Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HOPE CHRISTIAN SCHOOLS, INC.

8005 LOUISIANA BLVD., NE
ALBUQUERQUE, NM 87109

2b Employer Identification Number (EIN)
85-0244670

2c Plan Sponsor's telephone number
505-856-2709

2d Business code (see instructions)
611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	THOMAS A CROW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	THOMAS A CROW
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	219
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	172
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	190
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	228
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	228
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	128
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	127
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE CHRISTIAN SCHOOLS, INC.

D Employer Identification Number (EIN)
85-0244670

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

NATIONWIDE TRUST COMPANY
5100 RINGS ROAD
DUBLIN, OH 43017

31-1592130

(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)

NATIONWIDE LIFE INSURANCE CO.

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 19	CUSTODIAN	620	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

PATTISON PENSION SPECIALISTS, INC.

3150 CARLISLE, NE SUITE 211
ALBUQUERQUE, NM 87110

85-0437924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 17	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [X] No [ ]	8239	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLAZA, 12TH FLOOR
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

26-3415651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	BROKER-DEALER	0	Yes [X] No [ ]	Yes [X] No [ ]	24241	Yes [ ] No [X]

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)

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 27	RECORDKEEPER	13534	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

IRON FIDUCIARY

99-9552241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	3100	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	CUSTODIAN	22423	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE CHRISTIAN SCHOOLS, INC.

D Employer Identification Number (EIN)
85-0244670

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	494256	478854
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5203334	6072686
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5697590	6551540
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	2886	70
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	125	-20770
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3011	-20700
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5694579	6572240

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	165991	
(B) Participants	2a(1)(B)	364891	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		530882
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15904	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15904
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1422	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1422
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		738980
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1287188
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	392271	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		392271
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	17256	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		17256
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		409527
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		877661
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: LOFTIS AND LOVATO GROUP **(2)** EIN: 84-3463346

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		66373
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOPE CHRISTIAN SCHOOLS, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE CHRISTIAN SCHOOLS, INC.

D Employer Identification Number (EIN)
85-0244670

Part I Distributions

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

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

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

EIN(s): 31-4156830

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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 05 / 01 / 2015 (MM/DD/YYYY) and the Opinion Letter serial number J500865A .

LOFTIS & LOVATO
GROUP
CERTIFIED PUBLIC ACCOUNTANTS

Hope Christian Schools, Inc.
403(b) Plan

Financial Statements
and
Independent Auditor's Report

December 31, 2025 and 2024

Hope Christian Schools, Inc. 403(b) Plan
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LOFTIS & LOVATO
GROUP
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Board of Directors of Hope Christian Schools, Inc.
and the Plan Administrator of the Hope Christian Schools, Inc. 403(b) Plan

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

We have performed audits of the accompanying financial statements of the Hope Christian Schools, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Albuquerque, New Mexico
October 13, 2026

Financial Statements

Hope Christian Schools, Inc. 403(b) Plan

Statements of Net Assets Available for Benefits
December 31,

	2025	2024
Assets		
Investments, at fair value	**$ 6,551,540**	$ 5,697,590
Receivables		
Contributions receivable	**20,770**	-
Total assets	**6,572,310**	5,697,590
Liabilities		
Forfeitures payable	**70**	3,011
Total liabilities	**70**	3,011
Net assets available for benefits	**$ 6,572,240**	$ 5,694,579

The accompanying notes are an integral part of these financial statements.

Hope Christian Schools, Inc. 403(b) Plan
Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31,

	2025	2024
Additions to net assets attributed to		
Investment income		
Interest and dividends	**$ 17,327**	$ 21,401
Net appreciation in fair value of investments	**739,050**	536,373
Total investment income	**756,377**	557,774
Interest income on notes receivable from participants	**-**	141
Contributions		
Participants	**364,890**	322,501
Employer	**165,999**	152,645
Rollover	**-**	7,485
Total contributions	**530,889**	482,631
Total additions	**1,287,266**	1,040,546
Deductions from net assets attributed to		
Benefits paid to participants and beneficiaries	**392,279**	206,585
Administrative expenses	**17,326**	15,716
Total deductions	**409,605**	222,301
Increase in net assets available for benefits	**877,661**	818,245
Net assets available for benefits, beginning of year	**5,694,579**	4,876,334
Net assets available for benefits, end of year	**$ 6,572,240**	$ 5,694,579

The accompanying notes are an integral part of these financial statements.

