

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan SPONSORS FOR EDUCATIONAL OPPORTUNITY 403(B) PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 05/01/1997 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... 2b Employer Identification Number (EIN) 13-2578670 2c Plan Sponsor's telephone number 646-435-9580 2d Business code (see instructions) 813000

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/15/2025, JOSHUA GARLENSKI (plan administrator); 2. Filed with authorized/valid electronic signature, 10/15/2025, JOSHUA GARLENSKI (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	407
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	281
	<b>6a(2)</b>	247
	<b>6b</b>	0
	<b>6c</b>	144
	<b>6d</b>	391
	<b>6e</b>	
	<b>6f</b>	391
	<b>6g(1)</b>	405
<b>6g(2)</b>	389	
<b>6h</b>	32	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SPONSORS FOR EDUCATIONAL OPPORTUNITY 403(B) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPONSORS FOR EDUCATIONAL OPPORTUNITY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-2578670</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TIAA-CREF**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	386956	61	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

(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	

(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1326510
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	1325130
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	27510
	<b>7c(2)</b>	
	<b>7c(3)</b>	49101
	<b>7c(4)</b>	
	<b>7c(5)</b>	16164

(6) Total additions .....	<b>7c(6)</b>	92775
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	1417905
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<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	76930
	<b>7e(2)</b>	
	<b>7e(3)</b>	14465
	<b>7e(4)</b>	

(5) Total deductions .....	<b>7e(5)</b>	91395
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	1326510
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</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. ....	<b>10b</b>

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SPONSORS FOR EDUCATIONAL OPPORTUNITY 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPONSORS FOR EDUCATIONAL OPPORTUNITY</b>	<b>D</b> Employer Identification Number (EIN) <b>13-2578670</b>	

**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

**TIAA CREF**

**13-1624203**

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

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

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

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

TIAA-TEACHERS INSURANCE AND ANNUITY

ASSOCIATION OF AMERICA  
730 THIRD AVE  
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	19766	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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"/>

(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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SPONSORS FOR EDUCATIONAL OPPORTUNITY 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPONSORS FOR EDUCATIONAL OPPORTUNITY</u>	<b>D</b> Employer Identification Number (EIN) <u>13-2578670</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
<b>c</b> EIN-PN <u>13-1624203-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>382515</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SPONSORS FOR EDUCATIONAL OPPORTUNITY 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPONSORS FOR EDUCATIONAL OPPORTUNITY</b>	<b>D</b> Employer Identification Number (EIN) <b>13-2578670</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	48797
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	386365
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	13985157
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1325130
<b>(15)</b> Other.....	<b>1c(15)</b>	135807
		1326510
		382515
		17731869
		1326510

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	15745449	19576701
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	15745449	19576701

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	902311	
(B) Participants.....	2a(1)(B)	1378416	
(C) Others (including rollovers).....	2a(1)(C)	179362	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2460089
<b>b Earnings on investments:</b>			
(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)	0	
(E) Participant loans.....	2b(1)(E)	6664	
(F) Other.....	2b(1)(F)	9968	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		16632
(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)	209841	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		209841
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2218579
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4905141

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1053967	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1053967
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	19041	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	881	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		19922
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1073889

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3831252
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BDO USA, P.C.**

(2) EIN: **13-1381590**

**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
<b>a</b> 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		216808
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SPONSORS FOR EDUCATIONAL OPPORTUNITY 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPONSORS FOR EDUCATIONAL OPPORTUNITY</u>	<b>D</b> Employer Identification Number (EIN) <u>13-2578670</u>	

<b>Part I</b>	<b>Distributions</b>
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**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..... 

<b>1</b>	
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-1624203

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

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

<b>3</b>	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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 \_\_\_\_\_

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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.

# Sponsors for Educational Opportunity 403(b) Plan

Financial Statements (Modified Cash Basis)  
and ERISA-Required Supplemental Schedules  
As of December 31, 2024 and 2023  
and for the Year Ended December 31, 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



## **Sponsors for Educational Opportunity 403(b) Plan**

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Financial Statements (Modified Cash Basis)  
and ERISA-Required Supplemental Schedules

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

# Sponsors for Educational Opportunity 403(b) Plan

## Contents

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Independent Auditor's Report	3-5
------------------------------	-----

### Financial Statements

Statements of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2024 and 2023	6
---	---

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the Year Ended December 31, 2024	7
---	---

Notes to Financial Statements	8-20
-------------------------------	------

### ERISA-Required Supplemental Schedules

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions (Modified Cash Basis) for the Year Ended December 31, 2024	22
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis) as of December 31, 2024	23-24
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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



## **Independent Auditor's Report**

To the Plan Administrator  
Sponsors for Educational Opportunity 403(b) Plan  
New York, New York

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

We were engaged to perform audits of the financial statements of Sponsors for Educational Opportunity 403(b) 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). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Disclaimer of Opinion***

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### ***Basis for Disclaimer of Opinion***

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) (formerly, Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF)) did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements.



Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

As described in Note 2, the Plan has excluded from investments in the accompanying statements of net assets available for benefits (modified cash basis) certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, pursuant to the DOL's Field Assistance Bulletin (FAB) No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits (modified cash basis). Related to such accounts, as reported by TIAA and CREF, net assets available for benefits (modified cash basis) of approximately \$1,046,786 and \$904,448 were excluded from the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023. Further, investment gains/losses of approximately \$162,433 and distributions of \$20,095 related to such accounts, as identified by TIAA and CREF, have also been excluded in the accompanying statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024. In addition, pursuant to FAB No. 2009-02, such excluded pre-2009 contracts, accounts, and amounts were not covered by our auditing procedures. The modified cash basis of accounting requires that these accounts and the related income and distributions be included in the accompanying financial statements.

