

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
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) <u>FELLOWSHIP OF CHRISTIAN ATHLETES</u> <u>8701 LEEDS RD</u> <u>KANSAS CITY, MO 64129-1626</u>	1c Effective date of plan <u>07/01/1984</u> 2b Employer Identification Number (EIN) <u>44-0610626</u> 2c Plan Sponsor's telephone number <u>816-921-0909</u> 2d Business code (see instructions) <u>813000</u>

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.	10/09/2025	LAURA BRUMBAUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	LAURA BRUMBAUGH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	3168
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	2923
a(2) Total number of active participants at the end of the plan year		6a(2)	3144
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	217
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3361
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	3366
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	2982
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	3168
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	81
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3B 3D

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

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

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

a Pension Schedules

- (1) **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 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

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

A Name of plan FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES		D Employer Identification Number (EIN) 44-0610626	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	364298	3366	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
0	0

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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 ▶

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 ▶

6b	
6c	
6d	

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES	D Employer Identification Number (EIN) 44-0610626	

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)..... 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	372554	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RPA FINANCIAL, LLC

83-1143379

(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 99	INVESTMENT ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	87500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RPA FINANCIAL, LLC	27 99	87500
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 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 <u>FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FELLOWSHIP OF CHRISTIAN ATHLETES</u>	D Employer Identification Number (EIN) <u>44-0610626</u>	

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: <u>PRIN LIFETIME HYB 2015 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>628224</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2020 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5495244</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2025 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9581471</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2030 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12447051</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HB 2035 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11410674</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HB 2040 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13332456</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HB 2045 CIT X</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12680612</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2050 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11168202

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2055 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3433511

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY INC CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234775

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2060 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3726310

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2734875

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2065 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1459858

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2070 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246696

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 FELLOWSHIP OF CHRISTIAN ATHLETES	D Employer Identification Number (EIN) 44-0610626

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4356	22814
(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)	657436	972970
(9) Value of interest in common/collective trusts	1c(9)	77531944	88579960
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	20907125	28510936
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	99100861	118086680
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	99100861	118086680

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)	3566207	
(B) Participants.....	2a(1)(B)	9331657	
(C) Others (including rollovers).....	2a(1)(C)	803259	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13701123
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)	75477	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75477
(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)	408369	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		408369
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9316029
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		3578919
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27079917

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7675946	
(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)		7675946
f Corrective distributions (see instructions)	2f		45597
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	372555	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		372555
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8094098

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18985819
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: **KELLER & OWENS, LLC**

(2) EIN: **48-1195228**

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FELLOWSHIP OF CHRISTIAN ATHLETES</u>	D Employer Identification Number (EIN) <u>44-0610626</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

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

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

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702476A.

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

FINANCIAL STATEMENTS

**Years Ended December 31, 2024 and 2023
with
Independent Auditors' Report**

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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Keller & Owens, LLC

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Fellowship of Christian Athletes

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

We have performed audits of the financial statements of **Fellowship of Christian Athletes Retirement/401(k) Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 **Fellowship of Christian Athletes Retirement/401(k) Plan**'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Notes 4 and 5 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("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 **Fellowship of Christian Athletes Retirement/401(k) 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 **Fellowship of Christian Athletes Retirement/401(k) Plan's** ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the 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 could reasonably be expected to influence the economic decisions of users made on the basis of these 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 **Fellowship of Christian Athletes Retirement/401(k) 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 **Fellowship of Christian Athletes Retirement/401(k) 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 Schedules Required by ERISA

The supplemental Schedule of Assets Held at Year End as of December 31, 2024 and 2023 are presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Overland Park, Kansas
October 8, 2025

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>ASSETS</u>	
	<u>2024</u>	<u>2023</u>
Investments at Fair Value		
Mutual funds	\$ 28,510,936	\$ 20,907,125
Collective investment trust	<u>88,579,960</u>	<u>77,531,944</u>
Total Investments at Fair Value	117,090,896	98,439,069
Employer Contributions Receivable	22,814	4,356
Notes Receivable – Participant Loans	<u>978,329</u>	<u>657,436</u>
Total Assets	<u>\$ 118,092,039</u>	<u>\$ 99,100,861</u>
 <u>LIABILITIES AND NET ASSETS</u> 		
Liabilities:		
Excess Contributions Payable	<u>\$ 29,514</u>	<u>\$ 55,004</u>
Total Liabilities	<u>29,514</u>	<u>55,004</u>
Total Net Assets Available for Benefits	<u>\$ 118,062,525</u>	<u>\$ 99,045,857</u>

