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|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/> <u>GRAND RAPIDS CHRISTIAN SCHOOLS 403(B) TAX SHELTERED ANNUITY PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>         Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/> <u>GRAND RAPIDS CHRISTIAN SCHOOLS</u></p> <p><u>2400 PLYMOUTH SE</u><br/> <u>GRAND RAPIDS, MI 49506</u></p> | <p><b>1c</b> Effective date of plan<br/> <u>01/01/2009</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/> <u>38-1880873</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/> <u>616-574-6000</u></p> <p><b>2d</b> Business code (see instructions)<br/> <u>611000</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 02/20/2026 | AARON WINKLE   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 215 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 215 |
|   | <b>6a(2)</b>                               | 184 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 29  |
|   | <b>6d</b>                                  | 213 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 213 |
|   | <b>6g(1)</b>                               | 215 |
|   | <b>6g(2)</b>                               | 213 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>GRAND RAPIDS CHRISTIAN SCHOOLS 403(B) TAX SHELTERED ANNUITY PLAN</b>       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GRAND RAPIDS CHRISTIAN SCHOOLS</b> | <b>D</b> Employer Identification Number (EIN)<br><b>38-1880873</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

PENSERV

20-1916735

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15                     | RECORDKEEPER  | 28521  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b> |  |
| <b>A</b> Name of plan<br><b>GRAND RAPIDS CHRISTIAN SCHOOLS 403(B) TAX SHELTERED ANNUITY PLAN</b>         | <b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GRAND RAPIDS CHRISTIAN SCHOOLS</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>38-1880873</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 72998                 | 170762          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 13751                 | 18523           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 7617024               | 9783827         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 7703773               | 9973112         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 7703773               | 9973112         |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 662465     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 1060314    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 100047     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1822826   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 683        |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 683       |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 343586     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 343586    |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 723273    |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 2890368   |

**Expenses**

|  |               |        |        |
|--|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 600119 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |        |        |
| (3) Other.....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |        | 600119 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense.....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:  |               |        |        |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |        |        |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  | 37781  |        |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....   | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |        |        |
| (11) Other expenses.....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |        | 37781  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 637900 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2252468 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  | 16871   |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DOEREN MAYHEW ASSURANCE**

(2) EIN: **38-2492570**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 700000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>GRAND RAPIDS CHRISTIAN SCHOOLS 403(B) TAX SHELTERED ANNUITY PLAN</u>       | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GRAND RAPIDS CHRISTIAN SCHOOLS</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-1880873</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

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

|   |  |
|---|--|
| 1 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 75-3182674 46-2345389

**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 |  |
|---|--|

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

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

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

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

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

**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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number A500865A.



**GRAND RAPIDS CHRISTIAN  
SCHOOLS 403(b)  
TAX-SHELTERED  
ANNUITY PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION**

**JUNE 30, 2025 and 2024**  
*(With Independent Auditor's Report Thereon)*

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

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\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants  
**Grand Rapids Christian Schools**  
**403(b) Tax-Sheltered Annuity Plan**

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

We have performed audits of the financial statements of the Grand Rapids Christian Schools 403(b) Tax-Sheltered Annuity 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 June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024 and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the 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 by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Grand Rapids Christian Schools 403(b) Tax-Sheltered Annuity 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 Grand Rapids Christian Schools 403(b) Tax-Sheltered Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

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

## Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Grand Rapids Christian Schools 403(b) Tax-Sheltered Annuity 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 Grand Rapids Christian Schools 403(b) Tax-Sheltered Annuity 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified 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 meet the requirements of ERISA Section 103(a)(3)(C).