#### ***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than GAAP. Our disclaimer of opinion is not modified with respect to this matter.

#### ***Emphasis of Matter – Operational Errors***

As discussed in Note 11, the Plan Administrator has determined certain operational errors for the Plan year 2022 and corrected these errors in accordance with methods acceptable under the Internal Revenue Service (IRS). In the opinion of Sponsors for Educational Opportunity (the Plan Sponsor), it is reasonable to expect that these corrections would be deemed acceptable under examination by the IRS. If deemed accepted by the IRS and Plan Sponsor makes the necessary corrections, these operational failures would not adversely impact the Plan's qualified tax status. However, if the IRS does not deem the proposed corrective actions acceptable, or the Plan Sponsor does not make the necessary corrections, there could be a material impact to the Plan's qualified tax status and the Plan's financial statements. Our disclaimer of opinion is not modified with respect to this matter.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.



Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions (Modified Cash Basis) for the year ended December 31, 2024 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

*BDO USA, P.C.*

October 15, 2025

## Sponsors for Educational Opportunity 403(b) Plan

### Statements of Net Assets Available for Benefits (Modified Cash Basis)

<i>December 31,</i>	2024	2023
<b>Assets</b>		
Investments, at fair value	\$ 18,502,126	\$ 14,745,250
Investments, at contract value	938,768	951,402
<b>Total Investments</b>	<b>19,440,894</b>	<b>15,696,652</b>
Receivables:		
Notes receivable from participants	135,807	48,797
<b>Total Receivables</b>	<b>135,807</b>	<b>48,797</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 19,576,701</b>	<b>\$ 15,745,449</b>

*See accompanying notes to financial statements.*

## Sponsors for Educational Opportunity 403(b) Plan

### Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

*Year ended December 31, 2024*

<b>Additions</b>	
Contributions:	
Participant	\$ 1,378,416
Employer	902,311
Rollover	179,362
<b>Total Contributions</b>	<b>2,460,089</b>
Investment income:	
Net appreciation in fair value of investments	2,218,579
Interest and dividends	209,841
<b>Total Investment Income</b>	<b>2,428,420</b>
Other income - revenue credits	9,968
Interest income on notes receivable from participants	6,664
<b>Total Additions</b>	<b>4,905,141</b>
<b>Deductions</b>	
Benefits paid to participants	1,053,967
Administrative expenses	19,922
<b>Total Deductions</b>	<b>1,073,889</b>
<b>Net Increase</b>	<b>3,831,252</b>
<b>Net Assets Available for Benefits, beginning of year</b>	<b>15,745,449</b>
<b>Net Assets Available for Benefits, end of year</b>	<b>\$ 19,576,701</b>

*See accompanying notes to financial statements.*

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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### 1. Description of Plan

The following description of Sponsors for Educational Opportunity 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

#### *General*

The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (IRC) and covers all eligible employees of Sponsors for Educational Opportunity (SEO) (the Employer, Plan Sponsor, or the Company), as defined in the Plan Document. The Plan was originally established for the benefit of eligible employees of the Company effective as of May 1, 1997, and was amended and restated effective January 1, 2011. Additionally, an adoption agreement for the Plan was signed on November 5, 2018. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### *Plan Administration*

Teachers Insurance and Annuity Association (TIAA) is the Plan's third-party administrator. The Plan's investment assets are held by TIAA, by the College Retirement Equity Fund (CREF), and by TIAA Trust, N.A. (formerly, TIAA, FSB). The Employer, as the Plan Administrator, controls and manages the operation and administration of the Plan.

#### *Eligibility*

For purposes of making salary deferral contributions, employees are eligible to participate in the Plan immediately, following commencement of employment, as defined in the Plan Document. To be eligible for an Employer contribution, employees must attain 18 years of age and have 12 months of service.

The Plan excludes employees who normally work less than 20 hours per week for elective deferrals. The following classifications of employees are excluded for matching contributions: Instructor, Tutor, Intern, Summer Coordinator, Coach/Subject Matter Expert, and Professional Development Consultant.

#### *Participant Contributions*

Each year, participants are permitted to contribute to the Plan, beginning on the date of hire, an amount not to exceed the dollar limitations, as prescribed by the IRC. For the year ended December 31, 2024, the limit was \$23,000. The Plan allows for pre-tax salary deferrals. Salary deferral agreements shall be made, terminated, or changed according to procedures and limitations set up by the Plan Administrator and the Plan Document. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also elect to make special catch-up contributions prior to the age of 50 if 15 years of service have been rendered by the participant, subject to certain limitations. Rollover contributions are subject to the terms of the Plan and are fully vested and non-forfeitable.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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Participants direct the investment of their contributions into various investment options offered by the Plan. If no election is made by the participant, then the contributions are automatically invested in the Plan's Qualified Default Investment Alternative (QDIA). The Plan has elected the TIAA Access Lifecycle Funds series as its QDIA.

