

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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		
1a Name of plan <u>HERITAGE HALL 403(B) DC AND TDA PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HERITAGE HALL</u> <u>1800 NW 122ND STREET</u> <u>OKLAHOMA CITY, OK 73120</u>		
1c Effective date of plan <u>07/01/1981</u>		
2b Employer Identification Number (EIN) <u>73-0783395</u>		
2c Plan Sponsor's telephone number <u>405-749-3001</u>		
2d Business code (see instructions) <u>611000</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	BETTY CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 429
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) 185
a(2) Total number of active participants at the end of the plan year		6a(2) 186
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 237
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 423
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 6
f Total. Add lines 6d and 6e		6f 429
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 422
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL	D Employer Identification Number (EIN) 73-0783395

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

(a) Name of insurance carrier TIAA-CREF
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	337119	387	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	10905831
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4391438

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	10948136
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c	Additions: (1) Contributions deposited during the year	7c(1)	60070	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	417185	
	(4) Transferred from separate account.....	7c(4)	854750	
	(5) Other (specify below)	7c(5)	14286	

▶ MISCELLANEOUS

(6) Total additions.....	7c(6)	1346291
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d Total of balance and additions (add lines 7b and 7c(6))	7d	12294427
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	951770	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	415973	
(4) Other (specify below)	7e(4)	20853	

▶ MISCELLANEOUS

(5) Total deductions.....	7e(5)	1388596
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10905831
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL	D Employer Identification Number (EIN) 73-0783395	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

TWO WEST CAPITAL ADVISORS

1582 N 1060 ROAD
LAWRENCE, KS 66046

27-3055170

(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	ADVISOR	35241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	20883	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TAG RESOURCES, LLC

6501 DEANE HILL DRIVE
KNOXVILLE, TN 37919-6006

62-1874769

(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?
14 31 64	NONE	18273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL	D Employer Identification Number (EIN) 73-0783395	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308091
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>HERITAGE HALL 403(B) DC AND TDA PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HERITAGE HALL</u>		D Employer Identification Number (EIN) <u>73-0783395</u>

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)	9340	3451
(2) Participant contributions.....	1b(2)	209	142
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	16601	10523
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	303996	308091
(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)	17693125	13395669
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10948136	10905831
(15) Other	1c(15)	22880	17174

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28994287	24640881

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28994287	24640881
---	-----------	----------	----------

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)	788051	
(B) Participants	2a(1)(B)	616798	
(C) Others (including rollovers)	2a(1)(C)	10750	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1415599
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	574	
(F) Other	2b(1)(F)	417185	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		417759
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	387016	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		387016
(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)		26734
(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)		-4003803
c Other income	2c		14258
d Total income. Add all income amounts in column (b) and enter total	2d		-1742437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2299928	
(2) To insurance carriers for the provision of benefits	2e(2)	237009	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2536937
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	74415	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		74415
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2611352
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4353789
l Transfers of assets:			
(1) To this plan	2l(1)		383
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: COULTER & JUSTUS

(2) EIN: 62-1532536

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL		D Employer Identification Number (EIN) 73-0783395
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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 _____

Financial Statements
and Supplemental Schedule

Heritage Hall 403(b) DC and TDA Plan

*As of December 31, 2022 and 2021, and
for the year ended December 31, 2022
with Independent Auditor's Report*

Heritage Hall 403(b) DC and TDA Plan

Financial Statements and Supplemental Schedule

As of December 31, 2022 and 2021, and
for the year ended December 31, 2022

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Independent Auditor's Report

Plan Administrator
Heritage Hall 403(b) DC and TDA Plan

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

We were engaged to perform an audit of the financial statements of the Heritage Hall 403(b) DC and TDA 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, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Plan Administrator
Heritage Hall 403(b) DC and TDA Plan

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment loss and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related investment loss and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related investment loss and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining 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.

Plan Administrator
Heritage Hall 403(b) DC and TDA Plan

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



Coulter & Justus, P.C.

October 13, 2023
Knoxville, Tennessee

Heritage Hall 403(b) DC and TDA Plan

Statements of Net Assets Available for Benefits

	December 31	
	2022	2021
Assets		
Investments at fair value	\$ 16,588,568	\$ 20,167,198
Investments at contract value	4,428,516	4,365,090
Total investments	21,017,084	24,532,288
Receivables:		
Employer cash contributions	3,451	9,340
Participant cash contributions	142	209
Notes receivable from participants	10,523	16,601
Total receivables	14,116	26,150
Net assets available for benefits	\$ 21,031,200	\$ 24,558,438

See accompanying Notes to Financial Statements.