*Doeren Mayhew Assurance*

Grand Rapids, Michigan  
February 13, 2026

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
JUNE 30, 2025 AND 2024**

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|  | <u>2025</u>         | <u>2024</u>         |
|--|---------------------|---------------------|
| Cash - non-interest bearing                | \$ 170,762          | \$ 72,998           |
| Investments, at fair value (Notes 3 and 4) | 9,783,827           | 7,617,024           |
| Participant notes receivable (Note 2)      | <u>18,523</u>       | <u>13,751</u>       |
| Net assets available for benefits          | <u>\$ 9,973,112</u> | <u>\$ 7,703,773</u> |

See accompanying notes

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED JUNE 2025**

---

|  |                            |
|--|----------------------------|
| Additions  |                            |
| Investment income                                      |                            |
| Interest and dividend income                           | \$ 343,586                 |
| Net appreciation in fair value of investments (Note 2) | <u>723,273</u>             |
| Total investment income                                | 1,066,859                  |
| Interest income on notes receivable from participants  | 683                        |
| Contributions  |                            |
| Participant contributions                              |                            |
| 403(b) elective contributions                          | 1,060,314                  |
| Rollovers  | 100,047                    |
| Employer contributions                                 | <u>662,465</u>             |
| Total contributions                                    | <u>1,822,826</u>           |
| Total additions  | 2,890,368                  |
| Deductions   |                            |
| Distributions to participants                          | 600,119                    |
| Administrative expenses (Notes 2 and 5)                | <u>37,781</u>              |
| Total deductions                                       | <u>637,900</u>             |
| Net increase in assets                                 | 2,252,468                  |
| Other changes in net assets                            |                            |
| Transfers into the plan                                | 16,871                     |
| Net assets available for benefits - beginning of year  | <u>7,703,773</u>           |
| Net assets available for benefits - end of year        | <u><u>\$ 9,973,112</u></u> |

See accompanying notes

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

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**Note 1 - Description of the Plan**

General

The Grand Rapids Christian Schools 403(b) Tax-Sheltered Annuity Plan, the "Plan", is a defined contribution plan established January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the Summary Plan Description or the Adoption Agreement, including amendments thereto, for a complete description of the Plan's provisions.

The plan transfers shown on the statement of changes in net assets available for benefits represents amounts transferred from a plan administered by a related party of the Plan.

Administration

The Plan Sponsor and named Plan Administrator is Grand Rapids Christian Schools (GRCS). The Plan Administrator is responsible for oversight of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and fees. The Plan's investment custodian is Matrix Trust Company. The Investment Custodian holds all of the Plan's assets and executes all of the Plan's transactions. GRCS has retained PenServ Plan Services, Inc. and PCS Retirement, LLC to provide participant record keeping and administration services. TSA Consulting Group, Inc is also utilized to provide administration services.

Eligibility

The Plan covers all employees of the Grand Rapids Christian Schools and Eagle Impact LLC, except certain student employees and employees not eligible for employee health and welfare benefits, as defined. All eligible employees may begin making employee contributions to the Plan immediately upon hire date.

Contributions

Each year, participants may elect to contribute up to 100 percent of their pretax annual compensation. Participants may designate deferrals as pre-tax or Roth 403(b) contributions. Employees of GRCS who are age 21 or older and have completed one year of eligible service are eligible for discretionary employer matching contributions. GRCS has elected to contribute a discretionary employer matching contribution of 75% of employee deferrals each pay period, up to 6% of eligible compensation.

Total discretionary employer matching contributions for the year ended June 30, 2025 were \$564,733. Certain employees are eligible for employer discretionary non-elective contributions. Total discretionary non-elective contributions for the year ended June 30, 2025 were \$97,732. Participants may also contribute amounts representing rollovers from other qualified defined benefit or contribution plans.

Contributions are generally limited to those amounts allowable as a deduction under the Internal Revenue Code.

# GRAND RAPIDS CHRISTIAN SCHOOLS 403(b) TAX-SHELTERED ANNUITY PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

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### Participant Accounts

Each participant's account is credited with the participant's contributions and employer contributions as well as plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Distribution of Benefits

On termination of service, participants may elect a lump sum distribution or a rollover of their account balance to another qualified account. Additionally, they may also elect to defer the distribution of their plan balance. Participants who elect to have their benefit payments deferred continue to share in allocations of investment income and losses, but do not share in subsequent allocations of employer contributions.

