

3

236

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

0

b Enter the amount contributed by the employer to the plan for this plan year

6b

0

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) 2024 v. 240311

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

0

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.



403(b) Retirement Plan (Sponsored by National Jewish Health)

EIN 74-2044647 PN 006

**Independent Auditor's Report, Financial
Statements, and Supplemental Schedule**

December 31, 2024 and 2023



403(b) Retirement Plan (Sponsored by National Jewish Health)
Contents
December 31, 2024 and 2023

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Independent Auditor's Report

Plan Administration
National Jewish Health
Denver, Colorado

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

We have performed audits of the financial statements of the 403(b) Retirement Plan (sponsored by National Jewish Health) (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 December 31, 2024 and 2023, and for the years then ended, 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 Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by the institutions 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued. Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Our 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by the institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

**Denver, Colorado
September 23, 2025**

Federal Employer Identification Number: 44-0160260

403(b) Retirement Plan (Sponsored by National Jewish Health)
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at Fair Value	\$ 339,014,917	\$ 314,388,841
Investments, at Contract Value	15,504,923	15,795,861
Total Investments	354,519,840	330,184,702
Receivables		
Notes receivable from participants	1,420,868	1,283,258
Total Receivables	1,420,868	1,283,258
Net Assets Available for Benefits	\$ 355,940,708	\$ 331,467,960

403(b) Retirement Plan (Sponsored by National Jewish Health)
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Investment Income		
Net appreciation in fair value of investments	\$ 31,732,032	\$ 37,280,381
Interest and dividends	7,825,579	6,226,509
Net Investment Income	39,557,611	43,506,890
Interest Income on Notes Receivable from Participants	149,278	24,823
Contributions		
Employer	7,013,653	6,739,881
Participants	10,362,995	10,478,334
Rollovers	6,150,203	2,695,749
Total Contributions	23,526,851	19,913,964
Total Additions	63,233,740	63,445,677
Deductions		
Benefits paid to participants	38,623,411	26,546,038
Deemed distributions	-	39,775
Administrative expenses	137,581	172,481
Total Deductions	38,760,992	26,758,294
Net Change	24,472,748	36,687,383
Net Assets Available for Benefits, Beginning of Year	331,467,960	294,780,577
Net Assets Available for Benefits, End of Year	<u>\$ 355,940,708</u>	<u>\$ 331,467,960</u>

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Description of the Plan

The following description of the 403(b) Retirement Plan (sponsored by National Jewish Health) (the Plan) provides only general information. Participants should refer to the plan document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan is a defined contribution plan sponsored by National Jewish Health (the Organization) for the benefit of its employees, except for the exclusion of certain classes of employees, as defined in the plan document. To be eligible to receive the Organization's discretionary contributions, employees must have completed two years of eligibility service, as defined. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA-CREF) serves as a plan record keeper and issuer of the TIAA-CREF fixed account. JPMorgan Chase Bank serves as a plan custodian of the TIAA-CREF non-annuity investments. Corebridge Retirement Services represents Variable Annuity Life Insurance Company (VALIC) and its subsidiaries, VALIC Retirement Services Company and VALIC Financial Advisors, Inc. (collectively, Corebridge (formerly AIG Retirement Services), Fidelity Management Trust Company (FMTC), and Empower Annuity Insurance Company of America (Empower) serve as plan record keepers, custodians and insurance companies.

Subsequent to January 1, 2002, contributions, including rollovers, are no longer allowed to be remitted to VALIC or Empower.

Contributions

The Plan permits employees through a salary deferral election to have the Organization make annual contributions of up to 100% of eligible compensation, as defined. Employee rollover and catch-up contributions are also permitted. The Organization may make contributions. Organization contributions are discretionary as determined by the Organization's Finance Committee. For the years ended 2024 and 2023, the Organization made discretionary contributions to eligible faculty and executives of 6% of compensation within the Social Security earnings base and 11% on any compensation above the Social Security earnings base, and discretionary contributions to all eligible other staff of 5% of compensation within the Social Security earnings base and 10% on any compensation above the Social Security earnings base. Contributions are subject to certain limitations.

Participant Investment Account Options

Investment account options available include various mutual funds, separate accounts, investment contracts with insurance companies, pooled separate accounts and effective May 9, 2011, individually directed account (IDA) option, which allows participants to invest in any mutual fund. Each participant has the option of directing his or her contributions into any of the investment accounts and may change the allocation daily; however, for certain investment accounts, in an effort to reduce market timing and excessive trading, certain restrictions apply.

The plan document also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. However, the Organization did not elect to utilize this feature in 2024 and 2023.

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

Participant Accounts

Each participant's account is credited with the participant's contribution, the respective Organization's contribution, and plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and all employer contributions, plus earnings thereon.

Payment of Benefits

Upon termination of service, employees with a vested account balance less than \$1,000 will have their vested account balance distributed to them in a lump-sum payment. Upon termination of service, an employee with a vested account balance greater than \$1,000 may elect to receive a lump-sum payment, purchase an annuity contract equal to the value of his or her account, rollover the account balance to an account of his or her choice, or maintain the balance in the Plan and continue to share in investment gains and losses. Certain withdrawal restrictions are in place if a participant is invested in the TIAA Traditional Fixed Account.