### ***Employer Contributions***

The Company may make Employer matching contributions equal to 100% of a participant's elective deferral, capped at 2.5% of compensation. The Company may also make a non-elective discretionary contribution (profit-sharing contribution) equal to 2.5% of compensation to employees who have contributed at least 2.5% of compensation into the Plan. Participants must have performed one year of service (defined as 1,000 hours of service during the Plan year). During the year ended December 31, 2024, the total Employer matching and profit-sharing contributions of \$382,601 and \$509,347, respectively, were contributed to the Plan. The total Employer contributions to the Plan were \$902,311, including a qualified non-elective contribution to resolve prior prohibited transactions. Contributions are subject to certain statutory limitations.

### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Employer contributions, and an allocation of net Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which participants are entitled is the vested portion of their accounts.

### ***Vesting***

Participants are 100% vested in their individual deferral and rollover contributions and the allocated earnings thereon.

Employer matching and profit-sharing contributions are based on years of continuous service, as follows:

Years of Service	Vested (%)
Less than 1	-
1	34
2	67
3 or more	100

Participants become fully vested in the event of retirement, death, and disability, as defined by the Plan.

### ***Payment of Benefits***

A participant is eligible to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments over a period of time, annuity contracts, and ad hoc distributions from their deferral and Employer contribution balances under the following circumstances: (a) retirement, (b) termination of employment, (c) disability, (d) death, (e) and attaining 59½ years of age.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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### *Notes Receivable from Participants*

Participants are permitted to borrow a minimum of \$1,000 of their vested benefits under the Plan. Participants may borrow up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000, reduced by the highest outstanding loan balance in their account during the prior 12-month period. Loans are secured by the participant's account and bear an interest rate at the prime rate plus 1% or at local prevailing rates as determined by the Plan Administrator, which would be made under similar circumstances and is fixed for the term of the loan. The notes are repaid directly to TIAA, outside of payroll deductions, over a period of five years or less, unless they are used to purchase a principal residence, in which case they can be extended to a reasonable number of years. These loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the IRC. Also, each participant may not have more than three loans outstanding at any time.

### *Contract Loans to Participants*

Participants may borrow, directly from TIAA, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45% of the vested accrued benefit of the vested account balance. Such loans are subject to certain limitations and are not included in the Plan's financial statements, as the loans are not made from Plan assets and are, therefore, not considered assets of the Plan. Participants receiving loans from TIAA are required to pledge, as collateral, an annuity account value of 110% of the loan amount for the period the loan is outstanding. The collateral of the loans must be maintained in their investment accounts to the TIAA Traditional Annuity account. Loan interest rates are variable at prevailing interest rates and can be increased or decreased by TIAA. Principal and interest is paid ratably by the participant directly to TIAA, and each payment will reduce amounts collateralized by the borrowing participant's TIAA Traditional Annuity account balance. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan.

Loan balances outstanding to TIAA from the Plan's participants were \$0 and \$2,119 as of December 31, 2024 and 2023, respectively. As such, \$0 and \$2,331 of TIAA Traditional Annuity account values (110% of outstanding loans from TIAA) as of December 31, 2024 and 2023, respectively, serves as collateral for the related loans. As of December 31, 2024, no loans were deemed to be in default. According to the Plan Document, if the participant defaults on the loan, they will be taxed on the amount of the outstanding loan balance and will be subject to a 10% penalty if they are under the age of 59½. In addition, TIAA has the right to foreclose its security interest in the portion of the participant's vested account under the Plan that they pledged as security for the loan.

### *Administrative Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to participant-initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments on the statement of changes in net assets available for benefits (modified cash basis).

The Plan recognized administrative expenses totaling \$19,922 for the year ended December 31, 2024.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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### *Revenue Credits*

The Plan has a revenue-sharing agreement with TIAA for the sharing of certain revenue derived from investment providers. Revenue earned from this agreement is presented in other income in the statement of changes in net assets available for benefits (modified cash basis). For the year ended December 31, 2024, revenue earned from this agreement amounted to \$9,968.

### *Forfeited Accounts*

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$3,810 and \$9,459, respectively. Forfeitures, if any, are allocated to reduce future Employer contributions. For the year ended December 31, 2024, forfeitures in the amount of \$13,409 were allocated to reduce Employer contributions; \$6,240 was forfeited by withdrawing participants; and the forfeiture account earned \$1,520 in investment income.

## **2. Summary of Accounting Policies**

### *Basis of Accounting*

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Investment income is recognized when received, and disbursements are recognized when made. Additionally, securities investments are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with GAAP.

### *Annual Reporting Requirements*

Prior to January 1, 2009, TIAA and CREF maintained records at a contract level, not Plan level, and administratively decided not to provide accounting records and supporting documentation at the participant or Plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the Plan Sponsor nor TIAA and CREF have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Additionally, certain Plan assets held by TIAA and CREF are excluded from investments in the accompanying statements of net assets available for benefits (modified cash basis) due to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, pursuant to the Department of Labor's Field Assistance Bulletin (FAB) No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits (modified cash basis).

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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Specifically, the administrator of a 403(b) plan does not need to treat annuity contracts and custodial accounts as part of the employer's Title I plan or as plan assets for purposes of ERISA's annual reporting requirements provided that:

- The contract or account was issued to a current or former employee before January 1, 2009.
- The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact ceased making contributions, to the contract or account before January 1, 2009.
- All of the rights and benefits under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer.
- The individual owner of the contract is fully vested in the contract or account.