Heritage Hall 403(b) DC and TDA Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2022

Additions

Investment (loss) income:

Net depreciation in fair value of investments	\$ (3,451,884)
Dividend and interest income	730,225

Net investment loss	(2,721,659)
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Interest income on notes receivable from participants	574
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Cash contributions:

Employer	788,051
Participants	616,798
Participant rollovers	10,750

Total cash contributions	1,415,599
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Transfer in from other qualified plan	383
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Total additions, net of investment loss	(1,305,103)
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Deductions

Benefits paid to participants	2,161,978
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Administrative expenses to parties-in-interest, net	60,157
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Total deductions	2,222,135
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Net decrease	(3,527,238)
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Net assets available for benefits at beginning of year	24,558,438
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Net assets available for benefits at end of year	<u>\$ 21,031,200</u>
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See accompanying Notes to Financial Statements.

Heritage Hall 403(b) DC and TDA Plan

Notes to Financial Statements

December 31, 2022

1. Description of the Plan

The following description of the Heritage Hall 403(b) DC and TDA Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan available to eligible employees of Heritage Hall School, Inc. (the Employer). Employees can elect to participate on their date of hire. Students who are employed by the Employer are generally excluded from participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Employer is responsible for oversight of the Plan. Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) (collectively, TIAA and CREF), are the insurance carriers of the Plan. TIAA also serves as the recordkeeper of the Plan.

Contributions

Each year, participants may contribute up to the maximum allowed by law, as defined in the Plan. In addition, participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants can change the investment options previously elected at any time.

The Employer makes nonelective contributions equal to 5% of a participant's compensation for participants that are 21 years of age and have completed one year of service, as defined. The Employer also makes matching contributions equal to 100% of the participant's contributions up to 5% of the participant's compensation for participants that are 40 years of age or older and have completed one year of service, as defined. Employees who normally work less than 20 hours per week are excluded from nonelective and matching contributions. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Self-directed Brokerage Accounts

The Plan allows participants to maintain self-directed participant accounts with an approved brokerage firm. The participants' contributions are sent directly to the brokerage firm and these accounts are subject to the direction of the participant. A self-directed participant account receives all the income it earns and bears all the expense or loss it incurs.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings on these contributions. Vesting in the Employer's matching contribution and nonelective contribution portion of their accounts plus related earnings is based on years of vesting service in which the participants complete 1,000 hours of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	25%
2	50%
3	75%
4 or more	100%

Note Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. If the loan is being taken from a TIAA or CREF Annuity, further limitations apply, as defined in the Plan. The notes are secured by the balance in the participant's account. The notes are required to bear interest and to be repaid over periods not exceeding five years, except for those utilized for the acquisition or improvement of a qualified principal residence, which may be repaid over ten years. Principal and interest are paid ratably.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Payment of Benefits

If the participant's vested benefit in the Plan does not exceed \$5,000 (\$1,000 prior to September 1, 2022) at the time of termination of employment, the participant's benefit may be distributed in a single lump-sum payment as soon as administratively feasible. If the participant's vested benefit in the Plan exceeds \$5,000 (\$1,000 prior to September 1, 2022) at the time of termination of employment, the participant may elect to maintain their account in the Plan, receive a lump-sum distribution, or rollover their account balance into another individual retirement account. The participant may also elect to receive installment payments of the vested portion of his or her account over a period not to exceed the life expectancy of the participant or the joint and last survivor life expectancy of the participant and the designated beneficiary, or to apply the vested portion of his or her account toward the purchase of an annuity contract. Participants may also withdraw their vested account balances at any time on or after the age of 59½, or upon retirement, death or disability. The Plan permits in-service and hardship withdrawals under certain conditions.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to pay administrative expenses or to reduce future Employer contributions. During 2022, Employer contributions were reduced by \$5,797 from forfeited non-vested accounts. As of December 31, 2022 and 2021, forfeited non-vested accounts total \$37,347 and \$6,968, respectively.