Participants may withdraw amounts from their accounts subject to certain limitations imposed by the Plan. Such withdrawals are also subject to certain taxes and penalties as assessed by the Internal Revenue Service.

Notes Receivable from Participants

The plan document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence). Interest on the loans taken by a participant who uses Fidelity Investments (Fidelity) as the custodian is based on prime plus 1%. Interest on loans taken by a participant who uses VALIC or Empower as the custodian is based on the local prevailing rates as determined by the custodians.

Plan Termination

Although it has not expressed an intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants will remain 100% vested in their accounts.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contributions plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Registered Investment Companies – Separate Accounts

Quoted market prices, if available, are used to value investments. TIAA-CREF separate accounts are individually controlled variable annuities and are valued at the unit value of the accumulation units held by the Plan at year-end, as provided by TIAA-CREF (unit values are determined daily by TIAA-CREF and are available at tiaa-cref.org). The separate accounts do have certain restrictions to prevent market timing and excessive trading. VALIC separate accounts are valued at the net asset value (NAV) per share at the close of each business day as reported by each fund, which values their securities at fair value.

Registered Investment Companies – Mutual Funds

Mutual funds are valued at the NAV of shares held by the Plan at year-end.

Investment Contracts with Insurance Companies

The TIAA-CREF investment contract is valued at contract value, except as noted below. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates.

The investment contract with TIAA-CREF, TIAA Traditional Annuity, is a fixed-dollar annuity, has a portion considered to be a fully benefit-responsive investment contract (valued at contract value as noted above) and a portion considered to be a non-benefit-responsive investment contract, and has a minimum guaranteed interest rate of generally 3.00%. During 2017, a new investment contract TIAA Stable Value was entered into with a minimum guaranteed interest rate of generally 3.00% and is considered to be fully benefit-responsive and valued as contract value. The investment contracts with TIAA-CREF contains liquidity restrictions that require withdrawals and transfers from the investment contract to other investment options available to the Plan to be spread over a period of 10 annual installments or five annual installments for withdrawals after a participant's termination of employment.

The VALIC fixed interest accounts are valued at fair value. Fair value is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

The Empower guaranteed fixed fund is an investment contract with Empower and is stated at fair value. Fair value is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

Pooled Separate Accounts

The TIAA-CREF pooled separate account is an individually controlled variable annuity and is valued at estimated fair value as provided by TIAA-CREF. The fair value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally utilizing external appraisals. Although the underlying assets of the account cannot be quickly sold and converted to liquid assets, the TIAA-CREF general account provides the account with a liquidity guarantee. Transfers out of the pooled separate account are limited to one per calendar quarter.

The Empower pooled separate accounts are valued at estimated fair value as provided by Empower. Estimated fair value is based on the change in net asset values of the underlying mutual fund investments, dividends, capital gain or loss distributions, and expense charges.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Contributions

Contributions from plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.

Plan Tax Status

The Plan operates under a volume submitter agreement in connection with a volume submitter plan document sponsored by Spencer Fane LLP or its suppliers. This volume submitter plan document has obtained an advisory letter from the IRS stating that the volume submitter satisfies the requirements under Section 403(b) of the Internal Revenue Code. The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not requested or obtained a determination letter, as the Internal Revenue Service does not currently provide that service for 403(b) plans. However, the Organization believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Organization or the Plan, at the Organization's discretion.

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Certification of Plan Custodians and Insurance Companies

The Organization has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA-CREF, FMTC, VALIC and Empower, qualified institutions have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- * Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2024 and 2023
- * Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- * Investment information included in the accompanying schedule of assets (held at year-end) as of December 31, 2024

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note 4. Party-in-Interest Transactions

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

Certain plan investments are units of separate accounts managed by an entity related to TIAA-CREF, which is a record keeper for the Plan. The Plan's TIAA-CREF fixed account is maintained in TIAA-CREF's general account.

Certain plan investments are shares of separate accounts of VALIC, a custodian of the Plan. The Plan's VALIC fixed accounts are maintained in VALIC's general account.

The Plan invests in certain funds managed by an affiliate of FMTC, a custodian of the Plan.

Certain plan investments are shares of pooled separate accounts and unallocated accounts managed by Empower, a custodian of the Plan. The Plan's Empower's fixed accounts are maintained in Empower's general account.

The Plan is charged fees and expenses through investment expense ratios. The investment expense ratios vary by fund. These investment expense ratios are charged against the funds and are reflected in the value of the investments held by the Plan. The investment expense ratios include, as applicable, management expenses, administration expenses, 12b-1 fees, record keeping and distribution fees, sub-transfer agency fees, and shareholder servicing fees.

The Plan incurs expenses for certain accounting and auditing services. For the years ended December 31, 2024 and 2023, these expenses were paid by the Organization. The Organization also provides certain administrative services at no cost to the Plan.