Related to such accounts, as reported by TIAA and CREF, net assets available for benefits of \$1,046,786 and \$904,448 were excluded from the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, respectively. Further, investment income of \$162,433 and distributions of \$20,095 related to such accounts, as identified by TIAA and CREF, have also been excluded in the accompanying statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024. Pursuant to FAB No. 2009-02, such excluded pre-2009 contracts, accounts, and amounts were not subject to auditing procedures. The modified cash basis of accounting requires that these accounts and the related income and distributions be included in the accompanying financial statements.

### *Use of Estimates*

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

### *Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contracts). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

The Plan's fully benefit-responsive investment contracts are reported at contract value. The guaranteed investment contracts are presented on the face of the statements of net assets available for benefits (modified cash basis) at contract value. Contract value, as reported to the Plan by TIAA and CREF, represents contributions made under the contracts plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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### *Notes Receivable from Participants*

Notes receivable from participants are measured at their outstanding principal and interest balance. Related fees are recorded as administrative expenses and are expensed when they are paid. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan Document. There were no deemed loans for the year ended December 31, 2024.

### *Payment of Benefits*

Benefits are recorded when paid.

### **3. Information Certified by TIAA and CREF**

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF, a qualified institution.

### **4. TIAA Traditional Annuity**

The TIAA Traditional Annuity is an unallocated fixed-annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest of 3%, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant's account purchases a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits (modified cash basis). The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan. The guaranteed insurance contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. The traditional annuity contracts that are not fully benefit-responsive (GRA Contracts) are reported at fair value. The TIAA Traditional Annuity offered through Group Supplemental Retirement Annuity Contracts (GSRA) and TIAA Stable Value Fund are fully benefit-responsive and included in the financial statements at contract value, as discussed in Note 2. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contracts at December 31, 2024 and 2023 was \$938,768 and \$951,402, respectively.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

### 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are described as follows:

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

*Level 2* - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

## Sponsors for Educational Opportunity 403(b) Plan

### Notes to Financial Statements (Modified Cash Basis)

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*Registered Investment Companies* - The registered investment companies are valued at the daily closing price as reported by the fund and are open-ended funds that registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. CREF investments are registered investments offered through variable annuity contracts issued by CREF that invests principally in equity securities, fixed-income instruments, and short-term investments in accordance with each portfolio's investment objectives. The daily unit values are listed on NASDAQ.

*Pooled Separate Account* - The Plan's investment in a pooled separate account consists of the TIAA Real Estate Account (REA). The pooled separate account is valued at its accumulation unit value (AUV), which approximates fair value. The REA invests in real estate and real estate-related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. The REA determines its unit value each day, which is quoted and published on NASDAQ on a daily basis.

*TIAA Access Accounts* - TIAA Access Accounts are variable-annuity products that are funded through the TIAA Separate Account, a separate investment account of TIAA registered under the Investment Company Act of 1940. They are variable annuities that invest in shares of underlying mutual funds. TIAA Access Accounts are not publicly quoted and are priced at NAV. ASC 820 allows NAV per share to serve as a practical expedient to estimate fair value. NAV would not be used if it was probable that the investment would not be traded at NAV.

*TIAA Traditional Annuity - Non-Benefit-Responsive* - The TIAA Traditional Annuity offered through Insurance Company General Contracts (ICGC) have liquidity restrictions and are non-fully benefit-responsive and are reported at fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs. The investment is valued using a theoretical transfer (exit value) and a discounted cash flow analysis calculated using an appropriate risk-adjusted market discount rate determined by TIAA, which correlates closely with TIAA Traditional Annuity's historical crediting rates. TIAA believes that the fair value of the contract does not differ significantly from the contract value.

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

## Sponsors for Educational Opportunity 403(b) Plan

### Notes to Financial Statements (Modified Cash Basis)

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

#### *December 31, 2024*

	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 15,032,882	\$ -	\$ -	\$ 15,032,882
TIAA Real Estate Account	382,515	-	-	382,515
Traditional Annuity Account - Non-Benefit-Responsive	-	-	387,742	387,742
<b>Total Assets</b> , in the fair value hierarchy	<b>\$ 15,415,397</b>	<b>\$ -</b>	<b>\$ 387,742</b>	<b>15,803,139</b>
TIAA Access Accounts*				2,698,987
<b>Total Investments</b> , at fair value				<b>\$ 18,502,126</b>

#### *December 31, 2023*

	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 11,150,609	\$ -	\$ -	\$ 11,150,609
TIAA Real Estate Account	386,365	-	-	386,365
Traditional Annuity Account - Non-Benefit-Responsive	-	-	373,728	373,728
<b>Total Assets</b> , in the fair value hierarchy	<b>\$ 11,536,974</b>	<b>\$ -</b>	<b>\$ 373,728</b>	<b>11,910,702</b>
TIAA Access Accounts*				2,834,548
<b>Total Investments</b> , at fair value				<b>\$ 14,745,250</b>

\* Certain investments that are measured at fair value using the NAV-per-share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts included in these tables are intended to permit reconciliation of the fair value hierarchy table to the amounts presented in the statements of net assets available for benefits (modified cash basis).

Purchases of the TIAA Traditional Annuity Level 3 asset amounted to \$12,102 and \$7,913 and sales amounted to \$5,216 and \$52,649 for the years ended December 31, 2024 and 2023, respectively. Purchases and sales are related to participant-directed transactions. For the years ended December 31, 2024 and 2023, there were no transfers into or out of Level 3.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

### *Investments Measured Using the NAV-per-Share Practical Expedient*

The following tables summarize investments for which fair value is measured using the NAV-per-share practical expedient. There are no participant redemption restrictions for these investments.