The Plan allows for in-service distributions upon attainment of age 59½ for all deferral contributions, employer matching contributions, and rollover contributions for any reason. The Plan also allows for in-service distributions prior to attainment of the Plan's normal retirement age due to financial hardship, as defined in the plan document. Participants should refer to the full plan document for details.

### Vesting

Participants are immediately vested in their voluntary contributions and employer contributions plus actual earnings thereon. Accordingly, there are no forfeited balances in the plan.

### Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. The loans will be secured by the balance in the participant's account and bear interest at prevailing market rates. Loans will generally be for a period not to exceed five years, unless used to acquire or construct a primary residence.

## **Note 2 - Summary of Significant Accounting Policies**

### Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting. Employer contributions and income from investments is recorded when it is earned. Employee contributions are recorded in the period they are withheld from payroll. Expenses are recorded in the accounting period in which they are incurred.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America 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 the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

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Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the GRCS. Expenses that are paid by the GRCS are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including February 13, 2026, which is the date the financial statements were available to be issued.

**Note 3 - Unaudited Investment Information Certified by the Custodian**

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following information has been certified by Matrix Trust Company as to its completeness and accuracy and was not subjected to any auditing procedures performed by the Plan's independent auditors:

- All investment balances reflected in the accompanying statements of net assets available for benefits as of June 30, 2025 and 2024,
- All investment activity reflected in the statement of changes in net assets available for benefits for the year ended June 30, 2025, and
- All investment-related information included in the Supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2025.

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

**Note 4 - Fair Value Measurements**

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

- Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
  
- Level 2            Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.
  
- Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following is a description of the valuation methods used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

*Mutual Funds and Money Market Funds:* Mutual funds and money market funds are valued at daily closing prices as reported by the fund. Mutual funds held by the plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. Mutual funds and money market funds held by the Plan are deemed to be actively traded.

*Exchange Traded Funds:* Valued at the closing price reported on the active market.

The following table sets forth by level, within the fair value hierarchy, the Plans assets at fair value as of June 30, 2025 and 2024:

|                                     | Assets at Fair Value as of June 30, 2025 |         |         |              |
|-------------------------------------|--|---------|---------|--------------|
|                                     | Level 1                                  | Level 2 | Level 3 | Total        |
| Mutual Funds and Money Market Funds | \$ 9,720,549                             | \$ -    | \$ -    | \$ 9,720,549 |
| Exchange Traded Funds               | 63,278                                   | -       | -       | 63,278       |
|                                     | \$ 9,783,827                             | \$ -    | \$ -    | \$ 9,783,827 |

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

|                                     | Assets at Fair Value as of June 30, 2024 |         |         |              |
|-------------------------------------|--|---------|---------|--------------|
|                                     | Level 1                                  | Level 2 | Level 3 | Total        |
| Mutual Funds and Money Market Funds | \$ 7,609,264                             | \$ -    | \$ -    | \$ 7,609,264 |
| Exchange Traded Funds               | 7,760                                    | -       | -       | 7,760        |
|                                     | \$ 7,617,024                             | \$ -    | \$ -    | \$ 7,617,024 |

**Note 5 - Party-in-Interest Transactions**

Certain plan investments are managed by Matrix Trust Company, who is the Plan's Investment Custodian. In addition, GLP Associates, Inc. and Midwest Capital Advisors, LLC are the Plan's Investment Advisors. During the year ended June 30, 2025, the Plan paid direct compensation to the Investment Custodian and Investment Advisors for services rendered. Indirect compensation (that is netted against investment income on the statement of changes in net assets available for benefits) is paid to the Investment Custodian from total annual operating expenses charged on the balance of fund investments, depending on the particular fund. Transactions involving these investments are considered party-in-interest transactions; however, these transactions are not considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

The Grand Rapids Christian Schools is a member of the Christian Schools Retirement Investment Consortium, Inc., a nonprofit corporation. Members of the organization collectively negotiate and enter into service agreements with third party administrators, investment providers, investment advisors and other parties to be utilized for the members' 403(b) plans.