Note 5. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; 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
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

	2024			
	Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
Mutual funds	\$ 234,166,336	\$ 234,166,336	\$ -	\$ -
Individually directed accounts	64,958	64,958	-	-
Investment contracts	35,217,429	-	3,489,409	31,728,020
Total assets in the fair value hierarchy	<u>269,448,723</u>	<u>\$ 234,231,294</u>	<u>\$ 3,489,409</u>	<u>\$ 31,728,020</u>
Investments measured at net asset value (A)				
Separate accounts	64,035,450			
Pooled separate accounts	<u>5,530,744</u>			
Total investments measured at net asset value	<u>69,566,194</u>			
Investments measured at fair value	<u>\$ 339,014,917</u>			

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

	2023			
	Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
Mutual funds	\$ 212,186,443	\$ 212,186,443	\$ -	\$ -
Individually directed accounts	51,322	51,322	-	-
Investment contracts	34,930,571	-	3,763,279	31,167,292
Total assets in the fair value hierarchy	<u>247,168,336</u>	<u>\$ 212,237,765</u>	<u>\$ 3,763,279</u>	<u>\$ 31,167,292</u>
Investments measured at net asset value (A)				
Separate accounts	61,134,109			
Pooled separate accounts	<u>6,086,396</u>			
Total investments measured at net asset value	<u>67,220,505</u>			
Investments measured at fair value	<u>\$ 314,388,841</u>			

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 securities (also see Note 2).

Level 3 Activity

Activity, transfers into and out of Level 3 and the reasons for those transfers are as follows:

	TIAA Traditional Fixed Account
Balance, January 1, 2023	\$ 31,610,652
Purchases	1,630,313
Sales	<u>(2,073,673)</u>
Balance, December 31, 2023	31,167,292
Purchases	1,775,159
Sales	<u>(1,214,431)</u>
Balance, December 31, 2024	<u><u>\$ 31,728,020</u></u>

Unobservable (Level 3) Inputs

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements.

	Fair Value at December 31, 2024	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Fixed Account	\$ 31,728,020	Discounted cash flow	Risk-adjusted discount rate applied*	3.00% – 6.75%

403(b) Retirement Plan (Sponsored by National Jewish Health)
Notes to Financial Statements
December 31, 2024 and 2023

	Fair Value at December 31, 2023	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Fixed Account	\$ 31,167,292	Discounted cash flow	Risk-adjusted discount rate applied*	3.25% - 7.00%

* Unobservable inputs include discount rate applied

Note 6. Investment Contract with TIAA-CREF

The Plan has entered into a fully benefit-responsive investment contract with TIAA-CREF. TIAA-CREF maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

As described in the basis of accounting disclosure, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by TIAA-CREF, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The following represents the contract value by type of fully benefit-responsive investment contracts held by the Plan:

	2024	2023
TIAA Traditional Annuity BR	\$ 12,701,480	\$ 13,191,301
TIAA Stable Value	2,803,443	2,604,560
	<u>\$ 15,504,923</u>	<u>\$ 15,795,861</u>

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 8. Subsequent Events

Subsequent events have been evaluated through September 23, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedule

403(b) Retirement Plan (Sponsored by National Jewish Health)
EIN 74-2044647 PN 006
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue	Description of Investment	Current Value	Vendor
Mutual Funds			
* Vanguard Lifest Con Growth	Mutual Fund	\$ 23,110,616	Fidelity
* FID 500 Index	Mutual Fund	24,248,317	Fidelity
* EV ATL Cap SMID-CP A	Mutual Fund	9,219,813	Fidelity
* FID Government Money Market	Mutual Fund	5,599,921	Fidelity
* FID Total Market Index	Mutual Fund	8,798,658	Fidelity
* HRDG LVNR Intel EQ IS	Mutual Fund	4,086,105	Fidelity
* Baird Core Plus Inst	Mutual Fund	2,916,363	Fidelity
* FID US Bond Index	Mutual Fund	3,510,688	Fidelity
* FID Large Cap Growth Index	Mutual Fund	5,301,905	Fidelity
* FID Extd Market Index	Mutual Fund	1,783,155	Fidelity
* Baird Short-term Bond IS	Mutual Fund	1,047,058	Fidelity
* FID Large Cap Value Index	Mutual Fund	1,150,193	Fidelity
* FID Small Cap Index	Mutual Fund	1,280,295	Fidelity
* Gateway A	Mutual Fund	868,475	Fidelity
* FID Intl Index	Mutual Fund	1,242,032	Fidelity
* FID Mid Cap Index	Mutual Fund	1,193,276	Fidelity
* FID Real Estate Index	Mutual Fund	351,913	Fidelity
* FID INFL PR Bond Index	Mutual Fund	413,066	Fidelity
* DL TOTAL RTN BOND I	Mutual Fund	996,966	Fidelity
* SEAFARER OS GR&IN IV	Mutual Fund	569,602	Fidelity
* FID Emerging Markets Index	Mutual Fund	627,318	Fidelity
* FID Short-term Bond Index	Mutual Fund	312,853	Fidelity
* FID FDM IDX 2045 IPR	Mutual Fund	8,946,714	Fidelity
* FID FDM IDX 2040 IPR	Mutual Fund	12,961,696	Fidelity
* FID FDM IDX 2070 IPR	Mutual Fund	569	Fidelity
* FID Intm Term Bond Index	Mutual Fund	651,746	Fidelity
* FID FDM IDX 2050 IPR	Mutual Fund	6,527,994	Fidelity
* FID FDM IDX 2055 IPR	Mutual Fund	4,013,670	Fidelity
* FID FDM IDX 2030 IPR	Mutual Fund	11,337,736	Fidelity
* FID FDM IDX 2035 IPR	Mutual Fund	7,512,083	Fidelity
* FID FDM IDX 2025 IPR	Mutual Fund	8,301,190	Fidelity
* IS Dev Real Estate K	Mutual Fund	126,901	Fidelity
* PGIM SEL REAL EST R6	Mutual Fund	611	Fidelity
* FID FDM IDX 2020 IPR	Mutual Fund	11,141,139	Fidelity
* FID FDM IDX 2060 IPR	Mutual Fund	1,507,787	Fidelity
* Parnassus Core EQ IV	Mutual Fund	117,416	Fidelity
* FID FDM IDX 2015 IPR	Mutual Fund	3,612,910	Fidelity
* FID FDM IDX 2065 IPR	Mutual Fund	1,045,356	Fidelity
* Alger Dynamic Opps A	Mutual Fund	3,784	Fidelity
* FID FDM IDX 2010 IPR	Mutual Fund	1,360,756	Fidelity
* FID FDM IDX INC IPR	Mutual Fund	122,092	Fidelity
* BWG High Yield I	Mutual Fund	256,399	Fidelity
* Vanguard LifeStrat Cns Grw Inv	Mutual Fund	4,559,403	TIAA-CREF
* Vanguard Ttl Stk Mkt Idx Adm	Mutual Fund	4,190,536	TIAA-CREF
* Vanguard Developed Mkts Idx Adm	Mutual Fund	2,423,428	TIAA-CREF
* Vanguard Value Index Adm	Mutual Fund	1,470,293	TIAA-CREF
* Vanguard Real Estate Idx Adm	Mutual Fund	1,432,187	TIAA-CREF
* Vanguard Small-Cap Idx Adm	Mutual Fund	1,765,738	TIAA-CREF
* Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund	1,072,969	TIAA-CREF
* Baird Core Plus Bond Fund Inst	Mutual Fund	701,951	TIAA-CREF
* iShares Develop Real Est Ix Is	Mutual Fund	574,157	TIAA-CREF
* Vanguard Treasury Money Market Inv	Mutual Fund	783,716	TIAA-CREF
* Vanguard Mid-Cap Idx Adm	Mutual Fund	1,094,486	TIAA-CREF
* Vanguard Growth Index Adm	Mutual Fund	1,620,394	TIAA-CREF
* Vanguard Emr Mkts Stk Idx Adm	Mutual Fund	715,644	TIAA-CREF