#### *December 31, 2024*

	Fair Value	Unfunded Commitments	Redemptions Frequency	Redemption Notice Period
<b>TIAA Access Accounts:</b>				
Lifecycle <sup>(c)</sup>	\$ 1,427,275	N/A	Daily	None
Equity - Large Cap <sup>(a)</sup>	575,368	N/A	Daily	None
Equity - Small Cap <sup>(a)</sup>	198,383	N/A	Daily	None
Equity - Mid Cap <sup>(a)</sup>	193,663	N/A	Daily	None
Equity - International <sup>(a)</sup>	162,985	N/A	Daily	None
Equity - Index <sup>(a)</sup>	86,535	N/A	Daily	None
Bonds <sup>(b)</sup>	15,597	N/A	Daily	None
Equity - Real Estate <sup>(a)</sup>	39,181	N/A	Daily	None
	<b>\$ 2,698,987</b>			

#### *December 31, 2023*

	Fair Value	Unfunded Commitments	Redemptions Frequency	Redemption Notice Period
<b>TIAA Access Accounts:</b>				
Lifecycle <sup>(c)</sup>	\$ 1,865,821	N/A	Daily	None
Equity - Large Cap <sup>(a)</sup>	436,031	N/A	Daily	None
Equity - Small Cap <sup>(a)</sup>	142,899	N/A	Daily	None
Equity - Mid Cap <sup>(a)</sup>	148,750	N/A	Daily	None
Equity - International <sup>(a)</sup>	106,386	N/A	Daily	None
Equity - Index <sup>(a)</sup>	70,578	N/A	Daily	None
Bonds <sup>(b)</sup>	16,453	N/A	Daily	None
Equity - Real Estate <sup>(a)</sup>	37,555	N/A	Daily	None
Assets Allocation <sup>(d)</sup>	10,075	N/A	Daily	None
	<b>\$ 2,834,548</b>			

<sup>(a)</sup> *Equity Funds* - Equity funds invest in stocks. The objective of an equity fund is growth through capital gains and dividends. Stock funds may have a specific style—for example, value or growth—and include investments in different-sized companies and geographic regions.

<sup>(b)</sup> *Bond Funds* - Bond funds invest in fixed-income securities. The objective of bond funds is generally to receive interest payments or capital growth. Fixed-income funds generally invest in sovereign, corporate, or municipal debt. In addition, the bond funds may invest in fixed-income securities of different durations. Debt rates of return are based upon economic conditions and the credit worthiness of the debtor, amongst other factors.

<sup>(c)</sup> *Lifecycle Funds* - Lifecycle funds invest in a variety of different types of equities and fixed-income securities to achieve their stated investment objective. The objective of an asset allocation fund can vary and includes, but is not limited to, target date funds and investment styles. Target date funds automatically rebalance their investments to create a portfolio for a certain retirement date. Investment styles can vary in risk and include investments in different-sized companies and geographic regions, with different weights on equity and debt.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

- (d) *Asset Allocation Funds* - Asset allocation funds invest in a combination of stocks and bonds seeking both growth of principal and current income. Some funds are more aggressive or conservative by allocation between equities and fixed income.

### Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

#### December 31, 2024

	Fair Value	Valuation Techniques	Unobservable Inputs	Range (%)
TIAA Traditional Annuity - Non-Benefit-Responsive	\$ 387,742	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-adjusted discount rate applied	GRA: 3.65 - 6.50

#### December 31, 2023

	Fair Value	Valuation Techniques	Unobservable Inputs	Range (%)
TIAA Traditional Annuity - Non-Benefit-Responsive	\$ 373,728	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-adjusted discount rate applied	GRA: 4.00 - 6.75

## 6. Risks and Uncertainties

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

## 7. Tax Status

The Plan has adopted a volume-submitter 403(b) plan designed by TIAA and is relying on an advisory letter, dated August 7, 2017, stating that the Internal Revenue Service (IRS) has determined that the form of the volume-submitter plan adopted by the Plan is acceptable under Section 403(b) of the IRC for use by eligible employers for the benefit of their employees. The Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related tax deferred annuities are tax-exempt.

On March 11, 2024, the Department of Labor (DOL) commenced a review of the Plan for the Plan year ended December 31, 2018 through the date of their letter. Certain deficiencies were noted and corrected by the Plan Sponsor. As of June 13, 2025, the DOL review has been concluded.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress, other than as noted above.

### 8. Plan Termination

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

### 9. Related Party and Party-in-Interest Transactions

Certain Plan investments are registered investment companies, ICGC, guaranteed annuity contracts, and a pooled separate account managed by TIAA and CREF; and therefore, these transactions qualify as party-in-interest transactions. Any purchases and sales of these funds qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Participant loan fees are paid to TIAA and CREF by participants. The Plan also issues loans to participants that are secured by the vested balance of the participants' accounts; these also qualify as exempt party-in-interest transactions.

### 10. Late Remittances

For the year ended December 31, 2024, there were no late remittance noted. In prior years, employee withholdings in the amount of \$216,808 were not remitted within the appropriate time period by the Employer. These non-exempt party-in-interest transactions constitute prohibited transactions, as defined by ERISA. In October 2024, the Company self-corrected the 2022 late remittances of \$216,808 by calculating and depositing \$522 in lost earnings into the participant accounts. The lost earnings represent the amount the participants should have earned from the date the deferred contributions should have been made through the date of correction. The Employer has further implemented a procedure to ensure all future remittances are done within the prescribed time period.