Hope Christian Schools, Inc. 403(b) Plan
Notes to Financial Statements
December 31, 2025 and 2024

1) Description of Plan

The Hope Christian Schools, Inc. 403(b) Plan (the "Plan") was established on October 1, 1995 for the benefit of the employees of Hope Christian Schools, Inc. (the "School"). The School acts as the Plan sponsor and administrator. Participants should refer to the Plan document for a more complete description of the Plan.

General
The Plan is a defined contribution plan covering all employees of the School with the following exceptions: students who are employees, employees who normally work less than twenty (20) hours and resident aliens. Participants are eligible immediately if they are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions
Each year, participants may contribute up to the lesser of: a) 100% of eligible pre-tax compensation or b) $23,500 (the maximum annual amount that can be contributed to a 403(b) arrangement per the Internal Revenue Code for 2025 and $23,000 for 2024, as defined by the Plan. Participants who are age 50 or over at the end of the calendar year are permitted to make additional "catch-up" elective deferral contributions up to $7,500 in 2025 and 2024.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and money market funds as investment options for participants. The School's matching contributions are based on eligible participant contributions to the Plan each year. Participants are eligible for matching contributions if they make employee pretax or roth contributions. The School matches 100% of participant contributions to the Plan up to 4% of the participants' salary. The matching contributions are invested in the Plan each semi-monthly pay period.

Administrative Expenses
All reasonable Plan administration expenses, including those involved in retaining necessary professional assistance may be paid from the assets of the Plan to the extent permitted by the participant's individual agreements. These expenses may be allocated to all Plan participants, or for expenses directly related to one participant may be charged against that participant's account balance. The Administrator may, at its discretion, pay a portion or all of these expenses.

1) Description of Plan — continued

Forfeited Accounts
There were no forfeitures for the year ended December 31, 2025. For the year ended December 31, 2024, amounts forfeited from nonvested accounts totaled $4,743. There were balances of $70 and $3,011 in the forfeiture account as of December 31, 2025 and 2024, respectively.

Participant Rollovers
Participants are allowed to transfer or rollover funds into the Plan from other qualified plans. There was no rollover contributions for the year ended December 31, 2025. There was $7,485 in rollover contributions for the year ended December 31, 2024.

Participant Accounts
Each participant's account is credited with the participant's contributions and related matching contributions as well as the Plan earnings. Allocations of Plan earnings are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting
Participants are immediately vested in their contributions plus allocated earnings thereon. Vesting of the School's contributions of a participant's account is based on years of continuous service from the date of hire. A participant is vested in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than 1	0%
1 year but less than 2 years	25%
2 years but less than 3 years	50%
3 years but less than 4 years	75%
4 years but less than 5 years	100%

Investment Options
Upon enrollment in the Plan, a participant may direct their account balance in a variety of investment choices as more fully described in the Plan document. Participants may change their investment options at any time.

1) Description of Plan — continued

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of a) 50% of their vested account balance or b) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period, and the existing loan balance, as of the date of the loan. Loans are stated at unpaid principal balances, less an allowance for credit loss. There were no credit loss as of December 31, 2025 and 2024. At December 31, 2025, there were no outstanding notes receivable from participants.

Interest on loans is recognized over the term of the loan and is calculated using the interest method on principal amounts outstanding. The recognition of income on a loan is discontinued and previously accrued interest is reversed, when interest or principal payments become ninety (90) days past due unless, in the opinion of management, the outstanding interest remains collectible. Past due status is determined based on contractual terms. A loan is restored to accrual status when all interest and principal payments are current, and the participant has demonstrated to management the ability to make payments of principal and interest as scheduled.