See accompanying notes

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
Additions:		
Contributions:		
Employer	\$ 3,563,946	\$ 3,301,934
Employee	9,304,404	8,664,565
Rollover	803,259	571,634
Total Contributions	13,671,609	12,538,133
Investment Return:		
Dividends – mutual funds	408,369	342,587
Interest income – participant loans	75,477	42,489
Net investment income – collective investment trust	9,316,029	10,640,650
Net investment income – mutual funds	3,578,919	3,020,718
Total Investment Income	13,378,794	14,046,444
Total Additions	27,050,403	26,584,577
Deductions:		
Administrative expenses	372,555	326,065
Other distributions	-	4,645
Deemed distributions	29,367	51,413
Distributions to participants	7,631,813	6,960,604
Total Deductions	8,033,735	7,342,727
Net Increase	19,016,668	19,241,850
Net Assets Available for Benefits:		
Beginning of year	99,045,857	79,804,007
End of year	\$ 118,062,525	\$ 99,045,857

See accompanying notes

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Administrative Expenses – The majority of administrative expenses incurred in maintaining the Plan are paid by the plan participants. These include the cost for RPA Financial, LLC to manage the funds and advise participants. Fees related to the administration of notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses.

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

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 contribution 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.

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

Investment Expenses – Investment-related expenses are included in net investment income.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Investment Valuation and Income Recognition – Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian, and insurance company. See Notes 3 and 4 for discussion of fair value measurements.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued) – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net investment income includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefits are recorded when paid.

Subsequent Events – Management has evaluated events and transactions that have occurred since December 31, 2024 and reflected their effects, if any, in these financial statements through October 8, 2025, the date the financial statements were available to be issued.

2. DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information. The Plan document contains a more complete description of the Plan's provisions.

General – The Plan is a contributory-defined contribution Plan. Employees of the Fellowship of Christian Athletes (the "Fellowship") who have completed one year of service and reached twenty-one years of age are eligible for employer matching contributions. Prior to October 18, 2011, all employees who worked more than 20 hours per week were covered by the Plan. As of October 18, 2011, the Plan covers all employees who have reached 21 years of age except for registrars and SALT employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Trustees.

Contributions – Each year, participants may contribute up to 20% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified benefit or defined contributions plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

2. DESCRIPTION OF THE PLAN

Contributions (continued) – Automatically enrolled participants have their deferral rate set at 6% of eligible compensation as of December 31, 2024 and 2023, respectively, and their contributions are invested in a designated fund balance until changed by the participant. In addition there is an automatic annual 1% increase of the deferral percentage up to 10%.

Employer nonmatching contributions to the Plan are at the sole discretion of the Fellowship's Board of Trustees. The employer will match 50% of the first 10% of an employee's contributions. Employer contributions begin in July or January after an employee has completed one year of service. Ministers who have filed Form 4361 must contribute at least 7.65% of their income to the Plan because of the Fellowship's FICA reimbursement policy. Employer contributions were reduced by \$246,623 and \$131 in forfeitures during 2024 and 2023, respectively. The Fellowship's matching contribution is invested as directed by the participant.

Forfeited Accounts – Forfeited balances of terminated participants' non-vested accounts can be used to reduce Plan expenses or reduce employer contributions. The amount of forfeitures used to reduce administrative expenses was \$31,747 and \$28,146 for the years ended December 31, 2024 and 2023, respectively. The amount of forfeitures used to reduce employer contributions was \$246,623 and \$131 for the years ended December 31, 2024 and 2023, respectively.

Participant Accounts – Each participant's account is credited with the participant's contribution and the Fellowship's matching contribution, as well as allocations of the Fellowship's profit-sharing contribution, if any, and Plan earnings. Participant accounts are charged with administrative expenses that are paid by the Plan. Allocations are based on compensation, participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – The investment options for 2024 and 2023 included various funds managed by the Principal Financial Group and RPA Financial, LLC, including funds for small, medium, and large companies, bond funds, international funds, government security funds, real estate funds, money market funds, target date funds, and guaranteed interest contracts.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

2. DESCRIPTION OF THE PLAN (continued)

Notes Receivables from Participants – Participants are entitled to borrow from the Plan up to 50% of the employee's vested account balance (up to a maximum of \$50,000) with an interest rate equal to the prime rate (as published) in The Wall Street Journal plus 2%. The loans are secured by the balance in the participant's account. Principal and interest will be repaid over a period no longer than five years through monthly payroll deductions. The Plan reviews the collectability of participant loans annually. All loans are considered fully collectible and an allowance for doubtful accounts is not considered necessary.

