

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, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: 403(B) THRIFT PLAN FOR EMPLOYEES OF FORT WORTH CHRISTIAN SCHOOL, INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 08/12/2002 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FORT WORTH CHRISTIAN SCHOOL, INC. 6200 HOLIDAY LN NORTH RICHLAND HILLS, TX 76180-6150 2b Employer Identification Number (EIN): 75-1327027 2c Plan Sponsor's telephone number: 817-520-6200 2d Business code (see instructions): 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	165
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	114
	6a(2)	296
	6b	3
	6c	50
	6d	349
	6e	0
	6f	349
	6g(1)	165
	6g(2)	169
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	271941
5	Current value of plan's interest under this contract in separate accounts at year end.....	7596207
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 294008
c	Additions: (1) Contributions deposited during the year	7c(1) 36803
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 8631
	(4) Transferred from separate account	7c(4) 1933
	(5) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	7c(5) 413
	(6) Total additions	7c(6) 47780
d	Total of balance and additions (add lines 7b and 7c(6))	7d 341788
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 63514
	(2) Administration charge made by carrier.....	7e(2) 2
	(3) Transferred to separate account	7e(3) 6331
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 69847	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 271941

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF FORT WORTH CHRISTIAN SCHOOL, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FORT WORTH CHRISTIAN SCHOOL, INC.	D Employer Identification Number (EIN) 75-1327027	

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

DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	RECORD KEEPER	1621	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF FORT WORTH CHRISTIAN SCHOOL, INC.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FORT WORTH CHRISTIAN SCHOOL, INC.</u>	D Employer Identification Number (EIN) <u>75-1327027</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER SA2</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
c EIN-PN <u>13-1614399-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7596207</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF FORT WORTH CHRISTIAN SCHOOL, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FORT WORTH CHRISTIAN SCHOOL, INC.	D Employer Identification Number (EIN) 75-1327027

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	34951	21377
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6794310	8149405
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	671379	654090
(15) Other.....	1c(15)	0	0

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	7500640	8824872
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7500640	8824872

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	266406	
(B) Participants.....	2a(1)(B)	450312	
(C) Others (including rollovers).....	2a(1)(C)	103642	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		820360
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	25048	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		25048
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	941349
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	78438
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	1865195

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	539342
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	539342
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	1621
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1621
j Total expenses. Add all expense amounts in column (b) and enter total	2j	540963

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1324232
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SPROLES WOODARD LLP**

(2) EIN: **75-0807999**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF FORT WORTH CHRISTIAN SCHOOL, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORT WORTH CHRISTIAN SCHOOL, INC.</u>	D Employer Identification Number (EIN) <u>75-1327027</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3590259

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300870A.

**Fort Worth Christian School
Defined Contribution 403(b) Plan**

*Financial Statements
and Supplemental Schedule*

**As of December 31, 2024 and 2023, and
For the Year Ended December 31, 2024**

Fort Worth Christian School Defined Contribution 403(b) Plan

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*All other Schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.



Independent Auditor's Report

To the Trustees
Fort Worth Christian School Defined Contribution 403(b) Plan

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

We have performed audits of the financial statements of the Fort Worth Christian School Defined Contribution 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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits 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. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution 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 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at the End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Sproles Woodard LLP

Fort Worth, Texas
October 15, 2025

Fort Worth Christian School Defined Contribution 403(b) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value	\$ 8,442,724	\$ 7,123,271
Guaranteed investment contract	382,148	377,370
	<u>8,824,872</u>	<u>7,500,641</u>
Net Assets Available for Benefits	<u>\$ 8,824,872</u>	<u>\$ 7,500,641</u>

See accompanying notes to financial statements.

Fort Worth Christian School Defined Contribution 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

	<u>2024</u>
Additions to Net Assets	
Investment gain:	
Net realized and unrealized gain	\$ 1,040,193
Interest and dividend income	4,012
Contributions:	
Employer contributions	266,406
Participant deferral contributions	450,312
Participant rollovers	103,642
Participant transfers in	7,806
	<u>1,872,371</u>
Deductions From Net Assets	
Benefit payments	539,343
Participant transfers out	7,176
Administrative expenses	1,621
	<u>548,140</u>
Net Change in Net Assets Available For Benefits	1,324,231
Net Assets Available for Benefits - Beginning of Year	<u>7,500,641</u>
Net Assets Available for Benefits - End of Year	<u>\$ 8,824,872</u>

See accompanying notes to financial statements.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Fort Worth Christian School (“the School”) Defined Contribution 403(b) Plan (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established effective August 12, 2002, and restated effective September 1, 2016 to incorporate all previous amendments of the Plan.