403(b) Retirement Plan (Sponsored by National Jewish Health)
EIN 74-2044647 PN 006
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Identity of Issue	Description of Investment	Current Value	Vendor
* Vanguard S-T Inf Pro Sec Idx Adm	Mutual Fund	449,006	TIAA-CREF
* Harding International Eq Inst	Mutual Fund	415,600	TIAA-CREF
* Vanguard High-Yield Corp Adm	Mutual Fund	383,748	TIAA-CREF
* Eaton Vance Atl Cap SMID Ca R6	Mutual Fund	390,849	TIAA-CREF
* Emer Mkt Sustain Cor 1 Port Is	Mutual Fund	432,420	TIAA-CREF
* Baird Short Term Bond Fd Inst	Mutual Fund	412,235	TIAA-CREF
* BrandywineGLOBAL High Yield I	Mutual Fund	239,957	TIAA-CREF
* PGIM Select Real Estate R6	Mutual Fund	465	TIAA-CREF
* Parnassus Core Equity Inst	Mutual Fund	54,539	TIAA-CREF
* Gateway Fund Class Y	Mutual Fund	273,957	TIAA-CREF
* Vanguard Short-Trm Bd Idx Adm	Mutual Fund	53,751	TIAA-CREF
* Nuveen LfCycle Ix 2010 R6	Mutual Fund	130,208	TIAA-CREF
* Nuveen LfCycle Ix 2015 R6	Mutual Fund	214,142	TIAA-CREF
* Nuveen LfCycle Ix 2020 R6	Mutual Fund	625,197	TIAA-CREF
* Nuveen LfCycle Ix 2025 R6	Mutual Fund	1,215,284	TIAA-CREF
* Nuveen LfCycle Ix 2030 R6	Mutual Fund	1,844,519	TIAA-CREF
* Nuveen LfCycle Ix 2035 R6	Mutual Fund	2,462,663	TIAA-CREF
* Nuveen LfCycle Ix 2040 R6	Mutual Fund	2,425,900	TIAA-CREF
* Nuveen LfCycle Ix 2045 R6	Mutual Fund	850,458	TIAA-CREF
* Nuveen LfCycle Ix 2050 R6	Mutual Fund	546,134	TIAA-CREF
* Nuveen LfCycle Ix 2055 R6	Mutual Fund	587,472	TIAA-CREF
* Nuveen LfCycle Ix Ret Inc R6	Mutual Fund	16,809	TIAA-CREF
* Nuveen LfCycle Ix 2060 R6	Mutual Fund	63,203	TIAA-CREF
* DoubleLine Total Return Bond I	Mutual Fund	421,849	TIAA-CREF
* Alger Dynamic Opps Z	Mutual Fund	252	TIAA-CREF
* Vanguard 500 Idx Adm	Mutual Fund	19,073,680	TIAA-CREF/Fidelity
		<u>234,166,336</u>	
Individually Directed Accounts			
* Others	Individually Directed Accounts	<u>64,958</u>	TIAA-CREF
Separate Accounts			
* CREF Stock R2	CREF Separate Account	22,339,406	TIAA-CREF
* CREF Global Equities R2	CREF Separate Account	12,905,002	TIAA-CREF
* CREF Growth R2	CREF Separate Account	7,978,205	TIAA-CREF
* CREF Social Choice R2	CREF Separate Account	5,882,240	TIAA-CREF
* CREF Equity Index R2	CREF Separate Account	5,872,864	TIAA-CREF
* CREF Core Bond R2	CREF Separate Account	2,886,826	TIAA-CREF
* CREF Money Market R2	CREF Separate Account	2,426,385	TIAA-CREF
* CREF Inflation-Linked Bond R2	CREF Separate Account	1,486,019	TIAA-CREF
* Stock Index Fund	VALIC Separate Account	449,266	VALIC
* Systematic Core Fund	VALIC Separate Account	328,545	VALIC
* Mid Cap Index Fund	VALIC Separate Account	196,487	VALIC
* Vanguard Windsor II	VALIC Separate Account	188,864	VALIC
* Small Cap Growth Fund	VALIC Separate Account	135,501	VALIC
* Vanguard Wellington Fund	VALIC Separate Account	126,954	VALIC
* Growth Fund	VALIC Separate Account	162,920	VALIC
* Intl Socially Responsible Fund	VALIC Separate Account	82,719	VALIC
* Science and Technology Fund	VALIC Separate Account	162,444	VALIC
* Asset Allocation Fund	VALIC Separate Account	90,290	VALIC
* Global Strategy	VALIC Separate Account	81,747	VALIC
* Loan Collateral Fund	VALIC Separate Account	31,122	VALIC

403(b) Retirement Plan (Sponsored by National Jewish Health)
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Identity of Issue	Description of Investment	Current Value	Vendor
* Large Capital Growth	VALIC Separate Account	22,509	VALIC
* International Growth Fund	VALIC Separate Account	37,516	VALIC
* Mid Cap Strategic Fund	VALIC Separate Account	41,979	VALIC
* International Equities Index Fund	VALIC Separate Account	31,007	VALIC
* Emerging Economies	VALIC Separate Account	22,325	VALIC
* Systematic Value	VALIC Separate Account	18,668	VALIC
* Vanguard Long-term Treasury	VALIC Separate Account	8,825	VALIC
* Government Securities Fund	VALIC Separate Account	7,585	VALIC
* International Value Fund	VALIC Separate Account	8,100	VALIC
* Core Bond Fund	VALIC Separate Account	4,443	VALIC
* Small Cap Index Fund	VALIC Separate Account	6,324	VALIC
* GS Vit Gov Money Mkt Fd Inst	VALIC Separate Account	4,436	VALIC
* Intl Opportunities	VALIC Separate Account	4,202	VALIC
* Loan Escrow Fund	VALIC Separate Account	2,043	VALIC
* Vanguard Long-term Inv-Grade Fund	VALIC Separate Account	1,219	VALIC
* Small Cap Special Value Fund	VALIC Separate Account	463	VALIC
		<u>64,035,450</u>	
Investment Contracts with Insurance Companies			
* TIAA Traditional Annuity (at fair value)	TIAA Guaranteed Investment Contracts - 3%	31,728,020	TIAA-CREF
* TIAA Traditional Annuity (at contract value)	TIAA Guaranteed Investment Contracts - 3%	12,701,480	TIAA-CREF
* Fixed Account Plus	VALIC Separate Account	2,870,085	VALIC
* TIAA Stable Value (at contract value)	TIAA Guaranteed Investment Contracts - 3%	2,803,443	TIAA-CREF
* Short-term Fixed Account	VALIC Separate Account	410,138	VALIC
* Empower Fixed Account	Empower Daily Interest Guarantee Fund	882	Empower
* Empower Fixed Account	Empower Guaranteed Certificate Fund	205,377	Empower
* Empower Fixed Account	Empower Guaranteed Fixed Fund	2,927	Empower
		<u>50,722,352</u>	
Pooled Separate Accounts			
* TIAA Real Estate	TIAA Pooled Separate Acct	4,203,336	TIAA-CREF
* Empower S&p 500 Index Fund Inv	Empower Variable Annuities	438,471	Empower
* Empower Mid Cap Value Fund Inv	Empower Variable Annuities	357,094	Empower
* Fidelity Vip Growth Portfolio	Empower Variable Annuities	166,692	Empower
* Empower S&p Smallcap 600 Index Fd Inv	Empower Variable Annuities	125,214	Empower
* Empower Mod Aggr Profile Fund Inv	Empower Variable Annuities	150,319	Empower
* Empower International Value Inv	Empower Variable Annuities	29,940	Empower
* Empower Large Cap Value Investor li	Empower Variable Annuities	26,109	Empower
* Empower Moderate Profile Fund Inv	Empower Variable Annuities	11,453	Empower
* Federated Hermes Govt Obligatins FD SS	Empower Variable Annuities	14,073	Empower
* Empower Aggressive Profile Fund Inv	Empower Variable Annuities	6,581	Empower
* Empower Us Govt Securities Fund Inv	Empower Variable Annuities	943	Empower
* Empower Mod Cons Profile Fund Inv	Empower Variable Annuities	519	Empower
		<u>5,530,744</u>	
* Notes receivable from participants			
	Various maturity dates through 2034; Interest rates ranging from 4.25% - 9.50%	1,420,868	4 vendors
		<u>\$ 355,940,708</u>	
* Party-in-interest as defined by ERISA			