Payment of Benefits – Upon termination of service, at retirement age, or at age 59 ½, a member may elect to either receive a lump-sum amount equal to the value of the member's vested benefit, have the Plan purchase an annuity with the lump-sum amount, or leave any vested benefit in the Plan. Withdrawals prior to age 59 ½ are not permitted except in the event of retirement, disability, or as a hardship distribution. Upon proof to the satisfaction of the plan administrator of an immediate and heavy financial need, amounts contributed may be withdrawn for hardship purposes. Certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½. Vested benefits of former participants who have chosen to leave such benefits in the Plan were \$1,355,686 and \$1,758,994 at December 31, 2024 and 2023, respectively.

Vesting – A participant's vesting percentage is shown in the following schedule opposite the number of whole years of his vesting service.

<u>Vesting Service</u> <u>(whole years)</u>	<u>Vesting Percentage</u>
Less than 1	0
1	25
2	50
3 or more	100

However, the vesting percentage for a participant who is an employee on or after the earliest of (i) the date he reaches his normal retirement age, (ii) the date of his death, (iii) the date he meets the requirement(s) for an early retirement date, or (iv) the date he becomes totally and permanently disabled, shall be 100% on such date.

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS OF ASSETS AND LIABILITIES

The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three-tier hierarchy of inputs is summarized in the three broad levels below:

- Level 1 – inputs are unadjusted quoted market prices in active independent markets for identical assets and liabilities;
- Level 2 – inputs are directly or indirectly observable estimates from quotes for similar but not identical assets and liabilities, market trades for identical assets not actively traded, or other external independent means;
- Level 3 – inputs are unobservable and reflect assumptions on the part of the reporting entity.

The following table sets forth information about the levels within the fair value hierarchy at which the Plan's assets and liabilities are measured on a recurring basis at December 31:

	Assets at Fair Value as of December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	\$ 28,510,936	\$ -	\$ -	\$ 28,510,936
Collective investment trust	<u>88,579,960</u>	<u>-</u>	<u>-</u>	<u>88,579,960</u>
Total investments – recurring basis	<u>\$ 117,090,896</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 117,090,896</u>

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS OF ASSETS AND LIABILITIES (continued)

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 20,907,125	\$ -	\$ -	\$ 20,907,125
Collective investment trust	77,531,944	-	-	77,531,944
Total investments – recurring basis	\$ 98,439,069	\$ -	\$ -	\$ 98,439,069

4. INVESTMENTS

The Plan administrator has elected the method of compliance as 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 for the years ended December 31, 2024 and 2023. As permitted under such elections, the Plan management instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following investment information certified by Principal Life Insurance Company in 2024 and 2023, the Trustee of the Plan, except for comparing such information certified by the trustee included in the Plan’s financial statements and supplemental Schedule H, line 4i – Schedule of Assets Held at Year End:

	2024	2023
Mutual funds	\$ 28,510,936	\$ 20,907,125
Collective investment trust	88,579,960	77,531,944
Notes receivable – participant loans	978,329	657,436
Total	\$ 118,069,225	\$ 99,096,505

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

4. INVESTMENTS (continued)

The custodian also certified to the completeness and accuracy of \$408,369 and \$342,587 of dividend income from mutual funds at December 31, 2024 and 2023, respectively, and to \$9,316,029 and \$10,640,649 of net investment income – collective investment trusts and \$3,578,919 and \$3,020,718 of net investment income – mutual funds for the years ended December 31, 2024 and 2023, respectively. The custodian also certified to the completeness and accuracy of \$75,477 and \$42,489 of interest income from participant loans at December 31, 2024 and 2023, respectively.

5. INCOME TAX STATUS

The IRS has determined and informed the Fellowship by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Fellowship 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, members will become 100% vested in their employer contributions.

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

7. PARTIES-IN-INTEREST TRANSACTIONS

Principal Life Insurance Company, the custodian of the Plan, manages certain Plan investments. Therefore, these transactions qualify as parties-in-interest transactions and are denoted as such on the supplemental Schedule of Assets Held at Year End. Fees incurred by the Plan for the investment management services are included in net investment income. As described in Note 1, the Plan made direct payments to the third party administrator totaling \$372,555 and \$326,065 for the years ended December 31, 2024 and 2023, respectively, which were not covered by revenue sharing.

8. EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2024 excess contributions to the applicable participants prior to March 15, 2025. The Plan distributed the 2023 excess contributions to the applicable participants prior to March 15, 2024.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate and 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 those securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

10. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

The following is a reconciliation of the net assets available for benefits between the financial statements at December 31, 2024 and 2023, and Form 5500:

	2024	2023
Net assets available for benefits per financial statements	\$ 118,062,525	\$ 99,045,857
Notes receivable – participant loans classified as deemed distributions on Form 5500	(5,359)	-
Corrective distributions recorded as a liability and reduction of employee contributions	29,514	55,004
Net assets available for benefits per the Form 5500	<u>\$ 118,086,680</u>	<u>\$ 99,100,861</u>

The following is a reconciliation of employee contributions between the financial statements at December 31, 2024 and 2023, and Form 5500:

Employee contributions per financial statements	\$ 9,304,404	\$ 8,664,565
Corrective distributions returned by March 15, 2025 and 2024, respectively and considered a liability at December 31, 2024 and 2023	27,253	47,774
Employee contributions per Form 5500	<u>\$ 9,331,657</u>	<u>\$ 8,712,339</u>

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

10. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500 (continued)

The following is a reconciliation of employer contributions between the financial statements at December 31, 2024 and 2023, and Form 5500:

	2024	2023
Employer contributions per financial statements	\$ 3,563,946	\$ 3,301,934
Corrective distributions forfeited by March 15, 2025 and 2024, respectively and considered a liability at December 31, 2024 and 2023	2,261	7,230
Employer contributions per Form 5500	\$ 3,566,207	\$ 3,309,164

The following is a reconciliation of the corrective distributions between the financial statements at December 31, 2024 and 2023 and Form 5500:

Corrective distributions per financial statements	\$ -	\$ -
Excess contributions payable	45,597	9,912
Corrective distributions per Form 5500	\$ 45,597	\$ 9,912

The following is a reconciliation of the liabilities between the financial statements at December 31, 2024 and 2023, and Form 5500:

Total liabilities per financial statements	\$ 29,514	\$ 55,004
Excess contributions payable	(29,514)	(55,004)
Liabilities per Form 5500	\$ -	\$ -

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

10. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500 (continued)

The following is a reconciliation of the notes receivable – participant loans between the financial statements at December 31, 2024 and 2023, and Form 5500:

	2024	2023
Total notes receivable – participant loans per financial statements	\$ 978,329	\$ 657,436
Notes receivable – participant loans classified as distributions on Form 5500	(5,359)	-
Notes receivable – participant loans per Form 5500	\$ 972,970	\$ 657,436

The following is a reconciliation of the deemed distributions between the financial statements at December 31, 2024 and 2023, and Form 5500:

Total deemed distributions per financial statements	\$ 29,367	\$ 51,413
Notes receivable – participant loans classified as deemed distributions on Form 5500	-	(4,423)
Deemed distributions classified as distributions to participants on Form 5500	(29,367)	(46,990)
Deemed distributions per Form 5500	\$ -	\$ -

**FELLOWSHIP OF CHRISTIAN ATHLETES
RETIREMENT/401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

10. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500 (continued)

The following is a reconciliation of the distributions to participants between the financial statements at December 31, 2024 and 2023, and Form 5500:

	<u>2024</u>	<u>2023</u>
Total distributions to participants per financial statements	\$ 7,641,220	\$ 6,960,604
Deemed distributions classified as distributions to participants on Form 5500	<u>34,726</u>	<u>46,990</u>
Distributions to participants per Form 5500	<u>\$ 7,675,946</u>	<u>\$ 7,007,594</u>

ACCOMPANYING SCHEDULES

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

EIN 44-0610626
Plan Number 003
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2024