The Plan is a defined contribution plan with a 403(b) deferral feature. The Plan covers all employees of the School. All employees are eligible to participate in the Plan as soon as administratively feasible after their hire date. The Plan is subject to the provisions of the ERISA.

Prior to November 2018, all participant accounts were held at Teachers Insurance and Annuity Association (“TIAA”) and College Retirement Equities Fund (“CREF”) (collectively, “TIAA-CREF”). Effective November 1, 2018, Mutual of America Life Insurance Company (“Mutual of America”) holds the majority of the participants’ accounts. As of December 31, 2024, \$956,723 of the participants’ investments are still managed by TIAA-CREF.

Contributions

Each year, participants may contribute up to 100% of annual compensation, subject to annual limits imposed by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contribution into various investment options offered by the Plan. The School may make matching contributions up to 5% of the participants’ salary, after full time employees complete six months of service and part time employees complete one year of service with the School.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, any employer contribution, and allocations of (a) the School’s contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

TIAA-CREF and Mutual of America, (collectively, the “Custodians”) provide a summary of financial performance by investment fund directly to Plan participants on a quarterly basis.

Vesting

Participants are vested immediately in their voluntary contributions and matching contributions, plus actual earnings thereon.

Participant Loans

Participant loans are not allowed by the Plan.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

1. Description of the Plan - (Continued)

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or in installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) medical expenses incurred by the participant, his/her spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of postsecondary tuition expenses; (4) needed to prevent eviction of the participant from his/her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) funeral or burial expenses; (6) repairs to a principal residence for which a casualty loss deduction would be available; or (7) expenses relating to federally declared disasters, given the participant's principal residence or place of employment was in an area FEMA designates as qualifying.

Investment and Administrative Expenses

Costs incurred in relation to certain investment transactions, participant benefits, and professional and administrative fees are paid by the Plan, and are included in the investment expenses and contract administrator fees on the accompanying Statement of Changes in Net Assets Available for Benefits. Personnel and facilities of the School used by the Plan for its accounting and other activities are provided at no charge to the Plan.

Plan Amendment and Termination

Although it is expected that this Plan will continue indefinitely, the School reserves the right to amend or modify, or terminate, the Plan, or to discontinue any further contributions or payments under the Plan, by resolution of its Board. In the event of a termination of the Plan or complete discontinuance of Plan contributions, the School will notify all participants of the termination. As of the date of complete or partial termination, all accumulation accounts will become non-forfeitable to the extent that benefits are accrued.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments in insurance contracts held by a defined contribution plan are reported at contract value, except for the non-benefit responsive contract which is required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. At December 31, 2024, contract value of the non-benefit responsive contract approximates fair value.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies - (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported revenues and expenses during the reported period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan are reported at fair value as determined by quoted prices in an active market, except for 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.

Fully Benefit-Responsive Investment Contracts

The annuity contract ("the Contract") with TIAA-CREF is a general account and is subject to claims of the Custodian's general creditors. The Contract is a traditional investment contract and is credited with Plan contributions and earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by the Custodian. The Plan's Contract is fully benefit-responsive and is reported at contract value on the Statement of Net Assets Available for Benefits. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Principal and interest in the Contract are guaranteed against the loss by the Custodian. Circumstances that would limit a participant's ability to transact with the fund are not considered probable of occurring. Under no circumstances are the participant accounts in the Contract settled at amounts other than contract value.

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

Contributions

Contributions from the School are accrued in the period in which they become obligations of the School, according to the provisions of the Plan.

Administrative Expenses

Each investment offered within the Plan charges a fee for managing the investment and for associated services. This is referred to as the expense ratio paid by all participants in that investment in proportion to the amount of their investment. Personalized services related to loans, QDROs, redemptions, and withdrawals are available and payable by specific participants only if used. Other Plan administrative expenses, such as any liability actually and reasonably incurred by members of the School's Board or any person to whom any power, authority, or responsibility of the School is delegated pursuant to the "Authority of the Institution" section of Article VIII of the Plan document (other than the Fund Sponsors), will be borne by the School. These liabilities include expenses, attorney's fees, judgments, fines, and amounts paid in connection with any threatened, pending, or completed action suit or proceeding related to the exercise (or failure to exercise) of this authority.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies - (Continued)

Plan Amendment and Termination

Although it has not expressed any intent to do so, the School reserves the right under the Plan to amend, otherwise modify, discontinue contributions at any time, and terminate the Plan subject to the provisions of ERISA. In the event of termination, since participants are fully vested at all times, they will be entitled to distribution of their entire account balance according to ERISA.