### 11. Operational Errors

The Plan Administrator has determined that certain operational errors occurred during the Plan year 2022 and corrected them in 2023 and 2024, in accordance with methods acceptable under the IRC. As a result of these errors, the Employer was required to make corrective contributions to the Plan. The Company remitted to the Plan \$24,493 of qualified non-elective contributions in July 2024.

In the opinion of the Plan Sponsor, it is reasonable to expect that these corrections would be deemed acceptable under examination by the IRS. If deemed accepted by the IRS, and the Plan Sponsor makes the necessary corrections, these operational failures would not adversely impact the Plan's qualified tax status. However, if the IRS does not deem the proposed corrective actions acceptable, there could be a material impact to the Plan's qualified tax status and the Plan's financial statements.

# Sponsors for Educational Opportunity 403(b) Plan

## Notes to Financial Statements (Modified Cash Basis)

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### 12. Subsequent Events

Effective January 1, 2025, in accordance with the Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (SECURE Act 2.0), employees who have completed 500 hours of service during each of the immediate two consecutive years are eligible to participate in the Plan.

The Plan evaluated subsequent events through October 15, 2025, the date the financial statements were available to be issued. Except as noted in Note 10, the Plan is not aware of any other subsequent events that would require recognition or disclosure in the financial statements.

## **ERISA-Required Supplemental Schedules**

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# Sponsors for Educational Opportunity 403(b) Plan

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions (Modified Cash Basis)

**EIN: 13-2578670**

**Plan Number.: 001**

*Year ended December 31, 2024*

		Total That Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP* and PTE 2002-51		
Check here if late participant loan repayments are included: <input type="checkbox"/>						
2022	\$ 216,808	\$ -	\$ 216,808	\$ -	\$ -	-

\* Voluntary Fiduciary Correction Program (DOL).

# Sponsors for Educational Opportunity 403(b) Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis)

EIN: 13-2578670

Plan Number.: 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value	
<b>Registered Investment Companies</b>				
American Funds	American Fund New Perspective R6	\$	144,428	
Cohen & Steers	Cohen & Steers Real Estate Securities Fund Z		32,310	
* CREF	CREF Core Bond R1		235,870	
* CREF	CREF Equity Index R1		2,760,865	
* CREF	CREF Global Equities R1		607,712	
* CREF	CREF Growth R1		1,421,031	
* CREF	CREF Inflation-Linked Bond R1		148,647	
* CREF	CREF Money Market R1		401,160	
* CREF	CREF Social Choice R1		42,936	
* CREF	CREF Stock R1		1,662,168	
Franklin Templeton	Franklin Small Cap Value R6		29,765	
MFS	MFS Growth Fund Class R6		91,323	
Neuberger Berman	Neuberger Berman Small Cap Growth Instl		1,411	
* Nuveen	Nuveen Lifecycle Index 2015 R6		1,845	
* Nuveen	Nuveen Lifecycle Index 2020 R6		294,743	
* Nuveen	Nuveen Lifecycle Index 2025 R6		239,092	
* Nuveen	Nuveen Lifecycle Index 2030 R6		730,719	
* Nuveen	Nuveen Lifecycle Index 2035 R6		244,841	
* Nuveen	Nuveen Lifecycle Index 2040 R6		432,155	
* Nuveen	Nuveen Lifecycle Index 2045 R6		1,126,391	
* Nuveen	Nuveen Lifecycle Index 2050 R6		1,300,090	
* Nuveen	Nuveen Lifecycle Index 2055 R6		1,279,803	
* Nuveen	Nuveen Lifecycle Index 2060 R6		645,015	
* Nuveen	Nuveen Lifecycle Index 2065 R6		85,268	
PGIM	PGIM Total Return Bond Z		1,547	
PIMCO	PIMCO Income Fund Instl		19,878	
Vanguard	Vanguard Small-Cap Index Adm		140,119	
Vanguard	Vanguard Total Bond Market Index Adm		68,420	
Vanguard	Vanguard Mid-Cap Index Adm		46,330	
Vanguard	Vanguard Value Index Adm		83,423	
Vanguard	Vanguard 500 Index Adm		428,312	
Vanguard	Vanguard Mid-Cap Value Index Adm		8,433	
Vanguard	Vanguard Mid-Cap Growth Index Adm		41,700	
Vanguard	Vanguard Total International Stock Index Adm		198,768	
Vanguard	Vanguard International Growth Adm		36,364	
<b>Total Registered Investment Companies</b>			<b>15,032,882</b>	
<b>TIAA Access Accounts</b>				
* TIAA	TIAA Access Nuveen Core Equity T4		11,320	
* TIAA	TIAA Access Nuveen Core Plus Bond T4		15,597	
* TIAA	TIAA Access Nuveen Equity Index T4		86,535	
* TIAA	TIAA Access Nuveen International Equity T4		162,985	
* TIAA	TIAA Access Nuveen Large Cap Responsible Equity T4		9,338	
* TIAA	TIAA Access Nuveen Lifecycle 2015 T4		1,642	
* TIAA	TIAA Access Nuveen Lifecycle 2020 T4		678	
* TIAA	TIAA Access Nuveen Lifecycle 2025 T4		77,839	
* TIAA	TIAA Access Nuveen Lifecycle 2030 T4		214,424	
* TIAA	TIAA Access Nuveen Lifecycle 2035 T4		21,905	
* TIAA	TIAA Access Nuveen Lifecycle 2040 T4		45,717	
* TIAA	TIAA Access Nuveen Lifecycle 2045 T4		267,562	