The Plan's practice is to charge off any loan or portion of a loan when the loan is determined by management to be uncollectible due to the participant's failure to meet repayment terms. The allowance for credit is maintained at a level that, in management's judgment, is adequate to absorb credit losses inherent in the loan portfolio. The amount of the allowance is based on management's evaluation of the collectability of the loan portfolio, including the nature of the portfolio, credit concentrations, trends in historical loss experience, specific impaired loans, economic conditions and other risks inherent in the portfolio. Allowances for impaired loans are generally determined based on collateral values or the present value of estimated cash flows. The allowance is increased by a provision for loan credit loss, which is charged to expense, and reduced by charge-offs, net of recoveries. An allowance for credit loss was not considered necessary at December 31, 2025 and 2024.

1) Description of Plan — continued

Notes Receivable from Participants-continued
A loan is in default when a scheduled installment payment has not been received by the scheduled due date. If the participant fails to arrange for the repayment of missed payments, in a manner that is reasonable acceptable to the Plan Administrator, the remaining principal and accrued interest on the loan shall be declared due and payable. The missed payment must be received by the last day of the calendar quarter following the calendar quarter in which the last payment was due. After this date, the Plan Administrator will notify the participant in writing that the loan is in default and that the outstanding loan (included accrued interest) will become taxable and treated as a deemed distribution. There were no loans in default at December 31, 2025 and 2024.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or the amount will be annuitized based on the expected life of the participant or upon death, if applicable, the spouse will continue to receive 50% of the monthly amount the original participant was receiving. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when paid.

2) Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition
Investments are reported 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. 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.

2) Summary of Significant Accounting Policies – continued

Tax Status
The Plan Administrator believes that the Plan has been designed to comply with the requirements of section 403(b) of the Internal Revenue Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan does not believe it has taken any uncertain tax positions. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2022.

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

Date of Management's Review
Subsequent events were evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

3) Information Prepared and Certified by the Custodian

The following information included in the accompanying financial statements for the years ended December 31, 2025 and 2024 and the supplemental schedule as of December 31, 2025 were obtained from data that has been prepared and certified as complete and accurate by Nationwide Trust Company, FSB ("Nationwide"), the custodian, as of December 31,:

3) Information Prepared and Certified by the Custodian - continued

	2025	2024
Investments, at fair value		
Money market	**$ 478,854**	$ 494,256
Mutual funds	**6,072,686**	5,203,334
Total investments, at fair value	**$ 6,551,540**	$ 5,697,590
Interest income on notes receivable from participants	**$ -**	$ 141
Investment income	**$ 756,377**	$ 557,774

4) Investments

The following presents the fair value of investments at December 31,:

	2025	2024
Money market	**$ 478,854**	$ 494,256
Mutual funds	**6,072,686**	5,203,334
Total investments	**$ 6,551,540**	$ 5,697,590

The Plan's investments appreciated in value by $739,050 and $536,373 for the years ended December 31, 2025 and 2024, respectively.

5) Fair Value Measurement

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5) Fair Value Measurement – continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs consist of inputs that are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. The Plan did not have any investments reported at fair value that were not measured using Level 1 measurement.

Level 1 Fair Value Measurements – 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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value:

Money market fund – Value is stated at cost, which approximates fair value.

Mutual funds – Valued at the net asset value (NAV) of shares held by the Plan at year end. NAVs are calculated daily as of the close of business of the New York Stock Exchange. When calculating a fund's NAV, portfolio securities for which market quotations are readily available are generally valued at their market value, which typically is the last quoted sales price at the time of valuation. When there are no readily available market quotations for a security, the portfolio security is valued based on its fair value, which typically is the amount which the fund might reasonably expect to receive for the security upon a current sale. Mutual funds fall within level 1 of the fair value hierarchy under FASB ASC 820-10 due to the valuation process used.