3. Annuity Contracts

Participants are able to change investment elections at any time, subject to specific rules in certain funds, by electronic data exchange directly with the third-party administrator. Investment options include guaranteed interest options and shares of registered investment companies. As of November 1, 2018, the School terminated TIAA-CREF's contract as Custodian of the Plan; thus, the School plans to rotate participants out of the investment options within the next ten years.

Pricing related to the TIAA-CREF annuity contract options are processed as follows:

The TIAA Traditional Annuity consists of the TIAA Traditional Non Benefit Responsive investment, a guaranteed annuity backed by TIAA's claims-paying ability, guarantees principal and any additional interest rate additions declared. TIAA earnings above this rate are paid to participants in the form of additional amounts. These additional amounts are declared by TIAA's Board of Trustees and are generally in effect for a 12-month period from March 1 through February 28 of the following year. However, for new monies contributed, rates may change more frequently than monthly. TIAA uses a "vintage" method of crediting interest for funds in the TIAA Traditional Annuity. Because the yields available on new long-term investments tend to vary over time, TIAA groups the funds received over discrete time periods into vintages. The interest credited to each vintage reflects the investment returns initially obtained on TIAA's investments during each period. Withdrawal fees, up to 2.5%, are incurred by participants upon separation of service if withdrawals are elected within 120 days of separation. The impact of such an occurrence on the value of the Plan's accumulations in TIAA Traditional Annuities would be minimal. As of December 31, 2024, TIAA Traditional Annuity contract was \$382,148.

TIAA Real Estate Account – In addition, TIAA offers the Real Estate Account ("REA"), which is a separate account of TIAA. The REA is a variable account; as such, its returns are not guaranteed, and its accumulations and returns fluctuate based on the performance of the underlying investments. Although the underlying assets of the REA cannot be quickly sold and converted to liquid assets, the TIAA general account provides the REA with a liquidity guarantee – i.e., TIAA ensures that the REA has funds available to meet participant redemption, transfer, or cash withdrawal requests. As of December 31, 2024, TIAA REA was \$21,377.

4. Information Certified by the Plan Custodian (Unaudited)

As permitted by the rules and regulations of the DOL with respect to reporting and disclosure under ERISA, the Custodians have certified that certain information provided to the Plan administrator is complete and accurate. All the amounts in the financial statements and accompanying schedules have been derived from or supplied by the Custodians.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

4. Information Certified by the Plan Custodian (Unaudited) - (Continued)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator limited auditing procedures with respect to the investment information certified by TIAA-CREF and Mutual of America, the Custodians have certified to the completeness and accuracy of all investments reported on the accompanying Statements of Net Assets Available for Benefit as of December 31, 2024 and December 31, 2023, the supplemental Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Change in Net Assets Available for Benefit for the year ended December 31, 2024.

5. Fair Value Measurements

The Plan follows FASB Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures*. Topic 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active market that the Plan can access at the measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - 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 that are unobservable for the asset or liability.

FASB ASC Topic 820 requires that the financial statements describe the methodology used to measure the fair value of assets and liabilities. Management has described below the methodology used to measure each major category of investments. There have been no changes in the methodology used at December 31, 2024 and 2023.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

5. Fair Value Measurements – (Continued)

TIAA Traditional Annuity

The TIAA Traditional Non Benefit Responsive contract is reported at an approximated fair value. Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. This contract guarantees a minimum interest rate (generally 3% for current premiums on accumulating annuities, but in some recent contracts between 1% and 3%), and provide the potential for additional interest as declared by TIAA's discretion.

TIAA and Mutual of America Mutual funds

Valued using quoted market prices available on an active market and classified as Level 1 of the valuation hierarchy.