Organizational and ongoing expenses are allocated among the members on a pro rata basis. A members' pro rata share of the organization expenses is equal to the number of eligible employees in the members' 403(b) plan to the total number of eligible employees in all of the members' 403(b) plans.

**Note 6 - Plan Termination**

Although it has not expressed any intention to do so, Grand Rapids Christian Schools has the right under the Plan to discontinue its contributions and to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, all participant accounts become 100% vested.

**Note 7 - Plan Amendment and Tax Status**

The Company has adopted a volume submitter plan document that has received an opinion letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although, the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN**

**NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

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The Plan permitted provisions of SECURE Act 2.0 during the year ended June 30, 2025 and 2024. Written amendments to the Plan document to reflect these operational changes will be adopted at a later date in accordance with the deadlines pursuant to applicable laws and IRS guidance.

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

**Note 8 - Risks and Uncertainties**

The Plan invests in various investment securities. These investments are not insured. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in such statement of net assets available for benefits.

## **SUPPLEMENTAL INFORMATION**

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN  
PLAN 001  
EIN #38-1880873**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2025**

**Form 5500, Schedule H, Item 4(i) – Schedule of Assets (Held at End of Year)**

| (a) | (b)  | (c)   | (e)              |
|-----|--|---|------------------|
|     | Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Current<br>Value |
|     | Aberdeen   | International Small Cap Instl   | \$ 7,132         |
|     | American Century   | Ultra R   | 21,138           |
|     | American Funds   | Amer Bal R3   | 229,836          |
|     |  | Amer H/I R3   | 32,851           |
|     |  | Washington R3   | 13,342           |
|     |  | Euro pacific Growth R6  | 374,996          |
|     |  | 2055 Trgt Date Retire R3  | 14,911           |
|     |  | US Government Money Market R3   | 15,998           |
|     | BlackRock  | Health Sciences Opportunities Port R  | 11,926           |
|     | Carillon Reams   | Eagle Mid Cap Growth I  | 31,971           |
|     |  | Core Plus Bond Fund Class I   | 5,803            |
|     | ClearBridge  | International Growth Fund Class R   | 11,476           |
|     | Cohen & Steers   | Real Estate Securities R  | 70,228           |
|     | Columbia   | Dividend Income R   | 124,844          |
|     | Federated Instl  | Instl High Yield Bond IS  | 3,524            |
|     | Federated Kaufmann   | Kaufmann Small Cap R  | 73,268           |
|     | Fidelity   | Low Volatility Fact   | 192              |
|     | Financial Select   | Sector Spdr   | 1,718            |
|     | First Trust  | Exchange Traded Fund II Intl Equity Opp   | 742              |
|     |  | Exchange Traded Fund VI Rising Div Achievers ETF  | 1,735            |
|     |  | Global Tactical   | 640              |
|     |  | Senior Loan ETF   | 1,306            |
|     |  | Preferred Secur & Inc ETF   | 1,257            |
|     | Flexshares   | Int Qual Dvd Dyn  | 1,440            |
|     | Energy   | Energy Select Sector Spdr   | 377              |
|     | Hartford   | Core Equity Fund-R3   | 199,638          |
|     | Health Care Select   | Sector Spdr   | 352              |
|     | Global   | Global X MLP & Energy   | 189              |
|     |  | Global X Mlp ETF  | 621              |
|     | Invesco  | Floating Rate ESG Fund R  | 18,867           |
|     |  | Qqq Trust Series 1  | 5,321            |
|     |  | S&P 500 Downside Hed  | 2,566            |
|     |  | S&P 500 Top 50 ETF  | 1,492            |
|     |  | S&P SmallCap Value with Momentum ETF  | 846              |
|     |  | Global Fund R   | 53,661           |