2. Significant Accounting Policies

Basis of Accounting

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

Use of 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 certain reported amounts and disclosures and changes therein. Accordingly, actual results could differ from those estimates.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value except for fully benefit-responsive investment contracts which are reported at contract value (see Note 7). 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. The Employer determines the Plan's valuation policies utilizing information provided by TIAA and CREF. See Note 6 for 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 depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

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. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make scheduled repayments and the Plan administrator deems the note receivable to be in default, the note receivable balance is reduced and a benefit payment recorded.

Benefits Paid to Participants

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

The Plan participates in an expense offset arrangement; whereby certain third-party expenses are paid with rebates received by the Plan from investment managers. During 2022, the Plan received investment manager rebates of \$14,258, which were offset against administrative expenses of \$74,415 paid to parties-in-interest. The net administrative expenses are included in the accompanying statement of changes in net assets available for benefits.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2023, the date the financials were available to be issued. The Plan was amended effective January 1, 2023 to exclude employees who normally work less than 20 hours per week from participating in the Plan.

3. Excluded Investments

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. Investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

4. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and note receivable from participant held as of December 31, 2022 and 2021, and net depreciation in fair value of investments, dividend and interest income, and interest income on note receivable from participant for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF.

Self-directed brokerage accounts, included in investments at fair value in the accompanying statements of net assets available for benefits, totaling \$17,174 and \$22,880 as of December 31, 2022 and 2021, respectively, have not been certified. During 2022, depreciation in the fair value of investments and dividend income totaling \$(7,794) and \$2,106, respectively, have also not been certified.

5. Concentrations

The Plan has one investment representing greater than 20% of net assets available for benefits as of December 31, 2022 and 2021.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

6. 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 below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.
- Level 2 Inputs to the 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 fair value measurement level within the fair value hierarchy for assets and liabilities is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

TIAA traditional annuity contracts (non-benefit responsive contracts): Valued at fair value which is equal to the accumulated cash contributions, interest credited, and transfers in less any withdrawals and transfers out.

Variable annuity accounts: Accounts invest primarily in equity securities, fixed-income instruments and short-term investments. Valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). The mutual funds held by the Plan are deemed to be actively traded.

Self-directed accounts: Investments in the self-directed brokerage accounts consist of mutual funds which are valued daily using quoted market prices in active markets.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	Level 1	Level 2	Level 3	Total
2022:				
TIAA traditional annuity contracts	\$ —	\$ —	\$4,732,143	\$ 4,732,143
Variable annuity accounts	—	2,526,929	—	2,526,929
Mutual funds	9,312,322	—	—	9,312,322
Self-directed accounts	17,174	—	—	17,174
Investments at fair value	<u>\$ 9,329,496</u>	<u>\$2,526,929</u>	<u>\$4,732,143</u>	<u>\$16,588,568</u>
2021:				
TIAA traditional annuity contracts	\$ —	\$ —	\$4,826,858	\$ 4,826,858
Variable annuity accounts	—	3,888,357	—	3,888,357
Mutual funds	11,429,103	—	—	11,429,103
Self-directed accounts	22,880	—	—	22,880
Investments at fair value	<u>\$11,451,983</u>	<u>\$3,888,357</u>	<u>\$4,826,858</u>	<u>\$20,167,198</u>

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2022 and 2021:

	<u>TIAA Traditional Annuity Contracts</u>
Balance, January 1, 2021	\$ 4,872,098
Investment income	166,466
Purchases	1,340,059
Sales	(1,551,765)
Balance, December 31, 2021	<u>4,826,858</u>
Investment income	194,168
Purchases	414,399
Sales	(703,282)
Balance, December 31, 2022	<u>\$ 4,732,143</u>

Investment income, noted above, is reported in dividend and interest income in the statement of changes in net assets available for benefits.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Qualitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2022 and 2021, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value 12/31/2022	Fair Value 12/31/2021	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Annuity contract	\$4,732,143	\$4,826,858	Discounted cash flow	Risk-adjusted discount rate	3% - 6.5%

In estimating fair value of investments in level 3, Plan management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Plan management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments and overall credit ratings.

7. TIAA Traditional Benefit Responsive Contracts

The Plan invests in fully benefit-responsive investment contracts with TIAA totaling \$4,428,516 and \$4,365,090 as of December 31, 2022 and 2021, respectively. TIAA maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract provides a guaranteed minimum rate of interest between 1% and 3%.