TIAA Real Estate Account

The value is derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well, which are valued based on independent pricing sources.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024. The TIAA Traditional Annuity assets are valued at contract value per Note 3 and are therefore excluded from the fair value table below:

	2024			
	Level 1	Level 2	Level 3	Total
Marketable Securities:				
Money market funds and interest bearing cash	\$ 530,830	\$ -	\$ -	\$ 530,830
Mutual funds	7,911,894			7,911,894
Total Investment at Fair Value	\$ 8,442,724	\$ -	\$ -	\$ 8,442,724

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan

Notes to Financial Statements

5. Fair Value Measurements – (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023. The TIAA Traditional Annuity assets are valued at contract value per Note 3 and are therefore excluded from the fair value table below:

	2023			Total
	Level 1	Level 2	Level 3	
Marketable Securities:				
Money market funds and interest bearing cash	\$ 347,906	\$ -	\$ -	\$ 347,906
Mutual funds	<u>6,775,365</u>			<u>6,775,365</u>
Total Investment at Fair Value	<u>\$ 7,123,271</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,123,271</u>

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 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.

7. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The Plan administrator believes the Plan is operating in accordance with the applicable requirements of Section 403(b) of the IRC and therefore believes the Plan is qualified and the related custodial accounts are tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Party-in-Interest Transactions

Plan investments include shares of mutual fund and investment contracts managed by the Custodians as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services also qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

Fort Worth Christian School Tax-Deferred Annuity 403(b) Plan Notes to Financial Statements

9. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the net realized and unrealized gains balance per the financial statements to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net realized and unrealized gains per the financial statements	\$ 1,040,193	\$ 1,062,994
Less: TIAA and Mutual other income	<u>(20,406)</u>	<u>(16,150)</u>
Net investment gain per Schedule H of Form 5500	<u>\$ 1,019,787</u>	<u>\$ 1,046,844</u>

The following is a reconciliation of the interest income balance per the financial statements to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Interest income per the financial statements	\$ 4,012	\$ 4,698
Add: TIAA and Mutual other interest	21,036	16,154
Less: Rounding		<u>2</u>
Interest income per Schedule H of Form 5500	<u>\$ 25,048</u>	<u>\$ 20,850</u>

10. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedule

Fort Worth Christian School Defined Contribution 403(b) Plan
Plan No. 002 EIN: 75-1327027
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue or Similar Party	Description of Investment	Cost	Current Value	
	Registered investment company			
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2030 Fund	**	\$ 940,604	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2035 Fund	**	796,838	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2040 Fund	**	705,278	
* Mutual of America Investment Corporation	Mutual of America Equity Index Fund	**	702,422	
* Mutual of America Investment Corporation	Mutual of America Moderate Allocation Fund	**	570,473	
* T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	496,732	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2045 Fund	**	463,779	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2015 Fund	**	312,654	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2050 Fund	**	297,715	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2055 Fund	**	276,627	
* Mutual of America Investment Corporation	Mutual of America Interest Accumulation Account	**	271,942	
* American Century Investments	American Century Investments VP Capital Appreciation Fund	**	218,755	
* DWS	DWS Capital Growth VIP	**	208,461	
* Mutual of America Investment Corporation	Mutual of America Money Market Fund	**	207,769	
* Mutual of America Investment Corporation	Mutual of America Conservative Allocation Fund	**	179,106	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2065 Fund	**	169,441	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2060 Fund	**	163,788	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2025 Fund	**	139,795	
* College Retirement Equities Fund variable Annuities	CREF Stock R1	**	119,826	
* Vanguard Investments	Vanguard VIF Real Estate Index Portfolio	**	106,755	
* Fidelity Investments	Fidelity VIP Contrafund Portfolio	**	95,309	
* Calvert Investments	Calvert VP SRI Balanced Portfolio	**	86,345	
* Mutual of America Investment Corporation	Mutual of America Small Cap Growth Fund	**	78,450	
* College Retirement Equities Fund Aairable Annuities	CREF Growth R1	**	76,679	
* Mutual of America Investment Corporation	Mutual of America Aggressive Allocation Fund	**	76,406	
* College Retirement Equities Fund Variable Annuities	CREF Social Choice R1	**	68,131	
* College Retirement Equities Fund Variable Annuities	CREF Money Market R1	**	51,119	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2025 T4	**	45,331	
* College Retirement Equities Fund Variable Annuities	CREF Global Equities R1	**	41,504	
* College Retirement Equities Fund Variable Annuities	CREF Equity Index R1	**	42,102	
* MFS Investment Management	MFS VIT III Mid Cap Value Portfolio	**	35,106	
* Vanguard Investments	Vanguard VIF International Portfolio	**	34,645	
* Vanguard Investments	Vanguard VIF Total Bond Market Index Portfolio	**	32,233	
* Mutual of America Investment Corporation	Mutual of America All America Fund	**	30,126	
* Mutual of America Investment Corporation	Mutual of America Retirement Income Fund	**	28,994	
* Mutual of America Investment Corporation	Mutual of America Mid Cap Value Fund	**	25,470	
* Mutual of America Investment Corporation	Mutual of America Small Cap Value Fund	**	24,562	
* College Retirement Equities Fund Variable Annuities	TIAA Real Estate	**	21,377	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2030 T4	**	14,724	
* Vanguard Investments	Vanguard VIF Diversified Value Portfolio	**	13,272	