5) Fair Value Measurement – continued

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

	Fair Value Measurement Using	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)
December 31, 2025		
Money market	$ 478,854	$ 478,854
Mutual funds	6,072,686	6,072,686
Total	$ 6,551,540	$ 6,551,540
December 31, 2024		
Money market	$ 494,256	$ 494,256
Mutual funds	5,203,334	5,203,334
Total	$ 5,697,590	$ 5,697,590

6) Party-In-Interest Transactions

Certain plan investments are managed by Nationwide Trust Company, FSB is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Participant loans are considered exempt party-in-interest transactions as defined by ERISA.

7) Plan Termination

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

8) Risks and Uncertainties

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

Supplemental Schedules

Hope Christian Schools, Inc. 403(b) Plan

Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 85-0244670, Plan Number 001

December 31, 2025

Party in Interest	Description of Investment	Cost	Current Value
	AMFDS 2040 TRGTDTRTRMT R6		$ 669,252
	FED HRMS GOV OBLGTNS PRMR		478,854
	STATE STREET BALANCED INDEX FUND - CLASS K		473,190
	AMFDS 2030 TRGTDTRTRMT R6		425,854
	VNGRD INFO TECH INDX ADML		312,843
	AMFDS 2025 TRGTDTRTRMT R6		273,755
	AMFDS 2035 TRGTDTRTRMT R6		238,283
	BNY MELLON DYNAMIC VALUE FUND - CLASS Y		237,258
	FID 500 INDX		211,588
*	NATIONWIDE INVESCO COR PLUS BND FND R6		210,851
*	NW LOOMIS COR BD R6		185,555
	PUTNAM LARGE CAP GROWTH FUND - CLASS Y		171,489
	FID US BD INDX		139,467
*	NW LOOMIS ALLCAP GR R6		133,475
*	NATIONWIDE GQG US QUALITY EQUITY FUND - CLASS R6		124,267
	FID LG CAP VAL INDX		121,496
	PIMCO REAL RTN INST		114,940
	AMFDS 2050 TRGTDTRTRMT R6		114,924
	GDMNSCS GQGPTNRINTLOPPR R6		95,158
	BLKRK STRAT INC OPPR I		93,957
	BLKRK 80/20 TRGTALLOC INST		87,975
	DFA INTL VAL		87,794
	FID US BD INDX		86,632
	AMFDS NEW WLD R6		85,106
	AMFDS AM HI INC TR R6		80,938
	FID LG CAP GR INDX		79,929
*	NW MEL DYNMC US COR R6		79,497
	AMFDS 2010 TRGTDTRTRMT R6		76,157
	NW BNY MELLON DYN U.S. EQ INC FUND CL R6		74,501
	AB GLOBAL BOND FUND - CLASS Z +		64,613
	AMFDS 2045 TRGTDTRTRMT R6		58,104
	INVESCO GLOBAL REAL ESTATE INCOME FUND - CLASS R6		47,223
	FID INFL PRTCT BD INDX		44,302
	FID MDCAP INDX		42,336