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investments including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current Value(c)
	The American Funds	Registered Investment Company American Fds Wshmut Inv R6 Fd	\$ -	\$ 2,350,383
	Fidelity Management & Research	Fidelity Mid Cap Index Fund	-	1,295,380
	Fidelity Management & Research	Fidelity Small Cap Index Fund	-	1,232,809
	Fidelity Management & Research	Fidelity US Bond Index Fund	-	1,501,893
	Fidelity Management & Research	Fidelity 500 Index Fund	-	7,168,538
	Fidelity Management & Research	Fidelity Total International Index Fund	-	1,628,847
	JP Morgan Investment Mgmt Inc.	JP Morgan Large Cap Growth R6 Fund	-	6,678,704
	Dimensional Fund Advisors	Registered Investment Company DFA Global Real Estate Sc I Fd	-	628,855
	Dimensional Fund Advisors	Registered Investment Company DFA Us Targeted Value I Fund	-	2,185,015
	The American Funds	Registered Investment Company American Fds Bd Fd Amer R6	-	217,481
	MFS Investment Management	Registered Investment Company MFS Intl Diversification R6 FD	-	862,356
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr Inc Cit U	-	234,775
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2015 Cit U	-	628,224
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2020 Cit U	-	5,495,244
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2025 Cit U	-	9,581,471
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2030 Cit U	-	12,447,051
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2035 Cit U	-	11,410,674
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2040 Cit U	-	13,332,456
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2045 Cit U	-	12,680,612
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2050 Cit U	-	11,168,202
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2055 Cit U	-	3,433,511
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2060 Cit U	-	3,726,310
*	Principal Global Investors Trust Co	Common/Collective Trust Prin Lifetime Hybr 2065 Cit U	-	1,459,858
*	Principal Global Investors Trust Co	Common/Collective Trust Prin Lifetime Hybr 2070 Cit U	-	246,696
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	-	2,734,875
	PIMCO Funds	Registered Investment Company Pimco Income Institutional Fd	-	1,062,050
	Vanguard Group	Registered Investment Company Vanguard Explorer Admiral Fund	-	1,698,626
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 10.50%	-	978,329
		Total Assets Held At Year End		<u>\$ 118,069,225</u>

*Denotes parties-in-interest

FELLOWSHIP OF CHRISTIAN ATHLETES RETIREMENT/401(k) PLAN

EIN 44-0610626

Plan Number 003

SCHEDULE H, LINE 4j

SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2023

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investments including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current Value(e)
	The American Funds	Registered Investment Company American Fds Wshmut Inv R6 Fd	\$ -	\$ 1,916,849
	Fidelity Management & Research	Fidelity Mid Cap Index Fund	-	887,943
	Fidelity Management & Research	Fidelity Small Cap Index Fund	-	989,300
	Fidelity Management & Research	Fidelity US Bond Index Fund	-	1,242,284
	Fidelity Management & Research	Fidelity 500 Index Fund	-	4,204,762
	Fidelity Management & Research	Fidelity Total International Index Fund	-	1,383,506
	JP Morgan Investment Mgmt Inc.	JP Morgan Large Cap Growth R6 Fund	-	4,159,278
	Dimensional Fund Advisors	Registered Investment Company DFA Global Real Estate Sc I Fd	-	658,033
	Dimensional Fund Advisors	Registered Investment Company DFA Us Targeted Value I Fund	-	1,627,804
	Metropolitan Life Insurance Co	Registered Investment Company Metropolitan Wt TI Rtn Bd Plan	-	212,455
	MFS Investment Management	Registered Investment Company MFS Intl Diversification R6 FD	-	803,416
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr Inc Cit U	-	461,833
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2015 Cit U	-	700,972
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2020 Cit U	-	6,070,562
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2025 Cit U	-	9,336,770
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2030 Cit U	-	11,366,352
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2035 Cit U	-	10,189,025
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2040 Cit U	-	11,046,896
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2045 Cit U	-	10,724,868
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2050 Cit U	-	8,243,462
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2055 Cit U	-	2,758,763
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2060 Cit U	-	2,738,074
*	Principal Global Investors Trust Co	Common/Collective Trust Prin Lifetime Hybr 2065 Cit U	-	930,112
*	Principal Global Investors Trust Co	Common/Collective Trust Prin Lifetime Hybr 2070 Cit U	-	89
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	-	2,964,166
	PIMCO Funds	Registered Investment Company Pimco Income Institutional Fd	-	849,088
	Vanguard Group	Registered Investment Company Vanguard Explorer Admiral Fund	-	1,972,407
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 10.50%	-	657,436
		Total Assets Held At Year End		<u>\$ 99,096,505</u>

*Denotes parties-in-interest

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

02/27/25

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CGS2339 ANNUITY CONTRACT NUMBER (3)64298