Fort Worth Christian School Defined Contribution 403(b) Plan
Plan No. 002 EIN: 75-1327027
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue or Similar Party	Description of Investment	Cost	Current Value	
Registered investment company				
* Fidelity Investments	Fidelity VIP Mid Cap Portfolio	**	13,079	
* Mutual of America Investment Corporation	Mutual of America Mid Cap Equity Index Fund	**	11,520	
* Mutual of America Investment Corporation	Mutual of America Balanced Fund	**	11,173	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Intl Equity T4	**	11,037	
* College Retirement Equities Fund Variable Annuities	CREF Inflation-Linked Bond R1	**	10,231	
* Mutual of America Investment Corporation	Mutual of America Core Bond Fund	**	10,024	
* Mutual of America Investment Corporation	Mutual of America Intermediate Bond Fund	**	9,122	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2050 T4	**	8,932	
* College Retirement Equities Fund Variable Annuities	CREF Core Bond R1	**	8,567	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Mid Cap Val T4	**	8,329	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Lrg Cap Val T4	**	8,231	
* Mutual of America Investment Corporation	Mutual of America Small Cap Equity Index Fund	**	8,231	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Qt Sm Cp Eq T4	**	5,606	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Lrg Cap Gr T4	**	5,294	
* PIMCO	PIMCO VIT Real Return Portfolio	**	5,074	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2040 T4	**	4,834	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2020 Fund	**	4,721	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv RIEstSecSel T4	**	4,565	
* College Retirement Equities Fund Variable Annuities	TIAA Access Mid Cap Grw T4	**	4,560	
* Fidelity Investments	Fidelity VIP Equity-Income Portfolio	**	3,186	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2035 T4	**	3,154	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2045 T4	**	2,988	
* Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund	**	2,164	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Sm Cp Bl Ix T4	**	1,974	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Core Pl Bd T4	**	1,943	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2010 T4	**	1,694	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2020 T4	**	949	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2055 T4	**	897	
			8,442,724	
Investment contract				
* College Retirement Equities Fund Variable Annuities	TIAA Traditional Non Benefit Responsive	**	382,148	
			382,148	
Total participant-directed investments			\$ 8,824,872	

Attachment to Jan2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Fort Worth Christian School, Inc.
EIN: 75-1327027
Plan Number: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Closing Value
	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		218,755
	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		86,345
	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		208,461
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		95,309
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		3,186
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		13,079
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		2,164
	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		0
	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		35,106
	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		76,406
	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		30,126
	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		11,173
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		312,654
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		4,721
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		139,795
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		940,604
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		796,838
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		705,278
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		463,779
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		297,715
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		276,627
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		163,788
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		169,441
	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		179,106
	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		10,024
	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		702,422
	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		9,122
	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		0
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		11,520
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		25,470
	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		570,473
	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		28,994
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		8,231
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		78,450
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		24,562
	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		207,769
	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		271,942
	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		5,074
	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		496,732
	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		13,272
	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		34,645

Attachment to Jan2024 Form 5500
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 Fort Worth Christian School, Inc.
 EIN: 75-1327027
 Plan Number: 001

	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		106,755
	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		32,233
	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		0