Hope Christian Schools, Inc. 403(b) Plan

Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) - continued

EIN: 85-0244670, Plan Number 001

December 31, 2025

Party in Interest	Description of Investment	Cost	Current Value
	BLKRK HI YLD BD PORT K		42,162
	AMFDS 2060 TRGTDTRTRMT R6		41,936
*	NATIONWIDE GENEVA MID CAP GROWTH FUND - R6 CLASS		41,251
	COLUMBIA COMMODITY STRATEGY FUND - INSTITUTIONAL 3		40,678
	AMFDS 2020 TRGTDTRTRMT R6		39,307
	AVNTS US SMCAP VAL INST		28,169
	COLUMBIA OVERSEAS VALUE FUND - INSTITUTIONAL 3 CLA		27,196
	EUPAC FUND - CLASS R6		26,803
	FNKLN SMCAP GR R6		25,548
	PRNCPL MDCAP R6		24,875
	FIDADV STRAT DIVD INC INST		24,802
	VNGRD SM CAP INDX FD AS		23,486
	VNGRD TTL STMKT INDX FD AS		23,078
	BAIRD COR PLS BD INST		22,470
	VNGRD WLSLY INC ADML		20,419
	TROWEPR COMM TECH		20,181
	FID TTL INTL INDX		19,421
	DODGECOX INTL STK I		19,388
	BLKRK HLTH SCNC OPPR INST		18,576
	FIDELITY ADVISOR BALANCED FUND - CLASS I		18,335
	ARTISAN INTL VAL INST		14,507
	FIDELITY U.S. SUSTAINABILITY INDEX FUND		14,268
	AMFDS US GOVT SEC R6		14,200
	FID INTL INDX		12,376
	AMFDS 2055 TRGTDTRTRMT R6		11,757
	PGIM TTL RTN BD R6		11,393
	VIRTUS ALLNZGI TECH INST +		10,895
	DFA US LGCAP VAL INST +		10,518
	PRNCPL GLBL REALEST R6		9,947
	AMFDS 2065 TRGTDTRTRMT R6		9,801
	AMERICAN FUNDS MORTGAGE FUND - CLASS R-6		8,099
	VNGRD EXPLR ADML		6,093
	AVANTIS EMERGING MARKETS EQUITY FUND - INSTITUTION		5,769
	BLKRK TTL RTN K		5,736

Hope Christian Schools, Inc. 403(b) Plan

Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) - continued

EIN: 85-0244670, Plan Number 001

December 31, 2025

Party in Interest	Description of Investment	Cost	Current Value
	MFS MDCAP GR R6		4,640
	DIAMOND HILL MDCAP I		4,179
	VICTORY SYCAMORE ESTABLISHED VALUE FUND - CLASS I		3,310
	DFA INFL PRTCT SEC INST		3,282
	FID TTL MKT INDX		2,587
	COHENSTRS REALEST SEC INST		2,507
	PGIM HI YLD Z		2,016
	BLKRK MDCAP GR EQ INST		1,943
	DFA INTL LGCAP GR		1,857
	AVANTIS U.S. LARGE CAP VALUE FUND +		1,815
	JPM LGCAP GR R6		1,807
	DFA GLBL REALEST SEC INST		1,335
	ALPS CRCOMMGCPLTCOMSTRAT I +		1,262
	AMBCN INTL EQ R5		1,180
	JPM EQ INC R5		1,176
	PIMCO INTL BDUSDLRHDGINST		1,140
	PIMCO EMRGMKTLCLCRNBD INST		317
	AB GLBL BD I		184
			$ 6,551,540

Hope Christian Schools, Inc. 403(b) Plan
Form 5500 Schedule H, Part IV, Line 4i – Schedule of Delinquent Contributions
EIN: 85-0244670, Plan Number 001
December 31, 2025

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 66,373	$ 66,373	$ -	$ -	$ -

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

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

Hope Christian Schools, Inc. 403(b) Plan

Employer Identification Number

85-0244670

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
	VIC STC ESTBLSHD VAL I	Mutual Fund-1032.0017 sh		1,815
	COLUMBIA OVERSEAS VALUE FUND	Mutual Fund-21937.6161 sh		27,196
	PRNCPL MDCAP R6	Mutual Fund-19077.8101 sh		247,875
	AMERICAN FUNDS MORTGAGE FUND	Mutual Fund-7726.233 sh		8,099
	COLUMBIA COMMODITY STATEGY FUN	Mutual Fund-36404.2479 sh		40,678
	FIDELITY US SUSTAINABILITY IN	Mutual Fund-12863.2825 sh		14,268
	INVESCO GLOBAL REAL ESTATE IN	Mutual Fund -45390.6592 sh		47,233
	BNY MELLON DYNAMIC VALUE FUND	Mutual Fund-225710.929 Sh		237,258
	FIDELITY ADVISOR BALANCED FUND	Mutual Fund - 16002.1232 sh	0	18,335