403(b) Retirement Plan (Sponsored by National Jewish Health)
EIN 74-2044647 PN 006
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue	Description of Investment	Current Value	Vendor
Mutual Funds			
* Vanguard Lifest Con Growth	Mutual Fund	\$ 23,110,616	Fidelity
* FID 500 Index	Mutual Fund	24,248,317	Fidelity
* EV ATL Cap SMID-CP A	Mutual Fund	9,219,813	Fidelity
* FID Government Money Market	Mutual Fund	5,599,921	Fidelity
* FID Total Market Index	Mutual Fund	8,798,658	Fidelity
* HRDG LVNR Intel EQ IS	Mutual Fund	4,086,105	Fidelity
* Baird Core Plus Inst	Mutual Fund	2,916,363	Fidelity
* FID US Bond Index	Mutual Fund	3,510,688	Fidelity
* FID Large Cap Growth Index	Mutual Fund	5,301,905	Fidelity
* FID Extd Market Index	Mutual Fund	1,783,155	Fidelity
* Baird Short-term Bond IS	Mutual Fund	1,047,058	Fidelity
* FID Large Cap Value Index	Mutual Fund	1,150,193	Fidelity
* FID Small Cap Index	Mutual Fund	1,280,295	Fidelity
* Gateway A	Mutual Fund	868,475	Fidelity
* FID Intl Index	Mutual Fund	1,242,032	Fidelity
* FID Mid Cap Index	Mutual Fund	1,193,276	Fidelity
* FID Real Estate Index	Mutual Fund	351,913	Fidelity
* FID INFL PR Bond Index	Mutual Fund	413,066	Fidelity
* DL TOTAL RTN BOND I	Mutual Fund	996,966	Fidelity
* SEAFARER OS GR&IN IV	Mutual Fund	569,602	Fidelity
* FID Emerging Markets Index	Mutual Fund	627,318	Fidelity
* FID Short-term Bond Index	Mutual Fund	312,853	Fidelity
* FID FDM IDX 2045 IPR	Mutual Fund	8,946,714	Fidelity
* FID FDM IDX 2040 IPR	Mutual Fund	12,961,696	Fidelity
* FID FDM IDX 2070 IPR	Mutual Fund	569	Fidelity
* FID Intm Term Bond Index	Mutual Fund	651,746	Fidelity
* FID FDM IDX 2050 IPR	Mutual Fund	6,527,994	Fidelity
* FID FDM IDX 2055 IPR	Mutual Fund	4,013,670	Fidelity
* FID FDM IDX 2030 IPR	Mutual Fund	11,337,736	Fidelity
* FID FDM IDX 2035 IPR	Mutual Fund	7,512,083	Fidelity
* FID FDM IDX 2025 IPR	Mutual Fund	8,301,190	Fidelity
* IS Dev Real Estate K	Mutual Fund	126,901	Fidelity
* PGIM SEL REAL EST R6	Mutual Fund	611	Fidelity
* FID FDM IDX 2020 IPR	Mutual Fund	11,141,139	Fidelity
* FID FDM IDX 2060 IPR	Mutual Fund	1,507,787	Fidelity
* Parnassus Core EQ IV	Mutual Fund	117,416	Fidelity
* FID FDM IDX 2015 IPR	Mutual Fund	3,612,910	Fidelity
* FID FDM IDX 2065 IPR	Mutual Fund	1,045,356	Fidelity
* Alger Dynamic Opps A	Mutual Fund	3,784	Fidelity
* FID FDM IDX 2010 IPR	Mutual Fund	1,360,756	Fidelity
* FID FDM IDX INC IPR	Mutual Fund	122,092	Fidelity
* BWG High Yield I	Mutual Fund	256,399	Fidelity
* Vanguard LifeStrat Cns Grw Inv	Mutual Fund	4,559,403	TIAA-CREF
* Vanguard Ttl Stk Mkt Idx Adm	Mutual Fund	4,190,536	TIAA-CREF
* Vanguard Developed Mkts Idx Adm	Mutual Fund	2,423,428	TIAA-CREF
* Vanguard Value Index Adm	Mutual Fund	1,470,293	TIAA-CREF
* Vanguard Real Estate Idx Adm	Mutual Fund	1,432,187	TIAA-CREF
* Vanguard Small-Cap Idx Adm	Mutual Fund	1,765,738	TIAA-CREF
* Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund	1,072,969	TIAA-CREF
* Baird Core Plus Bond Fund Inst	Mutual Fund	701,951	TIAA-CREF
* iShares Develop Real Est Ix Is	Mutual Fund	574,157	TIAA-CREF
* Vanguard Treasury Money Market Inv	Mutual Fund	783,716	TIAA-CREF
* Vanguard Mid-Cap Idx Adm	Mutual Fund	1,094,486	TIAA-CREF
* Vanguard Growth Index Adm	Mutual Fund	1,620,394	TIAA-CREF
* Vanguard Emr Mkts Stk Idx Adm	Mutual Fund	715,644	TIAA-CREF