## Sponsors for Educational Opportunity 403(b) Plan

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis)

EIN: 13-2578670

Plan Number.: 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
<b>TIAA Access Accounts (continued)</b>				
* TIAA		TIAA Access Nuveen Lifecycle 2050 T4		301,163
* TIAA		TIAA Access Nuveen Lifecycle 2055 T4		454,005
* TIAA		TIAA Access Nuveen Lifecycle 2060 T4		42,340
* TIAA		TIAA Access Nuveen Large Cap Growth T4		380,429
* TIAA		TIAA Access Nuveen Large Cap Value T4		174,281
* TIAA		TIAA Access Nuveen Mid Cap Growth T4		72,879
* TIAA		TIAA Access Nuveen Mid Cap Value T4		120,784
* TIAA		TIAA Access Nuveen Quant Small Cap Equity T4		102,700
* TIAA		TIAA Access Nuveen Real Estate Securities T4		39,181
* TIAA		TIAA Access Nuveen Small Cap Blend Index T4		95,683
<b>Total TIAA Access Accounts</b>				<b>2,698,987</b>
<b>Guaranteed Annuity Contracts</b>				
* TIAA		Traditional, Benefit Responsive - There is no maturity date. 3% minimum annual interest rate. No collateral or par value. Maturity value is principal, plus accrued interest.		841,504
* TIAA		TIAA Stable Value Fund		97,264
<b>Total Guaranteed Annuity Contracts</b>				<b>938,768</b>
<b>Insurance Company General Contracts</b>				
* TIAA		Traditional, Non-Benefit Responsive - There is no maturity date. 3% minimum annual interest rate. No collateral or par value. Maturity value is principal, plus accrued interest.		387,742
<b>Pooled Separate Account</b>				
* TIAA		TIAA Real Estate		382,515
<b>Total Investments</b>				<b>19,440,894</b>
* Participant Loans		Interest rates ranging from 4.25% to 9.50%	-	135,807
<b>Total</b>				<b>\$ 19,576,701</b>

\* A party-in-interest, as defined by ERISA.

\*\* Investments are participant-directed and, therefore, cost disclosure is not required.

**Form 5500**  
 Department of the Treasury  
 Internal Revenue Service

Department of Labor  
 Employee Benefits Security  
 Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110  
 1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**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**

<b>1a</b> Name of plan Sponsors for Educational Opportunity 403(b) Plan	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 05/01/1997
<b>2a</b> 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)  Sponsors for Educational Opportunity  55 Exchange Place, Suite 601  US New York NY 10005-3301	<b>2b</b> Employer Identification Number (EIN) 13-2578670
	<b>2c</b> Plan Sponsor's telephone number (646) 435-9580
	<b>2d</b> Business code (see instructions) 813000

**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.

<b>SIGN HERE</b>	<i>Joshua Garlenski</i> Signature of plan administrator	10/15/2025 Date	Joshua Garlenski Enter name of individual signing as plan administrator
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>			
<b>4</b> 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 and the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan name	<b>4b</b> EIN  <b>4d</b> PN			
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>5</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">407</td> </tr> </table>	<b>5</b>		407
<b>5</b>		407		
<b>6</b> 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).				
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6a(1)</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">281</td> </tr> </table>	<b>6a(1)</b>		281
<b>6a(1)</b>		281		
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6a(2)</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">247</td> </tr> </table>	<b>6a(2)</b>		247
<b>6a(2)</b>		247		
<b>b</b> Retired or separated participants receiving benefits . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6b</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	<b>6b</b>		0
<b>6b</b>		0		
<b>c</b> Other retired or separated participants entitled to future benefits . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6c</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">144</td> </tr> </table>	<b>6c</b>		144
<b>6c</b>		144		
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6d</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">391</td> </tr> </table>	<b>6d</b>		391
<b>6d</b>		391		
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6e</b></td> <td style="width:85%;"></td> <td style="width:10%;"></td> </tr> </table>	<b>6e</b>		
<b>6e</b>				
<b>f</b> Total. Add lines 6d and 6e . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6f</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">391</td> </tr> </table>	<b>6f</b>		391
<b>6f</b>		391		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6g(1)</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">405</td> </tr> </table>	<b>6g(1)</b>		405
<b>6g(1)</b>		405		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6g(2)</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">389</td> </tr> </table>	<b>6g(2)</b>		389
<b>6g(2)</b>		389		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6h</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">32</td> </tr> </table>	<b>6h</b>		32
<b>6h</b>		32		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>7</b></td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">7</td> </tr> </table>	<b>7</b>		7
<b>7</b>		7		

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

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

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

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>  1  </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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**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.