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

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

Hope Christian Schools, Inc. 403(b) Plan

Employer Identification Number

85-0244670

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
	Ab Glbl Bd I	Mutual Fund-158.0718 sh		184
	Virtus Allnzgi Tech Inst+	Mutual Fund-1054.0993 sh		10,895
	Amfds 2010 Trgtdtrtrmt R6	Mutual Fund-44441.4996 sh		76,157
	Amfds 2020 Trgtdtrtrmt R6	Mutual Fund-21190.4321 sh		39,307
	Amfds 2025 Trgtrdtrtrmt R6	Mutual Fund-138142.38889 sh		273,755
	Amfds 2030 Trgtdtrtrmt R6	Mutual Fund-195375.1472 sh	0	425,854
	Amfds 2035 Trgdtrtrmt R6	Mutual Fund-97803.5776 sh		238,283
	Amfds 2040 Trgtdtrtrmt R6	Mutual Fund-253993.26995 sh		669,248
	Amfds 2045 Trgtdtrtrmt R6	Mutual Fund-21534.4503 sh	0	58,104
	Amfds 2050 Trgtdtrtrmt R6	Mutual Fund-42324.6275 sh		114,924
	Amfds 2055 Trgtdtrtrmt R6	Mutual Fund-4327.9166 sh		11,757
	Amfds 2060 Trgtdtrtrmt R6	Mutual Fund-17939.0962 sh		41,936
	Amfds 2065 Trgtdtrtrmt R6	Mutual Fund-5814.2629 sh		98,001
	Amfds New Wld R6	Mutual Fund-29825.7245 sh		85,106
	Artisan Intl Val Inst	Mutual Fund-7164.8036 sh		14,507
	ALPS CROCOMMGCPLTCOMSTRAT 1+	Mutual Fund-1054.0993 sh		1,262
	Baird Cor Pls Bd Inst	Mutual Fund-19799.9801 sh		22,470
	Blkrk 80/20 Trgtalloc Inst	Mutual Fund-54520.0597 sh		87,975
	Blkrk Hi Yld Bd Port K	Mutual Fund-25754.1124 sh		42,162
	Blkrk Hlth Scnc Oppr Inst	Mutual Fund-7460.4709 sh		18,576
	Blkrk Mdcap Gr Eq Inst	Mutual Fund-1194.6747 sh		1,943
	Blkrk Strat Inc Oppr I	Mutual Fund-70648.0209 sh		93,957
	Blkrk Ttl Rtn K	Mutual Fund-5164.3470 sh		5,736
	AMFDS AM HI INC TR R6	Mutual Fund-33160.7249		80,938
	COHENSTRA REAKEST SEC INST	Mutual Fund-1624.9355 sh		2,507
	EUPAC FUND - CLASS R6	Mutual Fund-8935.8597 sh		26,803
	AMFDS US GOVT SEC R6	Mutual Fund-12852.1538 sh		14,200
	Dfa Glbl Realest Sec Inst	Mutual Fund-681.4015 sh		1,335
	Dfa Infl Prtct Sec Inst	Mutual Fund-2632.9744 sh		3,282
	Dfa Us Lgcap Val Inst	Mutual Fund-2596.4434 sh		10,518
	Diamond Hill Mdcap I	Mutual Fund-2045.0324 sh		4,179
	Dogecox Intl Stk I	Mutual Fund-7061.9196 sh		19,388
	Fed Hrms Gov Oblgtns Prmr	Mutual Fund-722837.8315 sh		4,478,783
	DFA INTL LGCAP GR	Mutual Fund-1476.1610 sh		1,857
	Fid 500 Indx	Mutual Fund-79959.5156 sh		511,588
	Fid Infl Prtct Bd Indx	Mutual Fund-36901.4898 sh		44,302
	Fid Intl Indx	Mutual Fund-6862.6911 sh		12,376
	Fid Ttl Mkt Indx	Mutual Fund-1026.3908 sh		2,587
	Fid Us Bd Indx	Mutual Fund-126784.0229 sh		139,467