The contracts meet the fully benefit-responsive investment criteria and therefore are reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

7. TIAA Traditional Benefit Responsive Contracts (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to Plan documents (including complete or partial Plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Employer or other Employer events that cause a significant withdrawal from the Plan, the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guideline, a breach of material obligation under the contract, a material misrepresentation or a material amendment to the agreement without consent of the issuer.

8. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are in accounts of TIAA and CREF; therefore, these transactions qualify as party-in-interest transactions. Net depreciation and dividend and interest income from investments held with parties-in-interest total \$(1,175,593) and \$413,837 in 2022, respectively. Notes receivable from participants and participant contributions are also considered to be party-in-interest transactions. Employer contributions are considered to be both party-in-interest and related party transactions.

9. Plan Termination

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

10. Tax Status

The Plan adopted a volume submitter plan sponsored by TIAA which had received an advisory letter dated August 7, 2017, from the IRS which stated the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC) Section 403(b). Although the plan has been amended since receiving the advisory letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

11. Risks and Uncertainties

The Plan invests in various investment securities which are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

12. Net Assets Available for Benefits

In November 2007, the Department of Labor issued amended regulations eliminating an exemption granted to 403(b) Plans from annual Form 5500 reporting, disclosure and audit requirements under Title I of ERISA. The removal of this exemption subjected the Plan to audit and expanded Form 5500 reporting requirements for the first time beginning with the Plan's year ended December 31, 2009. The Plan and the issuers/agents have not maintained sufficiently detailed accounting records relating to the Plan's annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, the completeness of the Plan's net assets available for benefits as of December 31, 2022 and 2021, and changes in net assets available for benefits for the year ended December 31, 2022, could not be verified.

13. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per financial statements	\$21,031,200	\$24,558,438
Net assets of certain accounts excluded from the financial statements as permitted by DOL Bulletin No. 2009-02 (see Note 12)	3,609,681	4,435,849
Net assets available for benefits per Form 5500	<u>\$24,640,881</u>	<u>\$28,994,287</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of the Form 5500 for the year ended December 31, 2022:

Decrease in net assets available for benefits per financial statements	\$ (3,527,238)
Change in net assets related to certain accounts excluded from the financial statement as permitted by DOL Bulletin 2009-02 (see Note 12)	(826,168)
Net loss per Form 5500	<u>\$ (4,353,406)</u>

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited)

December 31, 2022

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value:			
Annuities:			
*CREF	CREF Stock R1	(1)	\$ 573,792
*CREF	CREF Money Market R1	(1)	35,344
*CREF	CREF Social Choice R1	(1)	65,699
*CREF	CREF Core Bond R1	(1)	76,253
*CREF	CREF Global Equities R1	(1)	173,843
*CREF	CREF Growth R1	(1)	477,027
*CREF	CREF Equity Index R1	(1)	213,978
*CREF	CREF Inflation-Linked Bond R1	(1)	57,615
*TIAA	TIAA Real Estate	(1)	240,014
*TIAA	TIAA Access Bond Plus T4	(1)	1,777
*TIAA	TIAA Access Bond T4	(1)	23,686
*TIAA	TIAA Access Equity Index T4	(1)	12,320
*TIAA	TIAA Access Growth & Income T4	(1)	5,446
*TIAA	TIAA Access Inflnkd Bond T4	(1)	7,791
*TIAA	TIAA Access Intl Equity T4	(1)	5,438
*TIAA	TIAA Access Lfeyl Rtmt Inc T4	(1)	11,711
*TIAA	TIAA Access Lg-Cap Val T4	(1)	18,424
*TIAA	TIAA Access Lifecycle 2015 T4	(1)	34,833
*TIAA	TIAA Access Lifecycle 2020 T4	(1)	3,940
*TIAA	TIAA Access Lifecycle 2025 T4	(1)	140,424
*TIAA	TIAA Access Lifecycle 2030 T4	(1)	64,780
*TIAA	TIAA Access Lifecycle 2035 T4	(1)	21,485
*TIAA	TIAA Access Lifecycle 2040 T4	(1)	57,710
*TIAA	TIAA Access Lifecycle 2045 T4	(1)	31,924
*TIAA	TIAA Access Lifecycle 2050 T4	(1)	98,271
*TIAA	TIAA Access Mid-Cap Gr T4	(1)	3,855
*TIAA	TIAA Access Mid-Cap Val T4	(1)	2,811
*TIAA	TIAA Access Money Market T4	(1)	13,536
*TIAA	TIAA Access Real Est Secs T4	(1)	23,721
*TIAA	TIAA Access Sm-Cap Bl Idx T4	(1)	440
*TIAA	TIAA Access Quant Sml Cp Eq T4	(1)	10,001
*TIAA	TIAA Access Social Ch Eq T4	(1)	12,282
*TIAA	TIAA Access Lifecycle 2055 T4	(1)	5,603
*TIAA	TIAA Access Lifecycle 2060 T4	(1)	1,155
*TIAA	TIAA Traditional Non-Benefit Responsive	(1)	4,613,119
*TIAA	TIAA Traditional Non-Benefit Responsive 2	(1)	119,024
Total annuities			7,259,072