403(b) Retirement Plan (Sponsored by National Jewish Health)
EIN 74-2044647 PN 006
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Identity of Issue	Description of Investment	Current Value	Vendor
* Vanguard S-T Inf Pro Sec Idx Adm	Mutual Fund	449,006	TIAA-CREF
* Harding International Eq Inst	Mutual Fund	415,600	TIAA-CREF
* Vanguard High-Yield Corp Adm	Mutual Fund	383,748	TIAA-CREF
* Eaton Vance Atl Cap SMID Ca R6	Mutual Fund	390,849	TIAA-CREF
* Emer Mkt Sustain Cor 1 Port Is	Mutual Fund	432,420	TIAA-CREF
* Baird Short Term Bond Fd Inst	Mutual Fund	412,235	TIAA-CREF
* BrandywineGLOBAL High Yield I	Mutual Fund	239,957	TIAA-CREF
* PGIM Select Real Estate R6	Mutual Fund	465	TIAA-CREF
* Parnassus Core Equity Inst	Mutual Fund	54,539	TIAA-CREF
* Gateway Fund Class Y	Mutual Fund	273,957	TIAA-CREF
* Vanguard Short-Trm Bd Idx Adm	Mutual Fund	53,751	TIAA-CREF
* Nuveen LfCycle Ix 2010 R6	Mutual Fund	130,208	TIAA-CREF
* Nuveen LfCycle Ix 2015 R6	Mutual Fund	214,142	TIAA-CREF
* Nuveen LfCycle Ix 2020 R6	Mutual Fund	625,197	TIAA-CREF
* Nuveen LfCycle Ix 2025 R6	Mutual Fund	1,215,284	TIAA-CREF
* Nuveen LfCycle Ix 2030 R6	Mutual Fund	1,844,519	TIAA-CREF
* Nuveen LfCycle Ix 2035 R6	Mutual Fund	2,462,663	TIAA-CREF
* Nuveen LfCycle Ix 2040 R6	Mutual Fund	2,425,900	TIAA-CREF
* Nuveen LfCycle Ix 2045 R6	Mutual Fund	850,458	TIAA-CREF
* Nuveen LfCycle Ix 2050 R6	Mutual Fund	546,134	TIAA-CREF
* Nuveen LfCycle Ix 2055 R6	Mutual Fund	587,472	TIAA-CREF
* Nuveen LfCycle Ix Ret Inc R6	Mutual Fund	16,809	TIAA-CREF
* Nuveen LfCycle Ix 2060 R6	Mutual Fund	63,203	TIAA-CREF
* DoubleLine Total Return Bond I	Mutual Fund	421,849	TIAA-CREF
* Alger Dynamic Opps Z	Mutual Fund	252	TIAA-CREF
* Vanguard 500 Idx Adm	Mutual Fund	19,073,680	TIAA-CREF/Fidelity
		<u>234,166,336</u>	
Individually Directed Accounts			
* Others	Individually Directed Accounts	<u>64,958</u>	TIAA-CREF
Separate Accounts			
* CREF Stock R2	CREF Separate Account	22,339,406	TIAA-CREF
* CREF Global Equities R2	CREF Separate Account	12,905,002	TIAA-CREF
* CREF Growth R2	CREF Separate Account	7,978,205	TIAA-CREF
* CREF Social Choice R2	CREF Separate Account	5,882,240	TIAA-CREF
* CREF Equity Index R2	CREF Separate Account	5,872,864	TIAA-CREF
* CREF Core Bond R2	CREF Separate Account	2,886,826	TIAA-CREF
* CREF Money Market R2	CREF Separate Account	2,426,385	TIAA-CREF
* CREF Inflation-Linked Bond R2	CREF Separate Account	1,486,019	TIAA-CREF
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* Systematic Core Fund	VALIC Separate Account	328,545	VALIC
* Mid Cap Index Fund	VALIC Separate Account	196,487	VALIC
* Vanguard Windsor II	VALIC Separate Account	188,864	VALIC
* Small Cap Growth Fund	VALIC Separate Account	135,501	VALIC
* Vanguard Wellington Fund	VALIC Separate Account	126,954	VALIC
* Growth Fund	VALIC Separate Account	162,920	VALIC
* Intl Socially Responsible Fund	VALIC Separate Account	82,719	VALIC
* Science and Technology Fund	VALIC Separate Account	162,444	VALIC
* Asset Allocation Fund	VALIC Separate Account	90,290	VALIC
* Global Strategy	VALIC Separate Account	81,747	VALIC
* Loan Collateral Fund	VALIC Separate Account	31,122	VALIC