**Fort Worth Christian School Defined Contribution 403(b) Plan
Plan No. 002 EIN: 75-1327027
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue or Similar Party	Description of Investment	Cost	Current Value	
Registered investment company				
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2030 Fund	**	\$ 940,604	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2035 Fund	**	796,838	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2040 Fund	**	705,278	
* Mutual of America Investment Corporation	Mutual of America Equity Index Fund	**	702,422	
* Mutual of America Investment Corporation	Mutual of America Moderate Allocation Fund	**	570,473	
* T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	496,732	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2045 Fund	**	463,779	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2015 Fund	**	312,654	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2050 Fund	**	297,715	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2055 Fund	**	276,627	
* Mutual of America Investment Corporation	Mutual of America Interest Accumulation Account	**	271,942	
* American Century Investments	American Century Investments VP Capital Appreciation Fund	**	218,755	
* DWS	DWS Capital Growth VIP	**	208,461	
* Mutual of America Investment Corporation	Mutual of America Money Market Fund	**	207,769	
* Mutual of America Investment Corporation	Mutual of America Conservative Allocation Fund	**	179,106	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2065 Fund	**	169,441	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2060 Fund	**	163,788	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2025 Fund	**	139,795	
* College Retirement Equities Fund variable Annuities	CREF Stock R1	**	119,826	
* Vanguard Investments	Vanguard VIF Real Estate Index Portfolio	**	106,755	
* Fidelity Investments	Fidelity VIP Contrafund Portfolio	**	95,309	
* Calvert Investments	Calvert VP SRI Balanced Portfolio	**	86,345	
* Mutual of America Investment Corporation	Mutual of America Small Cap Growth Fund	**	78,450	
* College Retirement Equities Fund Aairable Annuities	CREF Growth R1	**	76,679	
* Mutual of America Investment Corporation	Mutual of America Aggressive Allocation Fund	**	76,406	
* College Retirement Equities Fund Variable Annuities	CREF Social Choice R1	**	68,131	
* College Retirement Equities Fund Variable Annuities	CREF Money Market R1	**	51,119	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2025 T4	**	45,331	
* College Retirement Equities Fund Variable Annuities	CREF Global Equities R1	**	41,504	
* College Retirement Equities Fund Variable Annuities	CREF Equity Index R1	**	42,102	
* MFS Investment Management	MFS VIT III Mid Cap Value Portfolio	**	35,106	
* Vanguard Investments	Vanguard VIF International Portfolio	**	34,645	
* Vanguard Investments	Vanguard VIF Total Bond Market Index Portfolio	**	32,233	
* Mutual of America Investment Corporation	Mutual of America All America Fund	**	30,126	
* Mutual of America Investment Corporation	Mutual of America Retirement Income Fund	**	28,994	
* Mutual of America Investment Corporation	Mutual of America Mid Cap Value Fund	**	25,470	
* Mutual of America Investment Corporation	Mutual of America Small Cap Value Fund	**	24,562	
* College Retirement Equities Fund Variable Annuities	TIAA Real Estate	**	21,377	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2030 T4	**	14,724	
* Vanguard Investments	Vanguard VIF Diversified Value Portfolio	**	13,272	

Fort Worth Christian School Defined Contribution 403(b) Plan
Plan No. 002 EIN: 75-1327027
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue or Similar Party	Description of Investment	Cost	Current Value	
Registered investment company				
* Fidelity Investments	Fidelity VIP Mid Cap Portfolio	**	13,079	
* Mutual of America Investment Corporation	Mutual of America Mid Cap Equity Index Fund	**	11,520	
* Mutual of America Investment Corporation	Mutual of America Balanced Fund	**	11,173	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Intl Equity T4	**	11,037	
* College Retirement Equities Fund Variable Annuities	CREF Inflation-Linked Bond R1	**	10,231	
* Mutual of America Investment Corporation	Mutual of America Core Bond Fund	**	10,024	
* Mutual of America Investment Corporation	Mutual of America Intermediate Bond Fund	**	9,122	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2050 T4	**	8,932	
* College Retirement Equities Fund Variable Annuities	CREF Core Bond R1	**	8,567	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Mid Cap Val T4	**	8,329	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Lrg Cap Val T4	**	8,231	
* Mutual of America Investment Corporation	Mutual of America Small Cap Equity Index Fund	**	8,231	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Qt Sm Cp Eq T4	**	5,606	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Lrg Cap Gr T4	**	5,294	
* PIMCO	PIMCO VIT Real Return Portfolio	**	5,074	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2040 T4	**	4,834	
* Mutual of America Investment Corporation	Mutual of America Clear Passage 2020 Fund	**	4,721	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv RIEstSecSel T4	**	4,565	
* College Retirement Equities Fund Variable Annuities	TIAA Access Mid Cap Grw T4	**	4,560	
* Fidelity Investments	Fidelity VIP Equity-Income Portfolio	**	3,186	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2035 T4	**	3,154	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2045 T4	**	2,988	
* Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund	**	2,164	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Sm Cp Bl Ix T4	**	1,974	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Core PI Bd T4	**	1,943	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2010 T4	**	1,694	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2020 T4	**	949	
* College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2055 T4	**	897	
			8,442,724	
Investment contract				
* College Retirement Equities Fund Variable Annuities	TIAA Traditional Non Benefit Responsive	**	382,148	
			382,148	
Total participant-directed investments			\$ 8,824,872	