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited) (continued)

December 31, 2022

Investments at fair value (continued):

Mutual funds:

*TIAA-CREF	TIAA-CREF Intl Eq Inx-Inst	(1)	\$ 2,561,402
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2040-Inst	(1)	2,962
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2050-Inst	(1)	2,697
Blackrock	Blackrock US Total Bond IX K	(1)	160,201
DFA	DFA LTIP Port Institutional	(1)	1,214,022
Schwab	Schwab S&P 500 Index Fund	(1)	190,020
State Street	State Street Aggrgte Bnd Idx K	(1)	330,227
State Street	State Street Sm Md Cp Eq Idx K	(1)	650,643
State Street	State Street Equity 500 Idx K	(1)	2,661,942
Vanguard	Vanguard Federal Money Market Inv	(1)	44,524
Vanguard	Vanguard FTSE Social Index Adm	(1)	113,375
Vanguard	Vanguard Ttl Intl Bnd Idx Adm	(1)	572,790
Vanguard	Vanguard Growth Index Adm	(1)	164,683
Vanguard	Vanguard Real Estate Idx Adm	(1)	1,515
Vanguard	Vanguard Small-Cap Grw Idx Adm	(1)	34,835
Vanguard	Vanguard Small-Cap Val Idx Adm	(1)	172,089
Vanguard	Vanguard Ttl Intl Stk Idx Adm	(1)	111,792
Vanguard	Vanguard Value Index Adm	(1)	1,789
Vanguard	Vanguard Extended Mkt Idx Adm	(1)	2,296
Vanguard	Vanguard Emr Mkts Stk Idx Adm	(1)	66,441
Vanguard	Vanguard Short-Trm Bd Idx Adm	(1)	252,077
Total mutual funds			<u>9,312,322</u>

Self-directed brokerage accounts	(1)	17,174
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Total investments at fair value		<u>16,588,568</u>
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Investments at contract value:

*TIAA	TIAA Traditional Benefit Responsive	(1)	992,878
*TIAA	TIAA Traditional Benefit Responsive 2	(1)	3,435,638
Total investments at contract value			<u>4,428,516</u>

*Participant note receivable	Loan bearing interest at a rate of 4.25%, to be repaid through 2024	-	10,523
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Total assets held for investment purposes at end of year		<u><u>\$ 21,027,607</u></u>
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* Represents a party-in-interest to the Plan.

(1) Cost information has been omitted, since these investments are participant-directed.

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited)