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN  
PLAN 001  
EIN #38-1880873**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2025**

| (a) | (b)  | (c)   | (e)              |
|-----|--|---|------------------|
|     | Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Current<br>Value |
|     | Invesco  | Global Opportunities Fund R   | \$ 25,190        |
|     | iShares  | Core S&P Small-Cap ETF  | 3,044            |
|     |  | Core S&P Mid-Cap ETF  | 2,030            |
|     |  | Fallen Angels ETF   | 3,193            |
|     |  | Global 100 ETF  | 4,231            |
|     |  | Russell Top 200 Growth  | 3,517            |
|     |  | S&P 500 Growth ETF  | 1,265            |
|     | Strategy Shares  | Nasdaq 7 Handl Index ETF  | 1,112            |
|     | The Real Estate  | Select Sect Spdr  | 392              |
|     | Schwab   | US Dvd Equity ETF   | 6,664            |
|     | The Select Sector  | SPDR Utilities  | 1,071            |
|     | SPDR   | Dow Jones Industrial Average ETF Trust  | 857              |
|     |  | Portfolio S&P 500 Growth  | 3,114            |
|     | JPMorgan   | Emerging Markets Equity R2  | 4,998            |
|     |  | Large Cap Growth-R2   | 32,704           |
|     |  | Mid Cap Growth R2   | 40,533           |
|     | Lord Abbett  | Bond-Debenture R3   | 74,447           |
|     | Macquarie Systematic                                       | Small Cap Value R   | 36,561           |
|     |  | Emerging Markets Equity Instl   | 1,561            |
|     | MFS  | Mid Cap Value Fund R2   | 31,467           |
|     |  | Global Equity I   | 11,080           |
|     | Neuberger  | Genesis In  | 6,648            |
|     | PIMCO  | Income Fund R   | 109,579          |
|     |  | Odyssey Growth  | 1,454            |
|     |  | Active Bond ETF   | 1,234            |
|     | T. Rowe  | Price Growth Stk R  | 142,402          |
|     |  | Price Blue Chip Growth  | 16,095           |
|     | Baird  | Aggregate Bond Inst   | 119,683          |
|     |  | Short Term Bond   | 164,061          |
|     | Columbia   | Mid Cap Index Fund Instl 2  | 372,243          |
|     | DFA  | International Small Company I   | 36,925           |
|     |  | Large Cap International I   | 352,910          |
|     | Dodge & Cox  | Income Fund X   | 162,579          |
|     | Putnam   | Large Cap Value Fd CI R6  | 507,457          |
|     |  | Global Technology - R   | 36,358           |
|     | Vanguard   | Dividend Apprec ETF   | 987              |
|     |  | FTSE Developed Markets ETF  | 3,624            |
|     |  | High Dividend Yield   | 3,406            |
|     |  | Real Estate ETF   | 180              |
|     |  | Short-Term Tips   | 2,563            |
|     |  | 500 Index Admiral   | 544,553          |
|     |  | Growth Index Admiral  | 507,589          |

**GRAND RAPIDS CHRISTIAN SCHOOLS  
403(b) TAX-SHELTERED ANNUITY PLAN  
PLAN 001  
EIN #38-1880873**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2025**

| (a) | (b)  | (c)  | (e)                 |
|-----|--|--|---------------------|
|     | Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value        | Current<br>Value    |
|     | Vanguard   | High Dividend Yield Index Fund Admiral Shares  | \$ 103,717          |
|     |  | Small Cap Index Adm  | 335,265             |
|     |  | Vanguard Windsor II Admiral  | 16,319              |
|     |  | Federal Money Market Investor  | 7,206               |
|     |  | Target Retirement 2020 Inv   | 136,961             |
|     |  | Target Retirement 2025 Inv   | 371,208             |
|     |  | Target Retirement 2030 Inv   | 722,332             |
|     |  | Target Retirement 2035 Inv   | 703,885             |
|     |  | Target Retirement 2040 Inv   | 466,262             |
|     |  | Target Retirement 2045 Inv   | 612,841             |
|     |  | Target Retirement 2050 Inv   | 420,462             |
|     |  | Target Retirement 2055 Inv   | 543,026             |
|     |  | Target Retirement 2060 Inv   | 220,925             |
|     |  | Target Retirement 2065 Inv   | 159,559             |
|     |  | Target Retirement 2070 Inv   | 630                 |
|     |  | Total Bond Market Index Adm  | 112,628             |
|     |  | Treasury Money Market Investor   | 125,567             |
|     | William Blair  | Small-Mid Cap Gr I   | 7,270               |
|     |  | Investments at fair value  | 9,783,827           |
| *   | Notes Receivable from<br>Participants                      | Loans to participants, Interest rates ranging from<br>4.5% -10.5%, maturing on various dates<br>through October 2029 | 18,523              |
|     |  | Total assets (held at end of year)   | <u>\$ 9,802,350</u> |