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

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**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 \_\_\_\_\_

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# Sponsors for Educational Opportunity 403(b) Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis)

EIN: 13-2578670

Plan Number.: 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value	
<b>Registered Investment Companies</b>				
American Funds	American Fund New Perspective R6	\$	144,428	
Cohen & Steers	Cohen & Steers Real Estate Securities Fund Z		32,310	
* CREF	CREF Core Bond R1		235,870	
* CREF	CREF Equity Index R1		2,760,865	
* CREF	CREF Global Equities R1		607,712	
* CREF	CREF Growth R1		1,421,031	
* CREF	CREF Inflation-Linked Bond R1		148,647	
* CREF	CREF Money Market R1		401,160	
* CREF	CREF Social Choice R1		42,936	
* CREF	CREF Stock R1		1,662,168	
Franklin Templeton	Franklin Small Cap Value R6		29,765	
MFS	MFS Growth Fund Class R6		91,323	
Neuberger Berman	Neuberger Berman Small Cap Growth Instl		1,411	
* Nuveen	Nuveen Lifecycle Index 2015 R6		1,845	
* Nuveen	Nuveen Lifecycle Index 2020 R6		294,743	
* Nuveen	Nuveen Lifecycle Index 2025 R6		239,092	
* Nuveen	Nuveen Lifecycle Index 2030 R6		730,719	
* Nuveen	Nuveen Lifecycle Index 2035 R6		244,841	
* Nuveen	Nuveen Lifecycle Index 2040 R6		432,155	
* Nuveen	Nuveen Lifecycle Index 2045 R6		1,126,391	
* Nuveen	Nuveen Lifecycle Index 2050 R6		1,300,090	
* Nuveen	Nuveen Lifecycle Index 2055 R6		1,279,803	
* Nuveen	Nuveen Lifecycle Index 2060 R6		645,015	
* Nuveen	Nuveen Lifecycle Index 2065 R6		85,268	
PGIM	PGIM Total Return Bond Z		1,547	
PIMCO	PIMCO Income Fund Instl		19,878	
Vanguard	Vanguard Small-Cap Index Adm		140,119	
Vanguard	Vanguard Total Bond Market Index Adm		68,420	
Vanguard	Vanguard Mid-Cap Index Adm		46,330	
Vanguard	Vanguard Value Index Adm		83,423	
Vanguard	Vanguard 500 Index Adm		428,312	
Vanguard	Vanguard Mid-Cap Value Index Adm		8,433	
Vanguard	Vanguard Mid-Cap Growth Index Adm		41,700	
Vanguard	Vanguard Total International Stock Index Adm		198,768	
Vanguard	Vanguard International Growth Adm		36,364	
<b>Total Registered Investment Companies</b>			<b>15,032,882</b>	
<b>TIAA Access Accounts</b>				
* TIAA	TIAA Access Nuveen Core Equity T4		11,320	
* TIAA	TIAA Access Nuveen Core Plus Bond T4		15,597	
* TIAA	TIAA Access Nuveen Equity Index T4		86,535	
* TIAA	TIAA Access Nuveen International Equity T4		162,985	
* TIAA	TIAA Access Nuveen Large Cap Responsible Equity T4		9,338	
* TIAA	TIAA Access Nuveen Lifecycle 2015 T4		1,642	
* TIAA	TIAA Access Nuveen Lifecycle 2020 T4		678	
* TIAA	TIAA Access Nuveen Lifecycle 2025 T4		77,839	
* TIAA	TIAA Access Nuveen Lifecycle 2030 T4		214,424	
* TIAA	TIAA Access Nuveen Lifecycle 2035 T4		21,905	
* TIAA	TIAA Access Nuveen Lifecycle 2040 T4		45,717	
* TIAA	TIAA Access Nuveen Lifecycle 2045 T4		267,562	

## Sponsors for Educational Opportunity 403(b) Plan

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis)

EIN: 13-2578670

Plan Number.: 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
<b>TIAA Access Accounts (continued)</b>				
* TIAA		TIAA Access Nuveen Lifecycle 2050 T4		301,163
* TIAA		TIAA Access Nuveen Lifecycle 2055 T4		454,005
* TIAA		TIAA Access Nuveen Lifecycle 2060 T4		42,340
* TIAA		TIAA Access Nuveen Large Cap Growth T4		380,429
* TIAA		TIAA Access Nuveen Large Cap Value T4		174,281
* TIAA		TIAA Access Nuveen Mid Cap Growth T4		72,879
* TIAA		TIAA Access Nuveen Mid Cap Value T4		120,784
* TIAA		TIAA Access Nuveen Quant Small Cap Equity T4		102,700
* TIAA		TIAA Access Nuveen Real Estate Securities T4		39,181
* TIAA		TIAA Access Nuveen Small Cap Blend Index T4		95,683
<b>Total TIAA Access Accounts</b>				<b>2,698,987</b>
<b>Guaranteed Annuity Contracts</b>				
* TIAA		Traditional, Benefit Responsive - There is no maturity date. 3% minimum annual interest rate. No collateral or par value. Maturity value is principal, plus accrued interest.		841,504
* TIAA		TIAA Stable Value Fund		97,264
<b>Total Guaranteed Annuity Contracts</b>				<b>938,768</b>
<b>Insurance Company General Contracts</b>				
* TIAA		Traditional, Non-Benefit Responsive - There is no maturity date. 3% minimum annual interest rate. No collateral or par value. Maturity value is principal, plus accrued interest.		387,742
<b>Pooled Separate Account</b>				
* TIAA		TIAA Real Estate		382,515
<b>Total Investments</b>				<b>19,440,894</b>
* Participant Loans		Interest rates ranging from 4.25% to 9.50%	-	135,807
<b>Total</b>				<b>\$ 19,576,701</b>

\* A party-in-interest, as defined by ERISA.

\*\* Investments are participant-directed and, therefore, cost disclosure is not required.