403(b) Retirement Plan (Sponsored by National Jewish Health)
EIN 74-2044647 PN 006
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Identity of Issue	Description of Investment	Current Value	Vendor
* Large Capital Growth	VALIC Separate Account	22,509	VALIC
* International Growth Fund	VALIC Separate Account	37,516	VALIC
* Mid Cap Strategic Fund	VALIC Separate Account	41,979	VALIC
* International Equities Index Fund	VALIC Separate Account	31,007	VALIC
* Emerging Economies	VALIC Separate Account	22,325	VALIC
* Systematic Value	VALIC Separate Account	18,668	VALIC
* Vanguard Long-term Treasury	VALIC Separate Account	8,825	VALIC
* Government Securities Fund	VALIC Separate Account	7,585	VALIC
* International Value Fund	VALIC Separate Account	8,100	VALIC
* Core Bond Fund	VALIC Separate Account	4,443	VALIC
* Small Cap Index Fund	VALIC Separate Account	6,324	VALIC
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* Intl Opportunities	VALIC Separate Account	4,202	VALIC
* Loan Escrow Fund	VALIC Separate Account	2,043	VALIC
* Vanguard Long-term Inv-Grade Fund	VALIC Separate Account	1,219	VALIC
* Small Cap Special Value Fund	VALIC Separate Account	463	VALIC
		<u>64,035,450</u>	
Investment Contracts with Insurance Companies			
* TIAA Traditional Annuity (at fair value)	TIAA Guaranteed Investment Contracts - 3%	31,728,020	TIAA-CREF
* TIAA Traditional Annuity (at contract value)	TIAA Guaranteed Investment Contracts - 3%	12,701,480	TIAA-CREF
* Fixed Account Plus	VALIC Separate Account	2,870,085	VALIC
* TIAA Stable Value (at contract value)	TIAA Guaranteed Investment Contracts - 3%	2,803,443	TIAA-CREF
* Short-term Fixed Account	VALIC Separate Account	410,138	VALIC
* Empower Fixed Account	Empower Daily Interest Guarantee Fund	882	Empower
* Empower Fixed Account	Empower Guaranteed Certificate Fund	205,377	Empower
* Empower Fixed Account	Empower Guaranteed Fixed Fund	2,927	Empower
		<u>50,722,352</u>	
Pooled Separate Accounts			
* TIAA Real Estate	TIAA Pooled Separate Acct	4,203,336	TIAA-CREF
* Empower S&p 500 Index Fund Inv	Empower Variable Annuities	438,471	Empower
* Empower Mid Cap Value Fund Inv	Empower Variable Annuities	357,094	Empower
* Fidelity Vip Growth Portfolio	Empower Variable Annuities	166,692	Empower
* Empower S&p Smallcap 600 Index Fd Inv	Empower Variable Annuities	125,214	Empower
* Empower Mod Aggr Profile Fund Inv	Empower Variable Annuities	150,319	Empower
* Empower International Value Inv	Empower Variable Annuities	29,940	Empower
* Empower Large Cap Value Investor li	Empower Variable Annuities	26,109	Empower
* Empower Moderate Profile Fund Inv	Empower Variable Annuities	11,453	Empower
* Federated Hermes Govt Obligatins FD SS	Empower Variable Annuities	14,073	Empower
* Empower Aggressive Profile Fund Inv	Empower Variable Annuities	6,581	Empower
* Empower Us Govt Securities Fund Inv	Empower Variable Annuities	943	Empower
* Empower Mod Cons Profile Fund Inv	Empower Variable Annuities	519	Empower
		<u>5,530,744</u>	
* Notes receivable from participants			
	Various maturity dates through 2034; Interest rates ranging from 4.25% - 9.50%	1,420,868	4 vendors
		<u>\$ 355,940,708</u>	
* Party-in-interest as defined by ERISA			