Note: With the exception of participant notes receivable, information provided related to investments is based on reports certified by the Plan's Custodian. Column (d), "Cost" is omitted as the cost of participant-directed investments is not required to be disclosed.

\* Party-in-interest as defined by ERISA.

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

For the plan year beginning 07/01/2024 and ending 06/30/2025

Name of plan

Grand Rapids Christian Schools 403(b) Tax Sheltered Annuity Plan

Employer Identification Number

38-1880873

Three-digit  
plan number

▶ 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|-----|---|---|----------|-------------------|
|     | AMERICAN CENTURY ULTRA                                    | MUTUAL FUND   |          | 21,138            |
|     | ABERDEEN INTERNATIONAL                                    | MUTUAL FUND   |          | 7,132             |
|     | AMERICAN FUNDS HI INC                                     | MUTUAL FUND   |          | 32,851            |
|     | AMERICAN FUNDS WASHINGTON MUTU                            | MUTUAL FUND   |          | 13,342            |
|     | BLACKROCK HEALTH SCIENCES                                 | MUTUAL FUND   |          | 11,926            |
|     | CARILLON EAGLE MID CAP                                    | MUTUAL FUND   |          | 31,971            |
|     | CLEARBRIDGE INTERNATIONAL GROW                            | MUTUAL FUND   |          | 11,476            |
|     | COHEN STEERS REAL ESTATE                                  | MUTUAL FUND   |          | 70,228            |
|     | COLUMBIA DIVIDEND INCOME                                  | MUTUAL FUND   |          | 124,844           |
|     | American Funds 2055                                       | MUTUAL FUND   |          | 14,911            |
|     | FEDERATED KAUFMANN SMALL CAP                              | MUTUAL FUND   |          | 73,268            |
|     | HARTFORD CORE EQUITY                                      | MUTUAL FUND   |          | 199,638           |
|     | INVESCO FLOATING RATE                                     | MUTUAL FUND   |          | 18,867            |
|     | INVESCO GLOBAL R  | MUTUAL FUND   |          | 53,661            |
|     | INVESCO GLOBAL  | MUTUAL FUND   |          | 25,190            |
|     | JP MORGAN EMERGING MARKETS                                | MUTUAL FUND   |          | 4,998             |
|     | JP MORGAN LARGE CAP GROWTH                                | MUTUAL FUND   |          | 32,704            |
|     | JP MORGAN MID CAP GROWTH                                  | MUTUAL FUND   |          | 40,533            |
|     | LORD ABBETT BOND  | MUTUAL FUND   |          | 74,447            |
|     | MFS MID CAP VALUE   | MUTUAL FUND   |          | 31,467            |
|     | PIMCO IMCOME FUND   | MUTUAL FUNDQ  |          | 109,579           |
|     | PUTNAM GLOBAL TECH  | MUTUAL FUND   |          | 36,358            |
|     | T ROWE PRICE GROWTH STOCK                                 | MUTUAL FUND   |          | 142,402           |
|     | AMERICAN FUND EURO  | MUTUAL FUND   |          | 374,996           |
|     | BAIRD AGGREGATE BOND                                      | MUTUAL FUND   |          | 119,683           |
|     | COLUMBIA MID CAP INDEX                                    | MUTUAL FUND   |          | 372,243           |
|     | DFA INTERNATIONAL SMALL CO                                | MUTUAL FUND   |          | 36,925            |
|     | DFA LARGE CAP   | MUTUAL FUND   |          | 352,910           |
|     | DODGE AND COX INCOME                                      | MUTUAL FUND   |          | 162,579           |
|     | VANGUARD 2030   | MUTUAL FUND   |          | 722,332           |
|     | Macquarie Small Cap                                       | MUTUAL FUND   |          | 36,561            |
|     | VANGUARD 2035   | MUTUAL FUND   |          | 703,885           |
|     | VANGUARD 2040   | MUTUAL FUND   |          | 466,262           |
|     | Macquarie Systematic Emerging                             | MUTUAL FUND   |          | 1,561             |
|     | VANGUARD 500 INDEX ADMIRAL                                | MUTUAL FUND   |          | 541,821           |
|     | VANGUARD HIGH DIVIDEND YIELD I                            | MUTUAL FUND   |          | 103,717           |
|     | VANGUARD FEDERAL MONEY MARKET                             | MUTUAL FUND   |          | 7,206             |
|     | VANGUARD 2020   | MUTUAL FUND   |          | 136,961           |
|     | VANGUARD 2025   | MUTUAL FUND   |          | 371,208           |