December 31, 2022

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value:			
Annuities:			
*CREF	CREF Stock R1	(1)	\$ 573,792
*CREF	CREF Money Market R1	(1)	35,344
*CREF	CREF Social Choice R1	(1)	65,699
*CREF	CREF Core Bond R1	(1)	76,253
*CREF	CREF Global Equities R1	(1)	173,843
*CREF	CREF Growth R1	(1)	477,027
*CREF	CREF Equity Index R1	(1)	213,978
*CREF	CREF Inflation-Linked Bond R1	(1)	57,615
*TIAA	TIAA Real Estate	(1)	240,014
*TIAA	TIAA Access Bond Plus T4	(1)	1,777
*TIAA	TIAA Access Bond T4	(1)	23,686
*TIAA	TIAA Access Equity Index T4	(1)	12,320
*TIAA	TIAA Access Growth & Income T4	(1)	5,446
*TIAA	TIAA Access Inflnkd Bond T4	(1)	7,791
*TIAA	TIAA Access Intl Equity T4	(1)	5,438
*TIAA	TIAA Access Lfeyl Rtmt Inc T4	(1)	11,711
*TIAA	TIAA Access Lg-Cap Val T4	(1)	18,424
*TIAA	TIAA Access Lifecycle 2015 T4	(1)	34,833
*TIAA	TIAA Access Lifecycle 2020 T4	(1)	3,940
*TIAA	TIAA Access Lifecycle 2025 T4	(1)	140,424
*TIAA	TIAA Access Lifecycle 2030 T4	(1)	64,780
*TIAA	TIAA Access Lifecycle 2035 T4	(1)	21,485
*TIAA	TIAA Access Lifecycle 2040 T4	(1)	57,710
*TIAA	TIAA Access Lifecycle 2045 T4	(1)	31,924
*TIAA	TIAA Access Lifecycle 2050 T4	(1)	98,271
*TIAA	TIAA Access Mid-Cap Gr T4	(1)	3,855
*TIAA	TIAA Access Mid-Cap Val T4	(1)	2,811
*TIAA	TIAA Access Money Market T4	(1)	13,536
*TIAA	TIAA Access Real Est Secs T4	(1)	23,721
*TIAA	TIAA Access Sm-Cap Bl Idx T4	(1)	440
*TIAA	TIAA Access Quant Sml Cp Eq T4	(1)	10,001
*TIAA	TIAA Access Social Ch Eq T4	(1)	12,282
*TIAA	TIAA Access Lifecycle 2055 T4	(1)	5,603
*TIAA	TIAA Access Lifecycle 2060 T4	(1)	1,155
*TIAA	TIAA Traditional Non-Benefit Responsive	(1)	4,613,119
*TIAA	TIAA Traditional Non-Benefit Responsive 2	(1)	119,024
Total annuities			7,259,072

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited) (continued)

December 31, 2022

Investments at fair value (continued):

Mutual funds:

*TIAA-CREF	TIAA-CREF Intl Eq Inx-Inst	(1)	\$ 2,561,402
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2040-Inst	(1)	2,962
*TIAA-CREF	TIAA-CREF Lfcyle Idx 2050-Inst	(1)	2,697
Blackrock	Blackrock US Total Bond IX K	(1)	160,201
DFA	DFA LTIP Port Institutional	(1)	1,214,022
Schwab	Schwab S&P 500 Index Fund	(1)	190,020
State Street	State Street Aggrgte Bnd Idx K	(1)	330,227
State Street	State Street Sm Md Cp Eq Idx K	(1)	650,643
State Street	State Street Equity 500 Idx K	(1)	2,661,942
Vanguard	Vanguard Federal Money Market Inv	(1)	44,524
Vanguard	Vanguard FTSE Social Index Adm	(1)	113,375
Vanguard	Vanguard Ttl Intl Bnd Idx Adm	(1)	572,790
Vanguard	Vanguard Growth Index Adm	(1)	164,683
Vanguard	Vanguard Real Estate Idx Adm	(1)	1,515
Vanguard	Vanguard Small-Cap Grw Idx Adm	(1)	34,835
Vanguard	Vanguard Small-Cap Val Idx Adm	(1)	172,089
Vanguard	Vanguard Ttl Intl Stk Idx Adm	(1)	111,792
Vanguard	Vanguard Value Index Adm	(1)	1,789
Vanguard	Vanguard Extended Mkt Idx Adm	(1)	2,296
Vanguard	Vanguard Emr Mkts Stk Idx Adm	(1)	66,441
Vanguard	Vanguard Short-Trm Bd Idx Adm	(1)	252,077
Total mutual funds			<u>9,312,322</u>

Self-directed brokerage accounts	(1)	17,174
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Total investments at fair value		<u>16,588,568</u>
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Investments at contract value:

*TIAA	TIAA Traditional Benefit Responsive	(1)	992,878
*TIAA	TIAA Traditional Benefit Responsive 2	(1)	3,435,638
Total investments at contract value			<u>4,428,516</u>

*Participant note receivable	Loan bearing interest at a rate of 4.25%, to be repaid through 2024	-	10,523
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Total assets held for investment purposes at end of year		<u><u>\$ 21,027,607</u></u>
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* Represents a party-in-interest to the Plan.

(1) Cost information has been omitted, since these investments are participant-directed.