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

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

Hope Christian Schools, Inc. 403(b) Plan

Employer Identification Number

85-0244670

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
	State Street Bal Index Fund K	Mutual Fund-421653.6820 sh	0	473,190
	Fidadv Strat Divd Inc Inst	Mutual Fund-19821.1523 sh		24,802
	Gdmnscs Gqgptnrintloppr R6	Mutual Fund-68150.6575 sh		95,158
	DFA INTL VAL	Mutual Fund-34360.9391 sh	0	87,794
	Jpm Eq Inc R5	Mutual Fund-557.4913 sh		1,176
	Jmp Lgcap Gr R6	Mutual Fund-223.4624 sh		1,807
	Mfs Mdcap Gr R6	Mutual Fund-2423.4399 sh		4,640
*	NW INVESCO COR PLUS BND FND	Mutual Fund-185159.4211 sh		210,851
*	NW Loomis Allcap Gr R6	Mutual Fund-45585.3734 sh	0	133,475
	Pgim Ttl Rtn Bd R6	Mutual Fund-10087.0127 sh		11,393
	Pimco Emgrmktlclcrnbd Inst	Mutual Fund-282.1660 sh		317
	Pimco Intl Bdusdlrhdginst	Mutual Fund-808.3908 sh		1,140
	Pimco Real Rtn Inst	Mutual Fund-76140.8744 sh		114,940
	NWLOOMIS COR BD R6	Mutual Fund-178104.8795 sh		185,555
	Prncpl Glbl Realest R6	Mutual Fund-11250.1153 sh		9,947
	FNKLN SMCAP GR R6	Mutual Fund-25762.7368 sh		25,548
	Ptnm Lgcap Gr Y	Mutual Fund-98726.2063 sh		171,489
	Trowepr Comm Tech	Mutual Fund-5172.3573 sh		20,181
	FID GLBL EXUS INDX	Mutual Fund-68421.8457 sh		86,632
	Vngrd Explr Adml	Mutual Fund-2295.1317 sh		6,093
	Vngrd Info Tech Indx Adml	Mutual Fund-71053.9682 sh		312,843
	FID LG CAPGR INDX	Mutual Fund-245007.1706 sh		79,929
	FID LG CAP VAL INDX	Mutual Fund-88913.5052 sh		121,496
	Vngrd Wlsly Inc Adml	Mutual Fund-12087.5793 sh		20,419
	Avnts Emg Mkt Eq Inst	Mutual Fund4472.3542 sh		5,769
	Avnts US Smcap Val Inst	Mutual Fund-19116.4004 sh		28,169
	NW BNY MELLON DYN US EQ INC FU	Mutual Fund-54202.2369 sh		74,501
	NW MEL DYNMC US COR R6	Mutual Fund-9946.3771 sh		79,497
	FID MDCAP INDX	Mutual Fund-21642.1337 sh	0	42,336
	PGIM HI YLD Z	Mutual Fund-1154.9523 sh		2,016
	VANGRD SM CAP INDX FD AS	Mutual Fund-8893.4950 sh		23,486
	VNGRD TTL STMKT INDEX FD AS	Mutual Fund-6326.1980 sh		23,078
	VNGRD WLSLY INC ADML	Mutual Fund-12087.5793 sh		20,419
	AMERICAN BEACON INTERNATIONAL	Mutual Fund-479.5240 sh		1,180
	BA GLOBAL BOND FUND	Mutual Fund-62480.1233 sh		64,613
	NW GQG US QUALITY EQUITY FUND	Mutual Fund-93394.8674 sh		124,267
	AVNTS US LGCAP VAL INST	Mutual Fund-1211.0795 sh		3,310
	FID TTL INTL INDX	Mutual Fund-15675.1596 sh		19,421
	NW GENEVA MID CAP GROWTH FUND	Mutual Fund-42230.8758 sh		41,251

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2025 and Ending 12/31/2025
Name of Plan: Hope Christian Schools, Inc. 403(b) Plan
Employer Identification Number: 85-0244670 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$66,373	$66,373			