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

For the plan year beginning 07/01/2024 and ending 06/30/2025

Name of plan

Grand Rapids Christian Schools 403(b) Tax Sheltered Annuity Plan

Employer Identification Number

38-1880873

Three-digit  
plan number

▶ 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|-----|---|---|----------|-------------------|
|     | AMERICAN FUNDS AMERICAN BAL                               | MUTUAL FUND   |          | 229,836           |
|     | AMERICAN FUNDS MM   | MUTUAL FUND   |          | 15,998            |
|     | VANGUARD GROWTH INDEX ADMIRAL                             | MUTUAL FUND   |          | 507,589           |
|     | VANGUARD 2045   | MUTUAL FUND   |          | 612,841           |
|     | VANGUARD 2050   | MUTUAL FUND   |          | 420,462           |
|     | VANGUARD 2055   | MUTUAL FUND   |          | 543,026           |
|     | VANGUARD 2060   | MUTUAL FUND   |          | 220,925           |
|     | VANGUARD 2065   | MUTUAL FUND   |          | 159,559           |
|     | VANGUARD TOTAL BOND MARKET                                | MUTUAL FUND   |          | 112,628           |
|     | VANGUARD TREASURY MM                                      | MUTUAL FUND   |          | 125,567           |
|     | CARILLON REAMS CORE BOND                                  | MUTUAL FUND   |          | 5,803             |
|     | PUTNAM LARGE CAP VALUE                                    | MUTUAL FUND   |          | 507,457           |
|     | FEDERATED INSTL HIGH YIELD BON                            | MUTUAL FUND   |          | 3,524             |
|     | VANGUARD SMALL CAP INDEX ADM                              | MUTUAL FUND   |          | 335,265           |
|     | MFS GLOBAL EQUITY   | MUTUAL FUND   |          | 11,080            |
|     | T ROWE PRICE BLUE CHIP                                    | MUTUAL FUND   |          | 16,095            |
|     | Vanguard 500 index  | MUTUAL FUND   |          | 2,732             |
|     | VANGUARD WINDSOR II                                       | MUTUAL FUND   |          | 16,319            |
|     | WILLIAM BLAIR SMALL-MIDCAP GR                             | MUTUALFUND  |          | 7,271             |
|     | ENERGY SELECT SECTOR                                      | MUTUAL FUND   |          | 377               |
|     | NEUBERGER BERMAN GENESIS                                  | MUTUAL FUND   |          | 6,648             |
|     | GLOBAL X MLP ENERGY                                       | MUTUAL FUND   |          | 189               |
|     | PRIMECAP ODYSSEY GROWTH                                   | MUTUAL FUND   |          | 1,454             |
|     | FT PREFERRED SECUR  | MUTUAL FUND   |          | 1,257             |
|     | FIDELITY LOW VOLATILITY                                   | ETF   |          | 192               |
|     | FINANCIAL SECTOR SELECT SPDR                              | ETF   |          | 1,718             |
|     | FIRST TRUST EXCHANGE TRADED                               | ETF   |          | 742               |
|     | FIRST TRUST EXCHANGE VI                                   | ETF   |          | 1,735             |
|     | FIRST TRUST GLOBAL TACTICAL                               | ETF   |          | 640               |
|     | FIRST TRUST SENIOR LOAN                                   | ETF   |          | 1,306             |
|     | FLEXSHARES INT QUALDVD                                    | ETF   |          | 1,440             |
|     | HEALTH CARE SELCET SECTOR                                 | ETF   |          | 352               |
|     | GLOBAL X MLP  | ETF   |          | 621               |
|     | INVESCO QQQ TRUST SERIES                                  | ETF   |          | 5,321             |
|     | INVESCO S&P 500 DOWNSIDE                                  | ETF   |          | 2,566             |
|     | INVESCO S&P 500 TOP 50                                    | ETF   |          | 1,492             |
|     | INVESCO S&P SMALL CAP                                     | ETF   |          | 846               |
|     | ISHARES CORE S&P MID CAP                                  | ETF   |          | 2,030             |
|     | ISHARES CORE S&P SMALL                                    | ETF   |          | 3,044             |