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F C A R/4

EIN 44 0610626
 PLAN NUMBER 003
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
The American Funds	Registered Investment Company American Fds WishMut Inv R6 Fd	Registered Investment Company AM FDS BD FD OF AM R6 FD	\$ 0.00	\$ 2,350,383.33
The American Funds	Registered Investment Company DFA Global Real Estate Sc I Fd	Registered Investment Company DFA US Targeted Value I Fund	\$ 0.00	\$ 217,480.99
Dimensional Fund Advisors	Registered Investment Company Fidelity Mid Cp Index Fund	Registered Investment Company Fidelity Sm Cap Index Fund	\$ 0.00	\$ 628,854.70
Dimensional Fund Advisors	Registered Investment Company Fidelity Total Int Idx Fund	Registered Investment Company Fidelity US Bond Index Fund	\$ 0.00	\$ 2,185,014.76
Fidelity Investments	Registered Investment Company Fidelity 500 Index Fund	Registered Investment Company JP Morgan Large Cap Gr R6 Fd	\$ 0.00	\$ 1,295,379.90
Fidelity Investments	Registered Investment Company Fidelity Total Int Idx Fund	Registered Investment Company MFS Intl Diversification R6 Fd	\$ 0.00	\$ 1,232,808.99
Fidelity Investments	Registered Investment Company Fidelity US Bond Index Fund	Common/Collective Trust Prin LifeTime Hy Inc CIT X	\$ 0.00	\$ 1,628,846.46
Fidelity Investments	Registered Investment Company Fidelity 500 Index Fund	Common/Collective Trust Prin LifeTime Hy 2050 CIT X	\$ 0.00	\$ 1,501,893.25
JP Morgan Funds	Registered Investment Company JP Morgan Large Cap Gr R6 Fd	Common/Collective Trust Prin LifeTime Hy 2055 CIT X	\$ 0.00	\$ 7,168,537.62
MFS Investment Management	Registered Investment Company MFS Intl Diversification R6 Fd	Common/Collective Trust Prin LifeTime Hy 2060 CIT X	\$ 0.00	\$ 6,678,704.24
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy Inc CIT X		\$ 0.00	\$ 862,356.12
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2050 CIT X		\$ 0.00	\$ 234,775.25
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2055 CIT X		\$ 0.00	\$ 11,168,202.05
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2060 CIT X		\$ 0.00	\$ 3,433,511.41
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2060 CIT X		\$ 0.00	\$ 3,726,309.87

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F C A R/4

EIN 44 0610626
 PLAN NUMBER 003
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2065 CIT X	Common/Collective Trust Prin LifeTime Hy 2065 CIT X	\$ 0.00	\$ 1,459,858.21
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2015 CIT X	Common/Collective Trust Prin LifeTime Hyb 2015 CIT X	\$ 0.00	\$ 628,224.36
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2020 CIT X	Common/Collective Trust Prin LifeTime Hyb 2020 CIT X	\$ 0.00	\$ 5,495,244.19
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2025 CIT X	Common/Collective Trust Prin LifeTime Hyb 2025 CIT X	\$ 0.00	\$ 9,581,471.45
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2030 CIT X	Common/Collective Trust Prin LifeTime Hyb 2030 CIT X	\$ 0.00	\$ 12,447,050.69
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2070 CIT X	Common/Collective Trust Prin LifeTime Hyb 2070 CIT X	\$ 0.00	\$ 246,695.88
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2035 CIT X	Common/Collective Trust Prin LifeTime HB 2035 CIT X	\$ 0.00	\$ 11,410,674.00
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2040 CIT X	Common/Collective Trust Prin LifeTime HB 2040 CIT X	\$ 0.00	\$ 13,332,455.70
* Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2045 CIT X	Common/Collective Trust Prin LifeTime HB 2045 CIT X	\$ 0.00	\$ 12,680,611.66
* Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	Common/Collective Trust Principal Stable Value Z Fund	\$ 0.00	\$ 2,734,875.00
PIMCO Funds	Registered Investment Company PIMCO Income Institutional Fd	Registered Investment Company PIMCO Income Institutional Fd	\$ 0.00	\$ 1,062,050.19
Vanguard Group	Registered Investment Company Vanguard Explorer Admiral Fund	Registered Investment Company Vanguard Explorer Admiral Fund	\$ 0.00	\$ 1,698,625.58
* Participant Loans	Range of Interest Rates Rates Range From 5.25% To 10.50%	Range of Interest Rates Rates Range From 5.25% To 10.50%	\$ 0.00	\$ 972,970.00