**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  
 ▶ **Complete all entries in accordance with the instructions to the Form 5500.**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

**B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

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

**Part II Basic Plan Information --- enter all requested information**

|  |  |
|--|--|
| <b>1a</b> Name of plan<br>Grand Rapids Christian Schools 403(b) Tax Sheltered Annuity Plan   | <b>1b</b> Three-digit plan number (PN) ▶ 001                 |
|  | <b>1c</b> Effective date of plan<br>01/01/2009               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)<br><br>Grand Rapids Christian Schools<br><br>2400 Plymouth SE<br><br>US Grand Rapids MI 49506 | <b>2b</b> Employer Identification Number (EIN)<br>38-1880873 |
|  | <b>2c</b> Plan Sponsor's telephone number<br>(616) 574-6000  |
|  | <b>2d</b> Business code (see instructions)<br>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.

|                  |                                    |                |  |
|------------------|------------------------------------|----------------|--|
| <b>SIGN HERE</b> | <i>Aaron Winkle</i>                | <u>2/20/26</u> | Aaron Winkle   |
|                  | Signature of plan administrator    | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |                |  |
|                  | Signature of employer/plan sponsor | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |                |  |
|                  | Signature of DFE                   | Date           | Enter name of individual signing as DFE                      |

|  |  |
|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN              |
|  | <b>3c</b> Administrator's telephone number |
|  |  |

|   |               |
|---|---------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan name | <b>4b</b> EIN |
|   | <b>4d</b> PN  |

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 215 |
|---|----------|-----|

|  |              |     |
|--|--------------|-----|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).     |              |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .  | <b>6a(1)</b> | 215 |
| <b>a(2)</b> Total number of active participants at the end of the plan year . . . . .  | <b>6a(2)</b> | 184 |
| <b>b</b> Retired or separated participants receiving benefits . . . . .  | <b>6b</b>    | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits . . . . .   | <b>6c</b>    |     |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c . . . . .   | <b>6d</b>    | 184 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .   | <b>6e</b>    | 0   |
| <b>f</b> Total. Add lines 6d and 6e . . . . .  | <b>6f</b>    | 184 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . . | <b>6g(1)</b> | 215 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .       | <b>6g(2)</b> | 213 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .               | <b>6h</b>    | 0   |

|  |          |  |
|--|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . | <b>7</b> |  |
|--|----------|--|

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

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

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

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

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